Electronic Book

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1. Clinical topics / 1.07 Mental	MANAGING HEALTH ANXIETY IN PRIMARY CARE IN THE CONTEXT OF THE COVID PANDEMIC - UK PERSPECTIVE	CP038	859	CASE PRESENTATIONS BY YOUNG DOCTORS	CLINICAL TOPICS V
1. Clinical topics / 1.07 Mental	EVALUATION OF THE GERMAN ASRS-5 AS A SCREENING TOOL FOR ADULT ADHD IN PRIMARY CARE	EPP005	543	E-Posters	E-POSTER PRESENTATIONS
1. Clinical topics / 1.07 Mental	FEMALE SEXUAL DYSFUNCTION INDUCED BY ANTIDEPRESSANTS: HOW TO MANAGE?	EPV052	64	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.07 Mental	PREVENTING AND DETECTING ALCOHOL-RELATED PROBLEMS IN PRIMARY CARE SETTINGS - A STUDY ON FAMILY PHYSICIANS KNOWLEDGE AND CONDUCT	EPV053	133	E-Posters	E-POSTER VIEWING

1. Clinical topics / 1.07 Mental	COMPARISON OF GP DEPRESSION CARE IN NORWAY AND THE NETHERLANDS: REGISTRY-BASED STUDY	EPV054	260	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.07 Mental	PHYSICAL ACTIVITY AND ANXIETY AND DEPRESSION YOUNG ADULTS: AN ANALYSIS OF THE HEALTH SURVEY FOR ENGLAND.	EPV055	405	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.07 Mental	MIND-BODY CONNECTION AND PSYCHOCARDIOLOGY	EPV056	456	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.07 Mental	ANXIETY PROBLEMS IN CHILDREN AND ADOLESCENTS IN GENERAL PRACTICE: A COHORT STUDY ON INCIDENCE AND MANAGEMENT	EPV057	466	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.07 Mental	DESCRIPTIVE STUDY ON BURNOUT IN GENERAL PRACTICE: BEING A MUM PROTECTS US.	EPV058	481	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.07 Mental	IS COGNITIVE BEHAVIOURAL THERAPY EFFECTIVE IN GENERAL PRACTICE? A SYSTEMATIC REVIEW	EPV059	570	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.07 Mental	HOTEL HOUSEKEEPERS AND COVID-19 IN THE BALEARIC ISLANDS: EMPLOYMENT STATUS AND PSYCHOLOGICAL WELL-BEING	EPV060	766	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.07 Mental	THERAPY PROGRAM ASSISTED WITH THERAPY DOGS FOR CHILDREN WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)	EPV061	775	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.07 Mental	OBESITY AND SADNESS, AN ATTRACTION? – A STUDY OF A FAMILY DOCTOR FILE	EPV062	891	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.07 Mental	PATIENT-CENTERED GENERALISTS: PRIMARY CARE OCCUPATIONAL THERAPISTS DELIVERING MENTAL HEALTH SERVICES	EPV063	908	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.07 Mental	MANAGEMENT OF PATIENTS WITH METABOLIC CHANGES DUE TO PSYCHOTROPIC DRUGS	EPV064	926	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.07 Mental	EVIDENCE-BASED REVIEW: WHAT IS THE EVIDENCE FOR VALERIAN IN SLEEP QUALITY IMPROVEMENT IN ADULTS WITH INSOMNIA?	EPV065	927	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.07 Mental	CHRONIC DEPRESSION IN GENERAL PRACTICE: REPRESENTATIONS, MANAGEMENT AND COLLABORATION WITH PSYCHIATRISTS.	EPV066	1153	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.07 Mental	PREVALENCE OF NOMOPHOBIA AMONG FIRST-YEAR UNIVERSITY STUDENTS OF HEALTH SCIENCE AT SURANAREE UNIVERSITY OF TECHNOLOGY, THAILAND	EPV067	1193	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.07 Mental	EKBOM SYNDROME: A RARE CASE REPORT	EPV068	1289	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.07 Mental	PHYSICAL ACTIVITY AND MENTAL HEALTH: A PRIMARY CARE CONTEXT	O030	151	ORAL PRESENTATIONS	MENTAL HEALTH I
1. Clinical topics / 1.07 Mental	ETHICAL CONSIDERATIONS IN THE MANAGEMENT OF PATIENT CARE: USING THE INTERNET TO OBTAIN PATIENT INFORMATION	PO035	1293	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS

1. Clinical topics / 1.07 Mental	SUICIDAL BEHAVIOUR IN BORDERLINE PERSONALITY DISORDER: WHAT CAN HAPPEN WHEN YOU DRIVE WITHOUT PAYING ATTENTION TO THE ROAD-CASE REPORT	PO044	979	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.07 Mental	MANAGIN CHILDREN CONCUSSION IN PRIMARY CARE	PO045	993	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.07 Mental	PREMENSTRUAL DYSPHORIC DISORDER - ARE WE AWARE OF THIS DISEASE?	PO047	163	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.07 Mental	WHERE DID THE OTHER DISEASES GO AT PANDEMICS?: ADDICTION	PO048	872	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.07 Mental	FAMILY PHYSICIANS' VIEWS ON COGNITIVE BEHAVIORAL THERAPY: PRELIMINARY STUDY	PO054	657	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.07 Mental	THE DIAGNOSTIC ACCURACY OF THE TURKISH VERSION OF THE GENERAL PRACTITIONER ASSESSMENT OF COGNITION (GPCOG-TR) IN TURKISH INDIVIDUALS	PO055	662	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.07 Mental	LEAKAGE OF ASTROCYTE-DERIVED EXTRACELLULAR VESICLES IN STRESS-INDUCED EXHAUSTION DISORDER: A CROSS-SECTIONAL STUDY	PO068	278	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.07 Mental	DEPRESSION AND ERECTILE DYSFUNCTION - A TWO-WAY RELATIONSHIP	S009	54	1 SLIDE 5 MINUTES PRESENTATIONS	CLINICAL TOPICS II
1. Clinical topics / 1.07 Mental	FLUCTUATIONS IN PERSISTENT SOMATIC SYMPTOMS: A PATIENT PERSPECTIVE	S010	427	1 SLIDE 5 MINUTES PRESENTATIONS	CLINICAL TOPICS II
1. Clinical topics / 1.07 Mental	MORTALITY IN PATIENTS PRESCRIBED MIRTAZAPINE COMPARED TO OTHER ANTIDEPRESSANTS: AN ACTIVE-COMPARATOR NEW USER COHORT STUDY	S011	485	1 SLIDE 5 MINUTES PRESENTATIONS	CLINICAL TOPICS II
1. Clinical topics / 1.07 Mental	MATERNAL AND PATERNAL SMOKING DURING PREGNANCY AND RISK OF TOBACCO SMOKING IN ADOLESCENCE: FINDINGS FROM A POPULATION-BASED PROSPECTIVE COHORT STUDY	S012	1103	1 SLIDE 5 MINUTES PRESENTATIONS	CLINICAL TOPICS II
1. Clinical topics / 1.07 Mental	BURNOUT: EMERGING CONDITION IN HEALTHCARE WORKERS FACING COVID-19 PANDEMIC.	SO008	316	SHORT ORAL PRESENTATIONS	COVID-19
1. Clinical topics / 1.07 Mental	PRIOR PSYCHIATRIC DIAGNOSIS SUGGESTS ADDITIONAL DEPRESSION SCREENING DURING PREGNANCY	SO011	375	SHORT ORAL PRESENTATIONS	MENTAL HEALTH
1. Clinical topics / 1.07 Mental	COORDINATION OF CARE FOR PATIENTS WITH PERSISTENT SOMATIC SYMPTOMS: A PATIENT'S PERSPECTIVE	SO013	654	SHORT ORAL PRESENTATIONS	MENTAL HEALTH
1. Clinical topics / 1.07 Mental	PHYSICAL ACTIVITY AND SELF-REPORTED MENTAL HEALTH, MEMORY AND HEALTH SATISFACTION IN THOSE AGED >60 YEARS.	SO015	563	SHORT ORAL PRESENTATIONS	MENTAL HEALTH
1. Clinical topics / 1.08 Cancer	THE IMPORTANCE OF POSTPARTUM ASSESSMENT – CASE REPORT.	CP039	1209	CASE PRESENTATIONS BY YOUNG DOCTORS	CLINICAL TOPICS V

1. Clinical topics / 1.08 Cancer	BE CAREFUL! NEITHER SORE THROAT IS COVID-19 NOR A COMMON COLD: CASE PRESENTATION	EPV069	53	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.08 Cancer	SEXUAL DYSFUNCTION SECONDARY TO PROLACTINOMA – CASE REPORT	EPV070	112	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.08 Cancer	RECURRENT ISCHEMIC STROKES IN A PATIENT WITH POLYCYTHEMIA RUBRA VERA	EPV071	322	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.08 Cancer	A CLINICAL CHALLENGE WITH 12 YEARS OF GALACTORRHOEA – BASED ON A CASE REPORT	EPV072	333	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.08 Cancer	INCREASED INDEX OF SUSPICION IN ABDOMINAL NEOPLASMS	EPV073	413	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.08 Cancer	CHALLENGES IN BREAST CANCER DIAGNOSIS DURING THE PANDEMIC - A CLINICAL CASE	EPV074	559	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.08 Cancer	PARANEOPLASTIC NEUROPATHY AT DIFFUSE LARGE B-CELL LYMPHOMA PATIENT	EPV075	585	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.08 Cancer	UNDERSTANDING MELANOMA RISK ASSESSMENT AND ITS MANAGEMENT AMONG AUSTRALIAN GENERAL PRACTITIONERS: A QUALITATIVE STUDY	EPV076	632	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.08 Cancer	FROM BREAST MASS TO LUNG CANCER: A CASE REPORT	EPV077	1297	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.08 Cancer	WOMEN'S HEALTH: THE IMPORTANCE OF PERIODIC EXAMINATION ON SCREENING FOR BREAST AND THE CERVICAL CANCERS IN BRAZIL	PO011a	1210	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.08 Cancer	PREVENTION OF GYNECOLOGICAL CANCERS AND HEALTH EDUCATION CARRIED OUT BY MEDICAL STUDENTS IN THE COUNTRYSIDE OF BRAZIL: AN EXPERIENCE REPORT	PO041	1241	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.08 Cancer	PERSISTANT SEVERE SHOULDER PAIN PRESENTING AS A FIRST SIGN OF MULTIPLE MYELOMA	PO050	991	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.08 Cancer	PAINFUL BELLY: A CLINICAL CASE IN THE HEALTH CENTER	PO060	693	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.08 Cancer	EARLY CANCER DETECTION AMONG MULTIMORBID PATIENTS IN PRIMARY HEALTH CARE: PROACTIVE AND HOLISTIC APPROACH	PO065	639	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.08 Cancer	EDUCATIONAL PAMPHLETS FOR IMPROVING UPTAKE OF CANCER SCREENING: A SYSTEMATIC REVIEW	S013	1013	1 SLIDE 5 MINUTES PRESENTATIONS	CLINICAL TOPICS II
1. Clinical topics / 1.08 Cancer	CANCER SURVIVORSHIP CARE	W006	1350	WORKSHOP	LIFESTYLE IN CANCER SURVIVORSHIP. A ROLE FOR PRIMARY CARE? AN INTERACTIVE WORKSHOP AND GROUP DISCUSSION
1. Clinical topics / 1.09 COVID-19	COVID-19: MULTISYSTEM INFLAMMATORY SYNDROME IN A CHILD (MIS-C) COMPLICATED WITH STEVEN JOHNSON'S SYNDROME, CLINICAL FEATURES, EVALUATION AND TREATMENT.	CP040	1067	CASE PRESENTATIONS BY YOUNG DOCTORS	CLINICAL TOPICS V

1. Clinical topics / 1.09 COVID-19	COVID-19, WHAT'S NEXT? – A CLINICAL CASE REPORT	CP041	1096	CASE PRESENTATIONS BY YOUNG DOCTORS	CLINICAL TOPICS V
1. Clinical topics / 1.09 COVID-19	PATIENTS WITH BENIGN PROSTATE HYPERPLASIA DURING COVID-19 CRISIS: PRESSING ISSUES (PART OF A STUDY)	EPP006	314	E-Posters	E-POSTER PRESENTATIONS
1. Clinical topics / 1.09 COVID-19	PREDICTIVE FACTORS OF HOSPITALIZATION IN A COHORT OF PATIENTS WITH SUSPECTED AND CONFIRMED COVID-19 ATTENDED AT A PRIMARY CARE CENTER	EPP007	389	E-Posters	E-POSTER PRESENTATIONS
1. Clinical topics / 1.09 COVID-19	ANXIETY IN HEALTH PROFESSIONALS THAT WORK IN POTENTIAL CONTACT WITH COVID-19	EPP008	446	E-Posters	E-POSTER PRESENTATIONS
1. Clinical topics / 1.09 COVID-19	DIAGNOSIS OF POSSIBLE COSTOCONDRITIS THAT ENDED IN COVID-19 DISEASE.	EPV078	75	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.09 COVID-19	COVID-19 AND MANAGEMENT OF TYPE 2 DIABETIC PATIENTS VIA TELEPHONE CONSULTATION IN LAGOS, NIGERIA	EPV079	126	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.09 COVID-19	PRIMARY CARE ENCOUNTERS DURING COVID-19: A RETROSPECTIVE ANALYSIS AT A PRIMARY CARE CENTRE IN IRELAND	EPV080	190	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.09 COVID-19	CHILDREN FIRST! UNDERMINED PAEDIATRIC COVID-19	EPV081	193	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.09 COVID-19	COVID-19 PATIENTS WITH VASCULAR EVENTS AND PSYCHOSIS: GENERAL PRACTICE CONSIDERATIONS (PART OF A STUDY)	EPV082	208	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.09 COVID-19	BRINGING THE VIEWS OF HEALTHCARE PROFESSIONALS INTO THE REGULATION OF COVID-19 VACCINES AND TREATMENTS	EPV083	283	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.09 COVID-19	COVID RADAR APP: DESCRIPTION AND VALIDATION OF POPULATION SURVEILLANCE OF SYMPTOMS AND BEHAVIOR IN RELATION TO COVID-19	EPV084	293	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.09 COVID-19	SEROPREVALENCE STUDY OF SARS-COV-2 INFECTION IN GENERAL PRACTICE IN IRELAND	EPV085	313	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.09 COVID-19	REINFECTION WITH SARS-COV-2: AN INTRIGUING POSSIBILITY?	EPV086	332	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.09 COVID-19	EVOLUTION OF PROFESSIONAL BURNOUT IN CATALONIA (SPAIN) FROM 2017 TO 2020	EPV087	370	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.09 COVID-19	INTIMATE PARTNER VIOLENCE DURING COVID-19 LOCKDOWN: PREVALENCE AND RISK FACTORS IN A TUNISIAN COMMUNITY SAMPLE	EPV088	388	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.09 COVID-19	RESILIENCE AND BURNOUT OF GENERAL PRACTITIONERS DURING THE COVID PANDEMIC	EPV089	436	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.09 COVID-19	IDENTIFICATION OF BASELINE PHARMACOLOGICAL TREATMENTS ASSOCIATED WITH COMPLICATIONS DUE TO COVID-19	EPV090	541	E-Posters	E-POSTER VIEWING

1. Clinical topics / 1.09 COVID-19	BRADYPSYCHIA AND SPEECH DISTURBANCE IN THE CONTEXT OF NONSEVERE COVID-19 DISEASE AT A PRIMARY CARE CENTER IN BARCELONA, SPAIN	EPV091	556	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.09 COVID-19	TRACE COVID-19 PLATFORM IN A FAMILY HEALTH UNIT: USERS CHARACTERIZATION AND SATISFACTION LEVEL	EPV092	582	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.09 COVID-19	IMPACT OF ISOLATION MEASURES IN THE SOCIAL AND MENTAL HEALTH IN THE ELDERLY	EPV093	608	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.09 COVID-19	PHYSICAL AND MENTAL HEALTH IN PRIMARY CARE PATIENTS DURING COVID-19	EPV094	641	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.09 COVID-19	EMOTIONAL REGULATION IN PRIMARY CARE PATIENTS DURING COVID-19	EPV095	649	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.09 COVID-19	FEAR AND CONCERN DURING COVID-19 IN PRIMARY CARE PATIENTS	EPV096	650	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.09 COVID-19	CHRONIC COUGH, SARS-COV-2 CONSEQUENCE OR HAIRDRESSING HAZARD?	EPV097	715	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.09 COVID-19	CHARACTERISTICS OF COVID-19 PATIENTS IN PRIMARY CARE IN RIJEKA AND PAZIN	EPV098	718	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.09 COVID-19	THE IMPACT OF COVID-19 ON A PATIENT LIST OF A FAMILY DOCTOR, CLINICAL MANAGEMENT AND CONTACT TRACING	EPV099	733	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.09 COVID-19	COVID TOES – A STRANGE LATE MANIFESTATION OF COVID-19	EPV100	828	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.09 COVID-19	COMMUNICATING WITH VACCINE-HESITANT PATIENTS DURING THE COVID-19 PANDEMIC: A NARRATIVE REVIEW OF QUALITATIVE AND QUANTITATIVE STUDIES	EPV101	849	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.09 COVID-19	IMPACT OF THE COVID-19 LOCKDOWN ON DIABETES PATIENTS IN JEDDAH, SAUDI ARABIA	EPV102	875	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.09 COVID-19	SARS COV-2 ANTIBODIES: HOW LONG THEY LAST?	EPV103	900	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.09 COVID-19	CAN COVID-19 ACCELERATE THE PROGRESSION OF TUBERCULOSIS INFECTION?	EPV104	935	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.09 COVID-19	IMPACT OF THE COVID-19 PANDEMIC ON THE DIAGNOSIS OF CANCER – ABOUT A CASE REPORT	EPV105	950	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.09 COVID-19	THERE IS MORE THAN COVID IN AN INFECTIOUS RESPIRATORY SYNDROME	EPV106	951	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.09 COVID-19	ATTENDING COVID19 CASES IN A HEALTH FACILITIE OF PRIMARY CARE IN LISBON, PORTUGAL: COVIÁRIO EXPERIENCE AND USE OF TRACECOVID	EPV107	972	E-Posters	E-POSTER VIEWING

1. Clinical topics / 1.09 COVID-19	COAGULATION DISORDERS IN ADULTS WITH SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) INFECTION – A SCOPING REVIEW	EPV108	978	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.09 COVID-19	UNRECOGNIZED ACUTE CORONARY SYNDROME IN SUSPECTED COVID-19 PATIENTS CONTACTING OUT-OF-HOURS PRIMARY CARE: RATIONALE AND STUDY DESIGN	EPV109	1034	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.09 COVID-19	PNEUMOTHORAX AS COMPLICATION FOLLOWING RECOVERY FROM MILD COVID-19 INFECTION	EPV110	1061	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.09 COVID-19	LONG COVID: THE CUT-OFF POINTS TO DIAGNOSE IN PRIMARY CARE.	EPV111	1123	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.09 COVID-19	MORTALITY DUE TO COVID-19 IN A LOCAL PRIMARY CARE CENTER	EPV112	1143	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.09 COVID-19	" FOLLOW-UP OF THE PATIENT COVID-19 ON A TELECONSULTATION REGIMEN BY THE FAMILY DOCTOR - CASE REPORT"	EPV113	1265	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.09 COVID-19	COVID PERICARDITIS	EPV114	1280	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.09 COVID-19	IMPACTS OF THE CORONAVIRUS PANDEMIC ON THE USE OF PSYCHIATRIC AND CHRONIC DISEASES MEDICATIONS IN THE INTERIOR OF SÃO PAULO	EPV115	1307	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.09 COVID-19	TELEMATIC MONITORING OF COVID 19 PATIENTS DURING THE PANDEMIC IN A PRIMARY CARE CENTER	O011	1079	ORAL PRESENTATIONS	INNOVATION AND FUTURE TRENDS I
1. Clinical topics / 1.09 COVID-19	CLINICAL AND EPIDEMIOLOGICAL CHARACTERISTICS OF SARS-COV-2 INFECTION IN SPANISH FAMILY PHYSICIANS	O065	160	ORAL PRESENTATIONS	COVID-19 I
1. Clinical topics / 1.09 COVID-19	REMOTE PATIENT MONITORING FOR COVID-19: IMPACT ON HEALTHCARE UTILIZATION	O066	362	ORAL PRESENTATIONS	COVID-19 I
1. Clinical topics / 1.09 COVID-19	THE EXPERIENCES OF GENERAL PRACTITIONERS DURING THE COVID-19 PANDEMIC: A QUALITATIVE STUDY	O067	598	ORAL PRESENTATIONS	COVID-19 I
1. Clinical topics / 1.09 COVID-19	IMPACT OF THE COVID-19 PANDEMIC ON ANTIBIOTIC PRESCRIBING FOR RESPIRATORY TRACT INFECTIONS IN DUTCH PRIMARY CARE: AN OBSERVATIONAL COHORT STUDY	O068	850	ORAL PRESENTATIONS	COVID-19 I
1. Clinical topics / 1.09 COVID-19	ASSESSING THE ANXIETY OF PRIMARY HEALTHCARE PROFESSIONALS IN THE EARLY COVID-19 PANDEMIC	O069	1205	ORAL PRESENTATIONS	COVID-19 I
1. Clinical topics / 1.09 COVID-19	HAVE WE NEGLECTED OUR PATIENTS DURING CORONAVIRUS LOCKDOWN? WHAT SHOULD WE CHANGE DURING LONG COVID?	O070	1227	ORAL PRESENTATIONS	COVID-19 I
1. Clinical topics / 1.09 COVID-19	GERIATRIC POPULATION INFECTED BY SARS-COV2: CHARACTERISATION OF PATIENTS MANAGED IN PRIMARY HEALTH CARE	PO034	100	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.09 COVID-19	THE FIRST TO ARRIVE AND THE LAST TO LEAVE: PRIMARY CARE ROLE DURING COVID-19	PO036	102	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS

1. Clinical topics / 1.09 COVID-19	COVID MANAGEMENT IN PRIMARY CARE: NEW PROFESSIONAL ROLE TO FACE THE PANDEMIC	PO057	1256	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.09 COVID-19	CUTANEOUS MANIFESTATIONS OF COVID-19: A CASE REPORT	PO061	240	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.09 COVID-19	MORTALITY BY COVID-19 IN THE BASIC HEALTH AREA (BHA) CANALETES-FONTETES	PO064	1128	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.09 COVID-19	ASSOCIATION OF BASELINE ANALYTICAL PARAMETERS AND RISK FACTORS WITH COVID-19 MORTALITY	PO070	881	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.09 COVID-19	FIBROMYALGIA AND COVID-19 IN A CITY OF SPAIN.	PO071	888	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.09 COVID-19	CREATION OF A NEW AND UNITED PRIMARY HEALTHCARE CENTRE FOR COVID-19 PATIENTS IN BARCELONA	PO075	699	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.09 COVID-19	STEP BY STEP, HEART TO HEART, HOW TO SAFELY PUT YOUR PERSONAL PROTECTIVE EQUIPMENT AT ONCE	PO076	738	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.09 COVID-19	THE RECURRENCE OF COVID-19 AND POST-INFECTION IMMUNITY – A CASE REPORT FROM PORTUGAL	PO077	717	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.09 COVID-19	THE FAR SIDE OF THE MOON: IN COVID-19 PANDEMIC NOT ALL PATIENTS ARE COVID-19 CASES	PO088	507	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.09 COVID-19	COVID-19 AS A CARDIOVASCULAR DISEASE ENTITY, A PRIMARY CARE PERSPECTIVE	PO089	595	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.09 COVID-19	POST-COVID SYNDROME: NOT ALWAYS A SUBJECTIVE ENTITY	PO090	568	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.09 COVID-19	RESOURCES REQUIRED FOR PATIENTS' HEALTHCARE WITH POSSIBLE OR CONFIRMED COVID-19 IN A PRIMARY CARE CENTER DURING THE FIRST WAVE	PO091	511	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.09 COVID-19	CHARACTERISTICS, SYMPTOMS AND EVOLUTION OF PATIENTS WITH POSSIBLE OR CONFIRMED COVID-19 IN A PRIMARY CARE CENTER DURING THE FIRST WAVE	PO097	347	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.09 COVID-19	FROM COVID-19 RESPIRATORY CLINIC TO VACCINATION HUB: AN ADAPTIVE MODEL OF PRIMARY HEALTHCARE	S014	1244	1 SLIDE 5 MINUTES PRESENTATIONS	CLINICAL TOPICS III
1. Clinical topics / 1.09 COVID-19	MALE REPRODUCTIVE HEALTH AND SARS-COV-2 : WHAT GENERAL PRACTITIONER SHOULD KNOW AND DO (PART OF A STUDY)	S015	312	1 SLIDE 5 MINUTES PRESENTATIONS	CLINICAL TOPICS III
1. Clinical topics / 1.09 COVID-19	OXYGEN SELF MONITORING OF COVID AT HOME: EVOLUTION, IMPACT AND ADVICE	S016	588	1 SLIDE 5 MINUTES PRESENTATIONS	CLINICAL TOPICS III
1. Clinical topics / 1.09 COVID-19	WHEN IS THE RIGHT TIME FOR (COVID-19) HOSPITALIZATION?	S017	741	1 SLIDE 5 MINUTES PRESENTATIONS	CLINICAL TOPICS III

1. Clinical topics / 1.09 COVID-19	THE DARK SIDE OF COVID-19: COVID & STROKE - CASE REPORT AND LITERATURE REVIEW	S018	928	1 SLIDE 5 MINUTES PRESENTATIONS	CLINICAL TOPICS III
1. Clinical topics / 1.09 COVID-19	GENDERED IMPACTS OF COVID-19 EPIDEMIC IN EUROPEAN REGION: WONCA WORKING PARTY ON WOMEN & FAMILY MEDICINE WORKSHOP	SI013	704	SPECIAL INTEREST SESSION	SPECIAL INTEREST SESSION organised by WONCA WP Woman & Family Medicine
1. Clinical topics / 1.09 COVID-19	REMOTE MONITORING OF COVID PATIENTS	SO005	248	SHORT ORAL PRESENTATIONS	COVID-19
1. Clinical topics / 1.09 COVID-19	HAS CORONAVIRUS DISEASE 2019 PANDEMIC CHANGED THE ANTITHROMBOTIC CONSUMPTION?	SO006	575	SHORT ORAL PRESENTATIONS	COVID-19
1. Clinical topics / 1.09 COVID-19	CORONAVIRUS DISEASE AND GENERAL PRACTITIONERS IN LUXEMBOURG: A PANDEMIC EXPERIENCE; RECOMMENDATIONS FOR THE FUTURE	SO009	904	SHORT ORAL PRESENTATIONS	COVID-19
1. Clinical topics / 1.09 COVID-19	EFFECTS OF CORONAVIRUS PANDEMIC ON THE ANTIDEPRESSANT, ANXIOLYTIC AND HYPNOTIC DRUGS CONSUMPTION PATTERNS	SO014	542	SHORT ORAL PRESENTATIONS	MENTAL HEALTH
1. Clinical topics / 1.09 COVID-19	HOW TO COMMUNICATE WITH PATIENTS AND PARENTS ABOUT ELECTRONIC MEDIA EXPOSURE AND USE	W013	877	WORKSHOP	HOW TO COMMUNICATE WITH PATIENTS AND PARENTS ABOUT ELECTRONIC MEDIA EXPOSURE AND USE
1. Clinical topics / 1.10 Others	BEHIND DEPRESSIVE SYMPTOMS	CP010	1327	CASE PRESENTATIONS BY YOUNG DOCTORS	CLINICAL TOPICS II
1. Clinical topics / 1.10 Others	ACQUIRED HEMOPHILIA A - A CURIOUS CASE OF BLEEDING DISORDER	CP011	1100	CASE PRESENTATIONS BY YOUNG DOCTORS	CLINICAL TOPICS II
1. Clinical topics / 1.10 Others	CHIKUNGUNYA VIRUS PRESENTED WITH CHRONIC ARTHRITIS	CP012	1027	CASE PRESENTATIONS BY YOUNG DOCTORS	CLINICAL TOPICS II
1. Clinical topics / 1.10 Others	CHRONIC INFLAMMATORY DEMYELINATING POLYNEUROPATHY, AN ATYPICAL CASE	CP013	852	CASE PRESENTATIONS BY YOUNG DOCTORS	CLINICAL TOPICS II
1. Clinical topics / 1.10 Others	IMPORTED EOSINOPHILIA IN PRIMARY HEALTH CARE: A ONE CASE REPORT	CP014	1098	CASE PRESENTATIONS BY YOUNG DOCTORS	CLINICAL TOPICS II
1. Clinical topics / 1.10 Others	AXILLARY TRICHOMYCOSIS	CP018	1169	CASE PRESENTATIONS BY YOUNG DOCTORS	CLINICAL TOPICS III
1. Clinical topics / 1.10 Others	THE SUSPECTED IMPORTANCE OF INFRECUENT PATHOLOGY: BACK PAIN	CP019	89	CASE PRESENTATIONS BY YOUNG DOCTORS	CLINICAL TOPICS III
1. Clinical topics / 1.10 Others	SUSPICIOUS MUSHROOMS - A CASE REPORT	CP020	698	CASE PRESENTATIONS BY YOUNG DOCTORS	CLINICAL TOPICS III
1. Clinical topics / 1.10 Others	WHEN DEMENTIA PROGRESSES QUICKLY – A CASE OF RAPIDLY PROGRESSIVE DEMENTIA IN PRIMARY CARE	CP021	798	CASE PRESENTATIONS BY YOUNG DOCTORS	CLINICAL TOPICS III
1. Clinical topics / 1.10 Others	USE OF DERMOSCOPY IN THE DIAGNOSIS OF SCABIES, A USEFUL TOOL IN GENERAL PRACTICE	CP022	785	CASE PRESENTATIONS BY YOUNG DOCTORS	CLINICAL TOPICS III

1. Clinical topics / 1.10 Others	POLYMYALGIA RHEUMATICA, A DIFFICULT DIAGNOSIS WITH A SIMPLE TREATMENT.	CP023	296	CASE PRESENTATIONS BY YOUNG DOCTORS	CLINICAL TOPICS III
1. Clinical topics / 1.10 Others	PFAPA SYNDROME, A RARE OR UNDERDIAGNOSED ENTITY? – A CASE REPORT	CP024	788	CASE PRESENTATIONS BY YOUNG DOCTORS	CLINICAL TOPICS III
1. Clinical topics / 1.10 Others	CEPHALHAEMATOMA IN NEWBORNS: AN OBVIOUS OR CHALLENGING DIAGNOSIS?	CP042	805	CASE PRESENTATIONS BY YOUNG DOCTORS	CLINICAL TOPICS V
1. Clinical topics / 1.10 Others	EVIDENCE BASE REVIEW: USE OF BETAHISTINE IN BENIGN POSITIONAL PAROXYSMAL VERTIGO	EPP009	125	E-Posters	E-POSTER PRESENTATIONS
1. Clinical topics / 1.10 Others	DEADLY SILENCE: WHEN THE HOLISTIC APPROACH LED TO MYOCARDIAL INFARCTION DUE TO CARBON MONOXIDE POISONING DIAGNOSIS	EPV116	197	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.10 Others	THE EFFECT OF THE COVID 19 PANDEMIC ON CONTRACEPTIVE PRESCRIBING IN ENGLISH GENERAL PRACTICES	EPV117	262	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.10 Others	A RARE TYPE OF CYST	EPV118	410	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.10 Others	A QUALITY IMPROVEMENT PROJECT: DEPRESCRIBING UNNECESSARY INTRAMUSCULAR B12 IN PRIMARY CARE.	EPV119	501	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.10 Others	THE DELAY TO DIAGNOSIS OF SYSTEMIC LUPUS ERYTHEMATOSUS IN PRIMARY CARE: WHICH SYMPTOMS ARE IMPORTANT?	EPV120	526	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.10 Others	EVALUATION OF SIMPLIFIED TOOL IN PHARMACOVIGILANCE FOR GENERAL PRACTITIONERS: 5 YEARS OF INSIGHT	EPV121	545	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.10 Others	EVALUATION OF THE RESULTS OF THE NEWBORN SCREENING PROGRAM FOR CONGENITAL HYPOTHYROIDISM 2009-2019 IN NORTH-EAST OF ROMANIA	EPV122	569	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.10 Others	DRUG INTERACTION BETWEEN LEVOTHYROXINE AND FERROUS SULFATE: A CASE REPORT.	EPV123	606	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.10 Others	JUGULO-TYMPANIC GLOMUS TUMOR, HOW FAR TO GO?	EPV124	617	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.10 Others	WHERE ARE WE? WHAT HAPPENED?". A TRANSIENT GLOBAL AMNESIA CASE REPORT.	EPV125	655	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.10 Others	ALOPURINOL VS FEBUXOSTATE AS THE PREFERRED URATE LOWERING THERAPY IN THE TREATMENT OF HYPERURICEMIA AND GOUT — AN EVIDENCE-BASED REVIEW	EPV126	697	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.10 Others	LOCAL TREATMENT FOR ONYCHOMYCOSIS: AN EFFECTIVE ALTERNATIVE FOR NASTY PILLS?	EPV127	702	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.10 Others	TELEPHONE CONSULTATION: A BOX OF SURPRISES FULL OF NEW CHALLENGES	EPV128	783	E-Posters	E-POSTER VIEWING

1. Clinical topics / 1.10 Others	THE IMPACT OF SKIN SELF-EXAMINATION ON MORTALITY FROM MALIGNANT MELANOMA AND OTHER SKIN NEOPLASMS: AN EVIDENCE-BASED REVIEW	EPV129	857	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.10 Others	TWO WAYS TO STOP DRIPPING	EPV130	907	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.10 Others	AN UNFORTUNATE GARDENING ACCIDENT	EPV131	1055	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.10 Others	DESCRIPTIVE STUDY OF FIVE CASES WITH CHIKUNGUNYA	EPV132	1075	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.10 Others	A NOVEL APPROACH TO THE AGITATED EMERGENCY DEPARTMENT PATIENT	EPV133	1133	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.10 Others	“I GOT A STRANGE FEELING IN MY THROAT” – QUINCKE’S DISEASE	EPV134	1145	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.10 Others	PHEOCHROMOCYTOMA: A RARE FINDING IN A ROUTINE UPPER ABDOMINAL ULTRASOUND	EPV135	1146	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.10 Others	ERDHEIM-CHESTER DISEASE – EYELID XANTHELASMA CASE ALERT	EPV136	1160	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.10 Others	SPLENIC RUPTURE BECAUSE OF TRIVIAL TRAUMA	EPV137	1171	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.10 Others	CARDIOVASCULAR RISK FACTOR SCREENING IN PRIMARY HEALTH CARE AND MORTALITY DURING A 31-YEAR FOLLOW-UP IN SUBARCTIC RURAL REGION IN FINLAND	EPV138	1263	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.10 Others	MANAGEMENT OF SUPERFICIAL VENOUS THROMBOSIS IN PRIMARY CARE: A PROPOSED PROTOCOL	EPV139	1330	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.10 Others	PERFORMANCE OF VISUAL ACCURACY AND DALTONISM TEST IN FUNDAMENTAL EDUCATION SCHOOL IN PRESIDENTE PRUDENTE	EPP009a	1230	E-Posters	E-POSTER PRESENTATIONS
1. Clinical topics / 1.10 Others	THE IMPORTANCE OF MAN’S HEALTH IN PRIMARY HEALTH CARE IN BRAZIL: A CASE REPORT	EPV329	1229	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.10 Others	HARLEQUIN SYNDROME A CASE REPORT	EPV330	1199	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.10 Others	BEHCET’S SYNDROME AND NERVOUS SYSTEM INVOLVEMENT	EPV331	1269	E-Posters	E-POSTER VIEWING
1. Clinical topics / 1.10 Others	SCREENING OF UNDERNUTRITION IN TUNISIAN OLDER ADULTS IN COMMUNITY, RESIDENTIAL AND HOSPITAL SETTINGS	O001	91	ORAL PRESENTATIONS	ELDERLY AND MULTIMORBIDITY
1. Clinical topics / 1.10 Others	EXPERIENCES OF GPS EXPLAINING CENTRAL SENSITIZATION TO PATIENTS WITH PERSISTENT PHYSICAL SYMPTOMS	O034	328	ORAL PRESENTATIONS	MENTAL HEALTH I

1. Clinical topics / 1.10 Others	ASSOCIATIONS OF CHRONIC MEDICATIONS ADHERENCE WITH EMERGENCY ROOM VISITS AND HOSPITALIZATIONS	O077	452	ORAL PRESENTATIONS	OVERARCHING TOPICS
1. Clinical topics / 1.10 Others	THE INTERNATIONAL PRACTICE OF ORGAN DONATION AFTER EUTHANASIA/PHYSICIAN ASSISTED DEATH. DIGNIFIED DYING WHILE FULFILLING THE PATIENT'S FINAL WISHES.	PO014	28	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.10 Others	THE REASON WHY PAIN TRAINING IS IMPORTANT FOR THE GENERAL PRACTITIONER	PO015	30	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.10 Others	DIX-HALLPIKE AND EPLEY MANEUVERS: WATCH AND DO!	PO040	123	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.10 Others	"BORRELIA BURGDORFERI INFECTION IN A PATIENT WITH FEVER OF UNKNOWN ORIGIN."	PO051	177	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.10 Others	AGRANULOCYTOSIS METAMIZOLE	PO052	183	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.10 Others	ALLERGIES REGISTRATION IN THE CLINICAL PROCESS – CONTINUOUS QUALITY IMPROVEMENT STUDY	PO062	242	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.10 Others	THE GENERAL PRACTITIONER AND THE ANTHROPOZOONOSES ENCOUNTERED IN EUROPE	PO081	1277	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.10 Others	BARTHEL INDEX: A TOOL FOR BETTER CARE GIVING	PO082	1286	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.10 Others	AN UNUSUAL DIAGNOSIS OF INGUINAL SWELLING	PO083	1225	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.10 Others	PRIMARY CARE APPROACH FOR PATIENTS WITH ADDICTION DISORDERS - UK AND PORTUGUESE PERSPECTIVES.	PO084	1247	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.10 Others	THE CHALLENGING MANAGEMENT OF CUSHING'S DISEASE	PO085	1226	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.10 Others	ZIKA VIRUS IN A PATIENT COMING FROM AN ENDEMIC COUNTRY	PO093	1074	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.10 Others	WHEN THE SPINE WON'T LET YOU SWALLOW	PO096	997	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.10 Others	AGRANULOCYTOSIS. SHOULD WE BE MORE CAREFUL CONTROLLING THE MEDICATION WE PRESCRIBE?	PO102	902	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.10 Others	BENIGN TRANSIENT HYPERPHOSPHATASEMIA OF INFANCY - A CASE REPORT	PO103	792	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.10 Others	TINEA UNGUIM PRODUCED BY NANNIZZIA NANA (MICROSPORUM NANUM) IN THE SOUTH METROPOLITAN AREA OF BARCELONA	PO104	846	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS

1. Clinical topics / 1.10 Others	"OR IS IT JUST OVERTHINKING?" - ALL A GP SHOULD KNOW ON HEADACHES	PO105	848	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.10 Others	PHYTOPHOTODERMATITIS – A SYSTEMATIC REVIEW	PO106	819	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.10 Others	DRAGGED LEG	PO108	416	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.10 Others	HOW TO APROACH DYSPHONIA	PO110	439	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.10 Others	"IT CAN ALL BE SEEN THROUGH THE EYES" — THE IMPORTANCE OF AN EARLY DIAGNOSIS	PO112	696	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.10 Others	THE ADVENTURE IN A RHEUMATOLOGICAL DIAGNOSIS	PO113	450	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.10 Others	CHRONIC PAROXYSMAL HEMICRANIA HEADACHE AND CENTRAL CEREBRAL VENOUS SINUS THROMBOSIS: A CASE REPORT	PO114	453	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.10 Others	DERMOSCOPY DIAGNOSIS: ADAPT TO NOT FALL BEHIND!	PO116	667	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.10 Others	STUDENT HEALTH CHECKUP AN EFFECTIVE WAY OF PREDICTING HEALTH RISK BEHAVIORS	PO117	462	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.10 Others	CONGENITAL STATIONARY NIGHT BLINDNESS (CSNB)	PO125	513	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
1. Clinical topics / 1.10 Others	PERIPHERAL NEUROPATHY, AN APPROACH TO DIAGNOSIS.	S002	1204	1 SLIDE 5 MINUTES PRESENTATIONS	CLINICAL TOPICS I
1. Clinical topics / 1.10 Others	USE OF PRIMARY HEALTH CARE SEVICES AND EVALUATION OF NUTRITION BEHAVIOR IN ADOLESCENTS	S003	1113	1 SLIDE 5 MINUTES PRESENTATIONS	CLINICAL TOPICS I
1. Clinical topics / 1.10 Others	HORMONE REPLACEMENT THERAPY AND DEMENTIA RISK: NESTED CASE-CONTROL STUDIES USING CPRD AND QRESEARCH	SO001	840	SHORT ORAL PRESENTATIONS	CLINICAL TOPICS
1. Clinical topics / 1.10 Others	POLYGENIC RISK SCORES: DISEASE PREVENTION GETS PERSONAL	SO003	683	SHORT ORAL PRESENTATIONS	CLINICAL TOPICS
1. Clinical topics / 1.10 Others	WHICH EMOLLIENTS FOR CHILDREN WITH ATOPIC ECZEMA/DERMATITIS? FINDINGS FROM THE BEST EMOLLIENTS FOR ECZEMA TRIAL	SO004	224	SHORT ORAL PRESENTATIONS	CLINICAL TOPICS
1. Clinical topics / 1.10 Others	A NEW DIAGNOSIS FOR UNEXPLAINED SYMPTOMS: BODILY DISTRESS SYNDROME	SO012	434	SHORT ORAL PRESENTATIONS	MENTAL HEALTH
2. Special groups of patients / 2.01 Children and adolescents	CONGENITAL CYTOMEGALOVIRUS INFECTION: A CLINICAL CASE REPORT	CP045	701	CASE PRESENTATIONS BY YOUNG DOCTORS	SPECIAL GROUPS OF PATIENTS

2. Special groups of patients / 2.01 Children and adolescents	PING PONG SKULL FRACTURE IN A HEALTHY, FULL-TERM INFANT	CP046	252	CASE PRESENTATIONS BY YOUNG DOCTORS	SPECIAL GROUPS OF PATIENTS
2. Special groups of patients / 2.01 Children and adolescents	VEGETARIAN DIET IN FIRST YEAR OF LIFE	EPP010	97	E-Posters	E-POSTER PRESENTATIONS
2. Special groups of patients / 2.01 Children and adolescents	METHYLPHENIDATE ON REDUCTION OF CONSUMPTIONS AND SUD IN ADOLESCENTS WITH ADHD - EVIDENCE BASED REVIEW	EPP011	962	E-Posters	E-POSTER PRESENTATIONS
2. Special groups of patients / 2.01 Children and adolescents	COLOSTRUM, BREAST MILK AND SUPPLEMENTAL FEED: MOTHERS KNOWLEDGE AND FEEDING PATTERN IN URBAN & PERI-URBAN AREAS OF LAHORE, PAKISTAN	EPV140	94	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.01 Children and adolescents	STRONG PAEDIATRIC PRIMARY CARE IN CHILDREN AND ADOLESCENTS WITH MENTAL HEALTH DISORDERS: A COMPARATIVE OBSERVATIONAL STUDY IN SOUTHERN GERMANY	EPV141	146	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.01 Children and adolescents	THERE ARE PARENTAL BRAKES AND LEVERS OF ACTION FOR SCREENING FOR LEAD POISONING IN CHILDREN IN AREAS WITH RUN-DOWN HOUSING.	EPV142	154	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.01 Children and adolescents	PERCEPTION OF MALAYSIAN HEALTHCARE PRACTITIONERS' ON RAISING AWARENESS TO TEACH SEXUAL REPRODUCTIVE HEALTH TO PRE-SCHOOL CHILDREN	EPV143	431	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.01 Children and adolescents	ANIMAL-ASSISTED THERAPY AS A COMPLEMENTARY INTERVENTION IN MENTAL HEALTH OF CHILDREN AND ADOLESCENTS	EPV144	447	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.01 Children and adolescents	A LITERATURE REVIEW ON THE EFFECTS OF CHILDHOOD EXPOSURE TO WAR	EPV145	831	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.01 Children and adolescents	STRENGTHENING THE MANAGEMENT OF CHILDREN WITH DISABILITIES IN PRIMARY CARE IN MALAYSIA: PRIMARY CARE PROVIDERS' PERSPECTIVES	EPV146	1044	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.01 Children and adolescents	ADAPTATION OF THE VACCINE HESITANCY SCALE TO TURKISH: VALIDITY AND RELIABILITY STUDY	EPV147	1138	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.01 Children and adolescents	THE MANAGEMENT OF CHILDREN WITH DAYTIME URINARY INCONTINENCE: SURVEY AMONG DUTCH GENERAL PRACTITIONERS	O007	290	ORAL PRESENTATIONS	SPECIAL GROUPS OF PATIENTS
2. Special groups of patients / 2.01 Children and adolescents	INFANTILE HEMANGIOMA RISK STRATIFICATION	PO058	196	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
2. Special groups of patients / 2.01 Children and adolescents	UNDERDIAGNOSED PROBLEM OF GENERAL PRACTITIONERS: ADNEXAL TUMORS IN GIRLS	PO107	381	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
2. Special groups of patients / 2.01 Children and adolescents	AN HAPPY FACE	PO115	961	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
2. Special groups of patients / 2.01 Children and adolescents	WHEN A CHILD REFUSES TO WALK: A CLINICAL CASE	PO120	899	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
2. Special groups of patients / 2.01 Children and adolescents	HIDDEN BLEEDING	PO123	860	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS

2. Special groups of patients / 2.01 Children and adolescents	SUICIDE PREVENTION IN ADOLESCENTS. PROMOTING CARE BEYOND THE CONSULTATION ROOM.	PO124	871	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
2. Special groups of patients / 2.01 Children and adolescents	MIND THE (SYN)GAP	PO137	706	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
2. Special groups of patients / 2.01 Children and adolescents	RARE CASE OF JUVENILE GIANT CYSTIC GRANULOSA CELL TUMOR	PO143	656	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
2. Special groups of patients / 2.02 Women and men issues	RETHINKING INFERTILITY IN PRIMARY CARE. A REFLECTION FROM A CLINICAL CASE.	CP047	954	CASE PRESENTATIONS BY YOUNG DOCTORS	SPECIAL GROUPS OF PATIENTS
2. Special groups of patients / 2.02 Women and men issues	AN INVESTIGATION INTO MANAGING PAIN FOR THE INSERTION OF INTRAUTERINE CONTRACEPTIVES FOR WOMEN IN THE UK	EPP012	122	E-Posters	E-POSTER PRESENTATIONS
2. Special groups of patients / 2.02 Women and men issues	FACTORS INFLUENCING MEDICAL STUDENTS' ATTITUDES TOWARD SUBSTANCE USE DURING PREGNANCY	EPP013	141	E-Posters	E-POSTER PRESENTATIONS
2. Special groups of patients / 2.02 Women and men issues	GENDER-BASED VIOLENCE PREVALENCE IN A SPANISH HEALTH CENTER.	EPP014	1195	E-Posters	E-POSTER PRESENTATIONS
2. Special groups of patients / 2.02 Women and men issues	OBSTETRIC HISTORY IN WOMEN WITH SEXUAL DYSFUNCTION	EPV148	127	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.02 Women and men issues	DEGREE OF COHESION AND ADAPTABILITY IN FAMILIES WITH A FEMALE MEMBER DIAGNOSED WITH EPILEPSY IN FAMILY MEDICINE.	EPV149	300	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.02 Women and men issues	SEXUALLY TRANSMITTED INFECTIONS AND THEIR PREVENTION AMONG WOMEN IN PRIMARY CARE – QUALITATIVE INTERVIEW SURVEY WITH GENERAL PRACTITIONERS IN BERLIN	EPV150	636	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.02 Women and men issues	DIRECT-ACTING ANTIVIRAL TREATMENT FOR HEPATITIS C AMONG THE POPULATION IN CENTRAL GREECE.	EPV151	1039	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.02 Women and men issues	SUPPLEMENTATION IN PREGNANCY - THE REALITY OF THE AZOREAN ISLANDS	EPV152	1296	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.02 Women and men issues	AN ITALIAN STUDY ASSESSING THE POPULATION PREVALENCE OF SELF-REPORTED GLUTEN SENSITIVITY IN PRIMARY CARE	O008	419	ORAL PRESENTATIONS	SPECIAL GROUPS OF PATIENTS
2. Special groups of patients / 2.02 Women and men issues	ASSESSMENT AND QUALITY IMPROVEMENT ON DIAGNOSIS OF POSTPARTUM DEPRESSION	O009	915	ORAL PRESENTATIONS	SPECIAL GROUPS OF PATIENTS
2. Special groups of patients / 2.02 Women and men issues	CHEMSEX PATIENTS IN THE FAMILY PHYSICIAN CONSULTATION: CLINICAL INTERVIEW TECHNIQUES	PO126	517	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
2. Special groups of patients / 2.02 Women and men issues	CAN MY PREGNANT PATIENT TRAVEL?	PO140	748	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
2. Special groups of patients / 2.02 Women and men issues	ALWAYS BELIEVE THE PATIENT – SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) BLOOMING IN A POSTPARTUM DEPRESSIVE WOMAN	PO141	767	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS

2. Special groups of patients / 2.02 Women and men issues	WHAT ARE THE POPULATION'S BELIEFS ABOUT SEXUALITY DURING PREGNANCY? – A PORTUGUESE SAMPLE.	S019	940	1 SLIDE 5 MINUTES PRESENTATIONS	SPECIAL GROUPS OF PATIENTS
2. Special groups of patients / 2.02 Women and men issues	GENDER DIFFERENCES IN SMOKING CESSATION TO ALIGN CESSATION CARE FOR WOMEN. A QUALITATIVE STUDY IN THE HAGUE, THE NETHERLANDS	SO010	420	SHORT ORAL PRESENTATIONS	GENDER SENSITIVE MEDICINE
2. Special groups of patients / 2.03 Elderly	THE IMPORTANCE OF MULTIDISCIPLINARITY IN PRIMARY CARE - CASE REPORT	CP048	922	CASE PRESENTATIONS BY YOUNG DOCTORS	SPECIAL GROUPS OF PATIENTS
2. Special groups of patients / 2.03 Elderly	PRIMARY CARE UNIT FRAGILE POST-COVID PATIENTS	EPV153	117	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.03 Elderly	PRESCRIBING PRACTICES IN PRIMARY CARE ACCORDING TO INDICATORS OF RATIONAL PRESCRIBING	EPV154	457	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.03 Elderly	SARCONUT PORJECT: PROJECT FOR THE PREVENTION OF SARCOPENIA IN HOME PATIENTS WITH AN EXERCISE PROGRAM AND NUTRITIONAL COUNSELING	EPV155	544	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.03 Elderly	ANIMAL-ASSISTED THERAPY AS A GROUP INTERVENTION FOR COGNITIVE STIMULATION IN MILD/MODERATE COGNITIVE IMPAIRMENT	EPV156	768	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.03 Elderly	POLYTHERAPY IN PRIMARY CARE: FROM PRESCRIPTIVE APPROPRIETY TO DEPRESCRIPTION IN MULTIMORBIDITY ELDERLY PATIENTS (EPS)	EPV157	903	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.03 Elderly	CONTINUOUS QUALITY IMPROVEMENT CYCLE - ASSESSMENT OF THE DEGREE OF DEPENDENCE IN ELDERLY PEOPLE	EPV158	980	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.03 Elderly	DOCUMENTATION OF SLEEP DISORDERS (INSOMNIA) AND DEPRESSIVE BEHAVIOR DURING THE COVID19 PANDEMIC IN A RURAL AREA OF CRETE	EPV159	1014	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.03 Elderly	REVIEW OF NONSTEROIDAL ANTI-INFLAMMATORY DRUGS TREATMENTS IN OLDER PATIENTS	EPV160	1125	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.03 Elderly	COGNITIVE TRAINING AND IMPROVEMENT IN THE ELDERLY THROUGH VIDEO GAMES	EPV161	1235	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.03 Elderly	PROTEIN SUPPLEMENTATION IN FRAIL ELDERLY PEOPLE: WHAT THE EVIDENCE AS AN EFFECTIVE STRATEGY?	O004	1224	ORAL PRESENTATIONS	ELDERLY AND MULTIMORBIDITY
2. Special groups of patients / 2.03 Elderly	PRE-FRAIL 80 FOLLOW UP	O005	1159	ORAL PRESENTATIONS	ELDERLY AND MULTIMORBIDITY
2. Special groups of patients / 2.03 Elderly	INSOMNIA AMONGST OLDER ADULTS: PREVALENCE AND AETIOLOGIES	PO026	67	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
2. Special groups of patients / 2.03 Elderly	TRAINING GPS FOR GERIATRIC LIFESTYLE INTERVENTIONS	PO056	191	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
2. Special groups of patients / 2.03 Elderly	APPLICATION OF THE STOPP CRITERIA AT A PORTUGUESE NURSING HOME	PO066	255	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS

2. Special groups of patients / 2.03 Elderly	THE RELATIONSHIP BETWEEN TYPE 2 DIABETES MELLITUS AND OSTEOPOROSIS IN ELDERLY PATIENTS: A RETROSPECTIVE STUDY	PO109	432	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
2. Special groups of patients / 2.03 Elderly	TIPS AND TOOLS TO IMPLEMENT FALLS PREVENTION INTO THE DAILY ROUTINE OF GP PRACTICES	PO119	487	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
2. Special groups of patients / 2.03 Elderly	HISTORY OF PERSON CENTRED CARE: DID IT ALL STARTED IN DEMENTIA CARE?	PO148	713	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
2. Special groups of patients / 2.03 Elderly	TOWARDS BETTER-TAILORED DIAGNOSTICS IN PATIENTS WITH MEMORY COMPLAINTS	RM020	172	RESEARCH MASTER CLASS	TOWARDS PERSONALISED DIAGNOSTICS AND CARE FOR PEOPLE WITH DEMENTIA
2. Special groups of patients / 2.03 Elderly	NEEDS AND VIEWS OF CHINESE OLDER ADULTS ON HEALTHY LIFESTYLES FOR THE PREVENTION OF DEMENTIA: A QUALITATIVE STUDY.	RM021	374	RESEARCH MASTER CLASS	TOWARDS PERSONALISED DIAGNOSTICS AND CARE FOR PEOPLE WITH DEMENTIA
2. Special groups of patients / 2.03 Elderly	DELIVERING PERSONALISED CARE TO PEOPLE LIVING WITH DEMENTIA AND THEIR FAMILIES: A NEW INTERVENTION FOR PRIMARY CARE	RM022	769	RESEARCH MASTER CLASS	TOWARDS PERSONALISED DIAGNOSTICS AND CARE FOR PEOPLE WITH DEMENTIA
2. Special groups of patients / 2.03 Elderly	WHAT CIRCUMSTANCES CONTRIBUTE TO OR HAMPER LIVING AT HOME UNTIL THE END OF LIFE WITH SEVERE DEMENTIA?	RM023	1288	RESEARCH MASTER CLASS	TOWARDS PERSONALISED DIAGNOSTICS AND CARE FOR PEOPLE WITH DEMENTIA
2. Special groups of patients / 2.03 Elderly	“LESS IS MORE” - DEPRESCRIBING IN OLDER PATIENTS AT THE END OF LIFE	W004	750	WORKSHOP	ABOUT POLYPHARMACY: AN INTENSIVE SUPPORT WORKSHOP FOR STARTING DEPRESCRIBING
2. Special groups of patients / 2.04 Multimorbidity	CHRONIC DIARRHOEA IN PRIMARY CARE: HOW TO PROVIDE SYMPTOM RELIEF AND MANAGE COMORBIDITIES – BASED ON A CASE REPORT	EPV162	76	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.04 Multimorbidity	INFLUENCE OF QUALITY OF LIFE ON NON-COMPLIANCE IN PATIENTS WITH DIABETES MELLITUS IN PRIMARY CARE	EPV163	184	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.04 Multimorbidity	KEY ISSUES OF POLYPHARMACY IN THE MANAGEMENT OF PATIENTS WITH HEART FAILURE IN PRIMARY CARE: A SCOPING REVIEW	EPV164	217	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.04 Multimorbidity	MULTIMORBIDITY IN PRIMARY CARE SETTINGS IN THE REPUBLIC OF MOLDOVA	EPV165	304	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.04 Multimorbidity	COST OUTCOMES OF POTENTIALLY INAPPROPRIATE PRESCRIBING (PIP) IN MIDDLE-AGED ADULTS: A CROSS-SECTIONAL DATABASE STUDY	EPV166	409	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.04 Multimorbidity	MANAGEMENT OF CHRONIC DISEASES IN RURAL FAMILY MEDICINE OFFICE: "NEVERTHELESS, YOU'LL GIVE ME ONE WITH HYDROCHLOROTHIAZIDE!"	EPV167	454	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.04 Multimorbidity	THE INCIDENCE OF NEUROPATHIES IN PATIENTS WITH DIABETES MELLITUS TYPE II WITH NEUROPHYSIOLOGICAL ASSESSMENT IN A RURAL AREA OF CRETE	EPV168	503	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.04 Multimorbidity	THE CORRELATION BETWEEN SERUM VITAMIN D LEVELS AND DIETARY HABITS IN DISEASES FREQUENTLY MANAGED IN PRIMARY HEALTH CARE	EPV169	719	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.04 Multimorbidity	PATIENTS WITH CHRONIC CONDITIONS: MORBIDITY AND USE OF HOSPITAL SERVICES ACCORDING TO THEIR RISK LEVELS BY ADJUSTED MORBIDITY GROUPS (AMG)	EPV170	941	E-Posters	E-POSTER VIEWING

2. Special groups of patients / 2.04 Multimorbidity	ASSESSMENT OF INTERPROFESSIONAL COLLABORATION IN PRIMARY CARE: PRIMARY CARE TEAM AND CHRONICITY TEAM.	EPV171	1056	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.04 Multimorbidity	SUPPORTING PRESCRIBING IN OLDER PATIENTS WITH MULTIMORBIDITY AND SIGNIFICANT POLYPHARMACY IN IRISH PRIMARY CARE (SPPIRE); A CLUSTER RANDOMISED CONTROLLED TRIAL	O002	286	ORAL PRESENTATIONS	ELDERLY AND MULTIMORBIDITY
2. Special groups of patients / 2.04 Multimorbidity	ACTIVITY OF A CHRONIC CARE TEAM DURING THE COVID PANDEMIC	O003	1082	ORAL PRESENTATIONS	ELDERLY AND MULTIMORBIDITY
2. Special groups of patients / 2.04 Multimorbidity	PROMOTING SUSTAINABLE WORK PARTICIPATION FOR WORKERS WITH DEPRESSION THROUGH IMPROVED COLLABORATION IN DEPRESSION CARE: A FOCUS GROUP STUDY	O082	791	ORAL PRESENTATIONS	OVERARCHING TOPICS
2. Special groups of patients / 2.04 Multimorbidity	CLOZAPINE INDUCED PLEURAL FLUID EOSINOPHILIA	PO101	1302	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
2. Special groups of patients / 2.04 Multimorbidity	TAILORING ANTICOAGULATION THERAPY - AN ONGOING CHALLENGE	PO127	953	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
2. Special groups of patients / 2.04 Multimorbidity	ABOUT POLYPHARMACY - AN INTENSIVE SUPPORT WORKSHOP FOR STARTING DEPRESCRIBING	W003	96	WORKSHOP	ABOUT POLYPHARMACY: AN INTENSIVE SUPPORT WORKSHOP FOR STARTING DEPRESCRIBING
2. Special groups of patients / 2.05 Palliative care	GENERAL PRACTITIONERS' EVALUATIONS OF THE APPROPRIATE TIMING TO INITIATE ADVANCE CARE PLANNING IN PATIENTS WITH CANCER, ORGAN FAILURE AND MULTIMORBIDITY	EPP015	516	E-Posters	E-POSTER PRESENTATIONS
2. Special groups of patients / 2.05 Palliative care	WHAT DO PHYSICIANS IN THAI UNIVERSITY HOSPITALS FACE WHEN WITHDRAWING LIFE SUPPORT AND EXTUBATION IN PALLIATIVE PATIENTS: A QUALITATIVE STUDY	EPV172	143	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.05 Palliative care	PERSON CENTRED CARE IN END OF LIFE: THE GP'S MOST DIFFICULT BUT HIGHLY REWARDING DIALOGUE	EPV173	181	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.05 Palliative care	NAUSEA AND VOMITING IN PALLIATIVE CARE	EPV174	243	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.05 Palliative care	THE PORTUGUESE PATIENT DIGNITY QUESTION: A CROSS-SECTIONAL STUDY OF PALLIATIVE PATIENTS CARED FOR IN PRIMARY CARE.	EPV175	1184	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.05 Palliative care	DYSPNOEA IN PALLIATIVE PATIENTS: HOW CAN WE HELP?	PO033	86	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
2. Special groups of patients / 2.05 Palliative care	GRIEVING WELL IN COVID-19: EXPLORING AND ADDRESSING THE IMPACTS OF LOSS AND BEREAVEMENT ON EUROPEAN FAMILIES, PROFESSIONALS AND SERVICES	S020	939	1 SLIDE 5 MINUTES PRESENTATIONS	SPECIAL GROUPS OF PATIENTS
2. Special groups of patients / 2.06 Minorities	PROVIDING MEDICAL CARE AT A PORTUGUESE REFUGEE CENTER (CAR), A LIFE-CHANGING EXPERIENCE	EPP016	1189	E-Posters	E-POSTER PRESENTATIONS
2. Special groups of patients / 2.06 Minorities	COMMUNICATION EXPERIENCES IN PRIMARY HEALTHCARE WITH REFUGEES AND ASYLUM SEEKERS: A LITERATURE REVIEW AND NARRATIVE SYNTHESIS	EPV176	232	E-Posters	E-POSTER VIEWING

2. Special groups of patients / 2.06 Minorities	PENITENTIARY ASSISTANCE IN PRIMARY CARE: THE INTEGRATION BETWEEN PRISON DOCTOR AND GP IN THE PRIMARY CARE (PC) SETTING	EPV177	421	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.06 Minorities	REFUGEE AND MIGRANTS EXPERIENCE OF PRIMARY HEALTH CARE IN THE NHS	EPV178	554	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.06 Minorities	RARE DISEASE PATIENT – A CHALLENGE TO FAMILY DOCTORS	EPV179	689	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.06 Minorities	CHARACTERISTICS OF MORTALITY IN A SAMPLE OF PEOPLE EXPERIENCING HOMELESSNESS IN CATALONIA (SPAIN)	EPV180	780	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.06 Minorities	SARS-COV-2 INFECTION PREVALENCE IN PEOPLE EXPERIENCING HOMELESSNESS IN GIRONA (SPAIN)	EPV181	794	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.06 Minorities	ASYLUM SEEKERS' AND REFUGEES' EXPERIENCES OF ACCESSING HEALTHCARE: A QUALITATIVE STUDY	EPV182	803	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.06 Minorities	GENERAL PRACTICE AND THE MARGINALIZATION OF YOUNG ADULTS WITH DEPRESSION WHO FALL OUT OF EDUCATION AND EMPLOYMENT: A CASE STUDY	EPV183	808	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.06 Minorities	PERCEPTIONS AMONG DIABETIC PATIENTS IN THE ULTRA-ORTHODOX JEWISH COMMUNITY REGARDING MEDICATION ADHERENCE	EPV184	1089	E-Posters	E-POSTER VIEWING
2. Special groups of patients / 2.06 Minorities	HEALTH CARE FOR LGBTQIA+ POPULATION: TEAM INITIATIVES OF PRIMARY CARE IN THE CITY OF RIO DE JANEIRO	O010	272	ORAL PRESENTATIONS	SPECIAL GROUPS OF PATIENTS
2. Special groups of patients / 2.06 Minorities	ENGAGING MIGRANTS WITH INFECTIOUS DISEASE SCREENING AND CATCH-UP VACCINATION IN PRIMARY CARE: INNOVATIONS AND NOVEL APPROACHES.	O012	521	ORAL PRESENTATIONS	INNOVATION AND FUTURE TRENDS I
2. Special groups of patients / 2.06 Minorities	PREVENTION OF HEMOGLOBINOPATHIES IN PRIMARY CARE: ASSESSING THE PROBLEMS AND NEEDS OF PATIENTS AND GENERAL PRACTITIONERS	O071	90	ORAL PRESENTATIONS	MINORITIES
2. Special groups of patients / 2.06 Minorities	CURRENT GUIDANCE FOR COMMUNICATING WITH REFUGEE AND ASYLUM SEEKER PATIENTS: AN ENVIRONMENTAL SCAN OF ONLINE RESOURCES	O072	279	ORAL PRESENTATIONS	MINORITIES
2. Special groups of patients / 2.06 Minorities	LONELINESS IN GERMANY DURING SOCIAL DISTANCING MEASURES IN RESPONSE TO COVID-19 PANDEMIC	O073	793	ORAL PRESENTATIONS	MINORITIES
2. Special groups of patients / 2.06 Minorities	HEALTH CARE REIMBURSEMENT IN SEGREGATED COLONIES: NATIONWIDE CROSS-SECTIONAL STUDY IN HUNGARY	O074	799	ORAL PRESENTATIONS	MINORITIES
2. Special groups of patients / 2.06 Minorities	IMPROVING MENTAL HEALTH IN REFUGEE FAMILIES WITH YOUNG CHILDREN - DESIGN OF A RANDOMISED CONTROLLED STUDY	O075	844	ORAL PRESENTATIONS	MINORITIES
2. Special groups of patients / 2.06 Minorities	SYMPTOMS AND PREDICTORS OF DEPRESSION AMONG SYRIAN REFUGEES ONE-YEAR POST ARRIVAL IN CANADA	O076	1329	ORAL PRESENTATIONS	MINORITIES
2. Special groups of patients / 2.06 Minorities	RELAÇÃO ENTRE ESTRUTURAÇÃO DA APS E ASSISTÊNCIA EM SAÚDE MENTAL: UMA ANÁLISE A PARTIR DO PMAQ-AB	PO074	274	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS

2. Special groups of patients / 2.06 Minorities	LEARNING FROM THE COVID-19 VACCINES: PRACTICAL APPROACHES TO ADDRESSING VACCINE HESITANCY IN BLACK AND MINORITY ETHNIC GROUPS AND MIGRANTS	PO111	443	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
2. Special groups of patients / 2.06 Minorities	MENTAL DISTRESS IN MIGRANTS: HOW TO SUPPORT THEM IN TIMES OF CORONA	PO144	678	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
2. Special groups of patients / 2.06 Minorities	ASYLUM SEEKERS' AND REFUGEES' EXPERIENCES OF ACCESSING HEALTHCARE: A DISCUSSION	PO153	838	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
2. Special groups of patients / 2.06 Minorities	AGE OF MORTALITY AND MORTALITY RISK-FACTORS ASSOCIATED TO HOMELESSNESS IN CATALONIA (SPAIN)	PO156	796	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
2. Special groups of patients / 2.06 Minorities	EFFECT OF CULTURAL INTERVENTIONS ON DIABETES MANAGEMENT AMONG INDIGENOUS NORTH AMERICANS	S021	95	1 SLIDE 5 MINUTES PRESENTATIONS	SPECIAL GROUPS OF PATIENTS
2. Special groups of patients / 2.06 Minorities	PERSON CENTRED CARE FOR MIGRANTS IN TIMES OF CORONA	SI010	508	SPECIAL INTEREST SESSION	SPECIAL INTEREST SESSION organised by WONCA SIG Migrants Care
3. Overarching topics / 3.01 Personalised care	HOW PRACTICE SETTING AFFECTS FAMILY PHYSICIANS' VIEWS ON GENETIC SCREENING: A QUALITATIVE STUDY	EPV185	468	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.01 Personalised care	"DOCTOR, MY MIGRAINE DOESN'T GO AWAY!"	EPV186	1179	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.01 Personalised care	GENETIC RISK ASSESSMENT BASED ON A THREE-GENERATION FAMILY HISTORY: PRELIMINARY RESULTS FROM SLOVENIA	O013	398	ORAL PRESENTATIONS	INNOVATION AND FUTURE TRENDS I
3. Overarching topics / 3.01 Personalised care	FINDING MEANING IN THE CONSULTATION	O035	179	ORAL PRESENTATIONS	PERSONALISED CARE
3. Overarching topics / 3.01 Personalised care	OPTIMA FORMA – TOWARDS A PATIENT-CENTRED MULTIMORBIDITY APPROACH FOR CHRONIC DISEASE MANAGEMENT IN PRIMARY CARE	O036	383	ORAL PRESENTATIONS	PERSONALISED CARE
3. Overarching topics / 3.01 Personalised care	CONTINUITY OF RELATIONAL CARE IMPROVES HEALTH: NATIONAL INTERVENTION RESULTS AND A TOOLKIT TO HELP YOU IN YOUR OWN PRACTICE	O037	417	ORAL PRESENTATIONS	PERSONALISED CARE
3. Overarching topics / 3.01 Personalised care	PERSON-CENTRED CARE IN PRIMARY CARE: WHAT WORKS FOR WHOM, HOW, AND IN WHAT CIRCUMSTANCES?	O038	463	ORAL PRESENTATIONS	PERSONALISED CARE
3. Overarching topics / 3.01 Personalised care	HOW IS "CENTREDNESS" CONCEPTUALISED IN PEER-REVIEWED HEALTH LITERATURE? A SCOPING REVIEW	O039	1071	ORAL PRESENTATIONS	PERSONALISED CARE
3. Overarching topics / 3.01 Personalised care	HOW TO PROVIDE PERSON-CENTERED CARE WITH A COMPUTER DECISION SUPPORT SYSTEM DURING TELEPHONE TRIAGE IN OUT-OF-HOURS PRIMARY CARE.	O040	1073	ORAL PRESENTATIONS	PERSONALISED CARE
3. Overarching topics / 3.01 Personalised care	LEARNING HOW INTEGRATED PRIMARY CARE WORKS: FIRST STEPS TOWARDS A REALIST EVALUATION OF THE DUTCH TARGET PROGRAM	S022	269	1 SLIDE 5 MINUTES PRESENTATIONS	OVERARCHING TOPICS I
3. Overarching topics / 3.01 Personalised care	THE ROLE OF BIOPSYCHOSOCIAL DETERMINANTS IN THE PERSONALISED HYPERTENSION MANAGEMENT	S023	914	1 SLIDE 5 MINUTES PRESENTATIONS	OVERARCHING TOPICS I

3. Overarching topics / 3.01 Personalised care	DESIGNING PERSONALISED CARE WITH POSITIVE HEALTH IN FAMILY MEDICINE AND GENERAL PRACTICE	SI006	422	SPECIAL INTEREST SESSION	SPECIAL INTEREST SESSION organised by EUROPREV
3. Overarching topics / 3.01 Personalised care	GRIEF AND MOURNING DURING THE COVID-19 PANDEMIC	W001	303	WORKSHOP	GRIEF AND MOURNING DURING THE COVID-19 PANDEMIC
3. Overarching topics / 3.01 Personalised care	PERSONALISED CARE IN THE POST-COVID WORLD: OPPORTUNITIES AND CHALLENGES FOR GENERAL PRACTICE	W006	215	WORKSHOP	PERSONALISED CARE IN THE POST-COVID WORLD: OPPORTUNITIES AND CHALLENGES FOR GENERAL PRACTICE
3. Overarching topics / 3.01 Personalised care	INTRODUCTION: PERSONALISED CARE IN PATIENTS WITH MULTIMORBIDITY	W011	236	WORKSHOP	PERSONALISED CARE IN PATIENTS WITH MULTIMORBIDITY
3. Overarching topics / 3.01 Personalised care	WHOLE PERSON CARE: EXPLORING ITS NATURE AND CLINICAL PRACTICE	W016	479	WORKSHOP	WHOLE PERSON CARE: EXPLORING ITS NATURE AND CLINICAL PRACTICE
3. Overarching topics / 3.02 Shared decision making and patient empowerment	ISOLATION IN TIMES OF SHARING: PREGNANCY DURING THE COVID19 PANDEMIC	CP043	418	CASE PRESENTATIONS BY YOUNG DOCTORS	OVERARCHING TOPICS / RESEARCH AND INNOVATION
3. Overarching topics / 3.02 Shared decision making and patient empowerment	FACTORS AFFECTING CLINICIANS' DIAGNOSIS AND TREATMENT DECISIONS	EPV187	1261	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.02 Shared decision making and patient empowerment	PATIENT EMPOWERMENT - THE BEST TOOL IN GLYCAEMIC CONTROL?	EPV188	1300	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.02 Shared decision making and patient empowerment	BENEFITS EXPERIENCED IN PARTICIPANTS OF OPEN PSYCHOTHERAPEUTIC GROUPS	EPV324	1198	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.02 Shared decision making and patient empowerment	WOMEN AND PARTNERS FACING AN UNWANTED PREGNANCY NEED MORE COUNSELLING AND SUPPORT IN THE DECISION-MAKING PROCESS AND ANTENATAL, POST-PARTUM AND POST ABORTION CARE: CONCLUSIONS FROM A SYSTEMATIC REVIEW	O017	119	ORAL PRESENTATIONS	SHARED DECISION MAKING
3. Overarching topics / 3.02 Shared decision making and patient empowerment	DEVELOPING A TOOL FOR PATIENT INVOLVEMENT IN GENERAL PRACTICE: THE PREPARING PATIENTS FOR ACTIVE INVOLVEMENT IN MEDICATION REVIEW (PREPAIR) TOOL	O018	132	ORAL PRESENTATIONS	SHARED DECISION MAKING
3. Overarching topics / 3.02 Shared decision making and patient empowerment	A SYSTEMATIC APPROACH TO IDENTIFY AND PRIORITIZE OPTION TABLES FOR RECOMMENDATIONS IN NHG-GUIDELINES	O019	194	ORAL PRESENTATIONS	SHARED DECISION MAKING
3. Overarching topics / 3.02 Shared decision making and patient empowerment	DUTCH GENERAL PRACTITIONERS' VIEWS ON AN (EARLY) DEMENTIA DIAGNOSTIC TRAJECTORY AND IMPLEMENTATION OF SHARED DECISION-MAKING THEREIN: A QUALITATIVE INTERVIEW STUDY	O020	213	ORAL PRESENTATIONS	SHARED DECISION MAKING
3. Overarching topics / 3.02 Shared decision making and patient empowerment	THE NATIONAL PROGRAM FOR PATIENTS' ONLINE ACCESS TO MEDICAL RECORDS IN THE NETHERLANDS – A MESSAGE FROM THE FLIGHT DECK	O021	549	ORAL PRESENTATIONS	SHARED DECISION MAKING
3. Overarching topics / 3.02 Shared decision making and patient empowerment	ARE WE READY FOR THE CONCEPT OF FAMILY CAREGIVERS PARTNERSHIP?	PO072	265	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
3. Overarching topics / 3.02 Shared decision making and patient empowerment	PATIENT SELF-MONITORING BLOOD PRESSURE: CAN WE THRUST?	PO142	966	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS

3. Overarching topics / 3.02 Shared decision making and patient empowerment	THE ROLE OF GENERAL PRACTITIONERS IN CANCER TREATMENT DECISIONS, RAISING AWARENESS AMONG CANCER PATIENTS ABOUT EXPERT CANCER CARE HOSPITAL CHOICE	PO150	728	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
3. Overarching topics / 3.02 Shared decision making and patient empowerment	EMPOWERING PATIENTS TO DEVELOP COLLABORATIVE RELATIONSHIPS WITH PRIMARY CARE PROVIDERS	PO151	879	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
3. Overarching topics / 3.02 Shared decision making and patient empowerment	REFUSING SPECIALIZED CARE DURING PEAK OF COVID-19 PANDEMIC – CASE REPORT	PO152	739	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
3. Overarching topics / 3.02 Shared decision making and patient empowerment	ART IN THE ART OF MEDICINE; EXPLORING THE USE AND IMPACT OF HEALTH PRACTITIONERS DRAWINGS IN A CONSULTATION	SO018	129	SHORT ORAL PRESENTATIONS	PATIENT EDUCATION
3. Overarching topics / 3.02 Shared decision making and patient empowerment	HEALTH LITERACY: THE CURRENT STATE OF THE ART	SO021	1308	SHORT ORAL PRESENTATIONS	PATIENT EDUCATION
3. Overarching topics / 3.02 Shared decision making and patient empowerment	MODELS FOR SHARED DECISIONMAKING IN FAMILY VIOLENCE CARE: AN INTERNATIONAL COMPARISON	W008	345	WORKSHOP	MODELS FOR SHARED DECISIONMAKING IN FAMILY VIOLENCE CARE: AN INTERNATIONAL COMPARISON
3. Overarching topics / 3.03 Diversity and equity	THE IMPACT OF DECREE LAWS ON THE PERFORMANCE LOSSES OF TURKISH ACADEMIC FAMILY PHYSICIANS: AFTEREFFECTS OF A CIVIL COUP	EPV189	39	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.03 Diversity and equity	CHARACTERISTICS OF CANADIAN PHYSICIANS AND THEIR ASSOCIATIONS WITH PRACTICE PATTERNS	EPV190	458	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.03 Diversity and equity	THE ROLE OF PROFESSIONAL FOREIGN LANGUAGE INTERPRETER IN HEALTHCARE SETTINGS- A LITERATURE REVIEW	EPV191	599	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.03 Diversity and equity	EVALUATING THE DEEP END PIONEER SCHEME AS A MODEL FOR RECRUITMENT/RETENTION OF GPS IN AREAS OF SOCIO-ECONOMIC DEPRIVATION	EPV192	669	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.03 Diversity and equity	EUROPEAN WONCA WORKING PARTY FOR WOMEN AND FAMILY MEDICINE ACTIVITY FOR 2018-2021 YEARS	EPV193	736	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.03 Diversity and equity	THE IMPACT OF THE COVID-19 PANDEMIC ON REMOTE CARE PROVIDED IN DUTCH GENERAL PRACTICES IN DEPRIVED NEIGHBORHOODS	EPV194	847	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.03 Diversity and equity	DOES PATIENT GENDER INFLUENCE CONSULTATION OUTCOMES? DOES PHYSICIAN GENDER PLAY A ROLE?: RESULTS FROM A LARGE UNANNOUNCED STANDARDIZED PATIENT STUDY	EPV195	930	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.03 Diversity and equity	WITH GREAT POWER COMES GREAT RESPONSIBILITY: FAMILY DOCTORS AS ADVOCATES	PO145	679	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
3. Overarching topics / 3.03 Diversity and equity	HOW TO MEASURE SOCIOECONOMIC STATUS OF IRISH GENERAL PRACTICES? ONE METHOD DESCRIBED USING PUBLICLY AVAILABLE DATABASES.	PO182	380	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
3. Overarching topics / 3.03 Diversity and equity	THE HUMAN BEING AS A TRAVELLING SPECIES: MY MIGRANT PATIENTS, THEIR ODYSSEY AND OUR WELCOME	W012	101	WORKSHOP	THE HUMAN BEING AS A TRAVELLING SPECIES: MY MIGRANT PATIENTS, THEIR ODYSSEY AND OUR WELCOME
3. Overarching topics / 3.04 Overdiagnosis and overtreatement	"NEVER CHANGE A WINNING TEAM": GPS' PERSPECTIVES ON DISCONTINUATION OF LONG-TERM ANTIDEPRESSANTS	EPV196	955	E-Posters	E-POSTER VIEWING

3. Overarching topics / 3.04 Overdiagnosis and overtreatement	DEPRESCRIBING IN THE ELDERLY, A MULTIDISCIPLINAIRY GUIDELINE	S024	142	1 SLIDE 5 MINUTES PRESENTATIONS	OVERARCHING TOPICS I
3. Overarching topics / 3.04 Overdiagnosis and overtreatement	SPECIFICITY OF EARLY-CAREER GENERAL PRACTITIONERS' PROBLEM FORMULATIONS IN PATIENTS PRESENTING WITH DIZZINESS: A CROSS-SECTIONAL ANALYSIS.	S025	539	1 SLIDE 5 MINUTES PRESENTATIONS	OVERARCHING TOPICS I
3. Overarching topics / 3.05 E-health	USE OF E-HEALTH AMONG DUTCH GENERAL PRACTICES DURING THE COVID-19 PANDEMIC	EPP017	258	E-Posters	E-POSTER PRESENTATIONS
3. Overarching topics / 3.05 E-health	USING E- HEALTH TO COMMUNICATE PATIENTS WITH THEIR GENERAL PRACTITIONER.	EPV197	614	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.05 E-health	SOCIAL ISOLATION CAN BE OVERCOME WITH A DIGITAL COMPANION: A PANDEMIC PROJECT TO TACKLE LONELINESS.	EPV198	640	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.05 E-health	THE PATIENT EXPERIENCE OF TELEPHONE CONSULTATIONS IN PRE-COVID PRIMARY CARE	EPV199	765	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.05 E-health	DO THE MEANS JUSTIFY THE ENDS?	EPV200	1236	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.05 E-health	TEACH - TELEPHONE AND E-HEALTH ASSISTANCE TO IMPROVE CAREGIVER HEALTH	PO087	324	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
3. Overarching topics / 3.05 E-health	ORDERLY PRESENTATION OF ADMINISTERED VACCINS AND VULNARABILITY TO INFECTION AND SHARING THIS INFORMATION WITH STAKEHOLDERS	PO100	369	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
3. Overarching topics / 3.05 E-health	THE CHALLENGE OF INTEGRATING EHEALTH INTO HEALTHCARE; A SYSTEMATIC LITERATURE REVIEW ON STRUCTURE, PROCESS AND OUTCOMES (DONABEDIAN MODEL)	RM001	546	RESEARCH MASTER CLASS	E-HEALTH RESEARCH REACHING MATURITY
3. Overarching topics / 3.05 E-health	VIDEO CONSULTATIONS AND DIABETES CARE IN GENERAL PRACTICE: A NATIONAL SURVEY OF TECHNOLOGY ACCEPTANCE AMONG DANISH GENERAL PRACTITIONERS	RM002	175	RESEARCH MASTER CLASS	E-HEALTH RESEARCH REACHING MATURITY
3. Overarching topics / 3.05 E-health	DIRECT ACCESS FOR PATIENTS TO DIAGNOSTIC TESTING AND RESULTS: A SYSTEMATIC REVIEW ON EHEALTH AND DIAGNOSTICS	RM003	444	RESEARCH MASTER CLASS	E-HEALTH RESEARCH REACHING MATURITY
3. Overarching topics / 3.05 E-health	IMPROVING PATIENT ACCESS VIA ONLINE CONSULTATIONS	RM004	491	RESEARCH MASTER CLASS	E-HEALTH RESEARCH REACHING MATURITY
3. Overarching topics / 3.05 E-health	EXPLORING USAGE OF AN EHEALTH INTERVENTION FOR STRESS URINARY INCONTINENCE AMONG FEMALE PARTICIPANTS: BY WHOM AND HOW IS IT USED?	RM005	210	RESEARCH MASTER CLASS	E-HEALTH RESEARCH REACHING MATURITY
3. Overarching topics / 3.05 E-health	UNDERSTANDING THE USE OF PATIENT PORTALS BY PATIENTS AND HEALTHCARE PROFESSIONALS: A CAPABILITY APPROACH	RM006	596	RESEARCH MASTER CLASS	E-HEALTH RESEARCH REACHING MATURITY
3. Overarching topics / 3.05 E-health	PERSONALIZED MEDICINE FOR OPTIMAL SUPPORT OF TREATMENT-DECISIONS: AN EXAMPLE OF THE CHOICE BETWEEN EHEALTH OR CARE-AS-USUAL FOR URINARY INCONTINENCE	S026	502	1 SLIDE 5 MINUTES PRESENTATIONS	OVERARCHING TOPICS I
3. Overarching topics / 3.06 GP and professional health	MOTIVATED TEAM, ACCOMPLISHED TEAM: THE IMPORTANCE OF BURNOUT PREVENTION IN PRIMARY HEALTH CARE	CP044	797	CASE PRESENTATIONS BY YOUNG DOCTORS	OVERARCHING TOPICS / RESEARCH AND INNOVATION

3. Overarching topics / 3.06 GP and professional health	MULTIDISCIPLINARY TEAMS IN PRIMARY HEALTH CARE	EPP018	1196	E-Posters	E-POSTER PRESENTATIONS
3. Overarching topics / 3.06 GP and professional health	CONTINUITY OF CARE FOR PATIENTS WITH CHRONIC DISEASES: A REGISTRY-BASED OBSERVATIONAL STUDY FROM NORWAY	EPV201	79	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.06 GP and professional health	QUINARY PREVENTION: AVOIDING BURNOUT AT A PRIMARY HEALTH CARE CENTRE	EPV202	326	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.06 GP and professional health	PROGNOSIS OF COVID-19 ACCORDING TO VITAMIN D SUPPLEMENTATION AMONG A TUNISIAN COHORT OF OUTPATIENTS SELF-ISOLATED AT HOME.	EPV203	784	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.06 GP and professional health	THE IMPACT OF COVID-19 PANDEMIC IN PRIMARY HEALTH CARE PROFESSIONALS' BURNOUT	EPV204	874	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.06 GP and professional health	BURNOUT SYNDROME IN HEALTHCARE WORKERS DURING COVID-19 PANDEMIC	EPV205	1023	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.06 GP and professional health	BURNOUT AT THE PRIMARY HEALTH CARE BEFORE AND AFTER COVID-19: A FAMILY HEALTH UNIT REALITY	EPV206	1276	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.06 GP and professional health	SEDENTARY BEHAVIOUR AMONG GENERAL PRACTITIONERS; DO WE PRACTICE WHAT WE PREACH?	O078	21	ORAL PRESENTATIONS	OVERARCHING TOPICS
3. Overarching topics / 3.06 GP and professional health	EXPLORING THE DIVERSE CAREER TRAJECTORIES OF GENERAL PRACTICE GRADUATES: AN INTERVIEW STUDY	O079	38	ORAL PRESENTATIONS	OVERARCHING TOPICS
3. Overarching topics / 3.06 GP and professional health	REVIEW OF POLYTRAUMA PATIENTS´PROFILE AND MANAGEMENT IN THE EXTRAHOSPITALARY EMERGENCY SERVICES IN THE PROVINCE OF HUELVA (SPAIN)	PO122	500	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
3. Overarching topics / 3.06 GP and professional health	EUROPEAN FAMILY DOCTORS' RESPONSE TO COVID-19 PANDEMIC	PO131	601	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
3. Overarching topics / 3.06 GP and professional health	COGNITIVE BEHAVIORAL THERAPY IN FAMILY PRACTICE: SUPPORT OF THE FAMILY PRACTITIONER	PO138	651	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
3. Overarching topics / 3.06 GP and professional health	SUPPORTING MEDICAL STAFF AT A TEMPORARY HEALTH SERVICE FOR VULNERABLE MIGRANTS	PO147	692	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
3. Overarching topics / 3.06 GP and professional health	WORKING AS A GP IN TIMES OF CLIMATE CHANGE – WHAT CAN WE DO?	PO159	920	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
3. Overarching topics / 3.06 GP and professional health	COMPLIANCE WITH HOME-QUARANTINE AND PROGNOSIS OF COVID-19 AMONG A COHORT OF TUNISIAN PATIENTS ISOLATED AT HOME.	PO160	824	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
3. Overarching topics / 3.06 GP and professional health	TWENTY MINUTE PRIMARY CARE ROUTINE APPOINTMENTS IN ENGLAND: BLOCKS, WORKING MODELS AND ADVICE	S027	593	1 SLIDE 5 MINUTES PRESENTATIONS	OVERARCHING TOPICS I
3. Overarching topics / 3.07 Health promotion and prevention	THE DOMAIN OF DIGNITY IN PRIMARY HEALTH CARE ASSESSED BY MENTAL HEALTH PATIENTS AND HEALTH PROFESSIONALS: QUALITATIVE STUDY.	EPP019	365	E-Posters	E-POSTER PRESENTATIONS

3. Overarching topics / 3.07 Health promotion and prevention	RCT TO EVALUATE THE EFFICACY OF A COMPLEX INTERVENTION TO IMPROVE THE QUALITY OF LIFE OF HOTEL HOUSEKEEPERS.	EPP020	804	E-Posters	E-POSTER PRESENTATIONS
3. Overarching topics / 3.07 Health promotion and prevention	REVIEW OF CLINICAL AND PATIENT-REPORTED DATA FOR THE ADJUVANTED RECOMBINANT ZOSTER VACCINE (RZV) FOLLOWING THE PIVOTAL ZOE-50/-70 TRIALS	EPV207	235	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.07 Health promotion and prevention	COLORECTAL CANCER SCREENING IN COVID-19 PANDEMIC	EPV208	241	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.07 Health promotion and prevention	KEY-MESSAGES IN HEALTH PROMOTION: AN EFFECTIVE APPROACH TO CHILDHOOD OBESITY?	EPV209	308	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.07 Health promotion and prevention	ASSOCIATION BETWEEN SELF-EFFICACY, DEPRESSION AND LIFESTYLES.	EPV210	359	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.07 Health promotion and prevention	IMPLEMENTATION OF AN EVIDENCE-BASED HEALTH PROMOTION INTERVENTION IN PRIMARY CARE IN SPAIN: A QUALITATIVE STUDY OF HEALTHCARE ORGANIZATION/MANAGEMENT FACTORS	EPV211	642	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.07 Health promotion and prevention	DENIAL OF A CERVICAL CANCER DIAGNOSIS: GUILT, SHAME, OR AN ATTEMPT TO PROTECT LOVED ONES?	EPV212	726	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.07 Health promotion and prevention	CHRONIC ULCER OR NEOPLASM? WHEN TO SUSPECT A PREVENTABLE MALIGNANCY	EPV213	735	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.07 Health promotion and prevention	THE PREVALENCE OF RISK FACTORS FOR NONCOMMUNICABLE DISEASES IN UKRAINE	EPV214	752	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.07 Health promotion and prevention	PHYSICAL ACTIVITY PRESCRIPTION BY GENERAL PRACTITIONERS: EXAMPLE OF « PASS MOUV'» IN DORDOGNE IN 2017 AND 2018.	EPV215	770	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.07 Health promotion and prevention	PREVENTION OF WORK–RELATED MUSCULOSKELETAL DISORDERS IN HEALTH PROFESSIONALS OF QUINTA DA PRATA FAMILY HEALTH UNIT	EPV216	842	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.07 Health promotion and prevention	INCREASING HEALTH LITERACY THROUGH A TELEVISION PROGRAM IN A SMALL ARCHIPELAGO IN PORTUGAL	EPV217	1163	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.07 Health promotion and prevention	EFFECTIVENESS OF THE BABY-FRIENDLY INITIATIVE ON EXCLUSIVE BREASTFEEDING AT TWO PRIMARY HEALTH CARE UNITS IN PORTUGAL	EPV218	1201	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.07 Health promotion and prevention	PERCEPTION OF PRIMARY HEALTH CARE RESPONSE CAPACITY BY PATIENTS SUFFERING MENTAL HEALTH PROBLEMS AND WITHOUT THEM: QUALITATIVE STUDY.	O031	363	ORAL PRESENTATIONS	MENTAL HEALTH I
3. Overarching topics / 3.07 Health promotion and prevention	ARE COMMUNICABLE DISEASES BECOMING THE GREATEST THREAT TO GLOBAL HEALTH?	O041	504	ORAL PRESENTATIONS	INNOVATION AND FUTURE TRENDS II
3. Overarching topics / 3.07 Health promotion and prevention	HOW DO GENERAL PRACTITIONERS HANDLE COUPLE RELATIONSHIP PROBLEMS? A FOCUS-GROUP STUDY FROM NORWAY.	O080	170	ORAL PRESENTATIONS	OVERARCHING TOPICS
3. Overarching topics / 3.07 Health promotion and prevention	OVERVIEW OF NATIONAL VACCINATION GUIDELINES OR RECOMMENDATIONS FOR THE ADJUVANTED RECOMBINANT ZOSTER VACCINE (RZV)	O081	211	ORAL PRESENTATIONS	OVERARCHING TOPICS

3. Overarching topics / 3.07 Health promotion and prevention	TRAVEL HEALTH IN LEBANON: KNOWLEDGE, ATTITUDES AND PRACTICES OF LEBANESE TRAVELERS	PO012	23	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
3. Overarching topics / 3.07 Health promotion and prevention	ADHERING TO A MEDITERRANEAN DIET. ARE WE, AS HEALTHCARE PROFESSIONALS, SETTING AN EXAMPLE?	PO094	339	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
3. Overarching topics / 3.07 Health promotion and prevention	ASSOCIATION BETWEEN PROCRASTINATION, DEPRESSION AND LIFESTYLES.	PO099	361	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
3. Overarching topics / 3.07 Health promotion and prevention	A QUALITATIVE STUDY WITH POST-SECONDARY STUDENTS: COVID-19, STRESSORS AND COPING	PO129	1321	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
3. Overarching topics / 3.07 Health promotion and prevention	EACH VISIT IS A CHANCE: COMPREHENSIVE ROLE OF FAMILY MEDICINE	PO133	613	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
3. Overarching topics / 3.07 Health promotion and prevention	IMPACT OF PREGNANCY ON PHYSICAL INACTIVITY AND OTHER LIFESTYLES OF WOMEN	PO136	645	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
3. Overarching topics / 3.07 Health promotion and prevention	CHARACTERISTICS OF WOMEN WITH AN UNINTENDED PREGNANCY: A SYSTEMATIC REVIEW	S028	256	1 SLIDE 5 MINUTES PRESENTATIONS	OVERARCHING TOPICS II
3. Overarching topics / 3.07 Health promotion and prevention	LIFESTYLE MEDICINE: FROM THEORY TO PRACTICE. LET'S GET STARTED!	W015	198	WORKSHOP	LIFESTYLE MEDICINE: FROM THEORY TO PRACTICE. LET'S GET STARTED!
3. Overarching topics / 3.08 Quality and safety of care	IS CONTINUITY OF CARE IN PRIMARY HEALTH CARE ASSOCIATED WITH USE OF HOSPITAL SERVICES?	EPP021	474	E-Posters	E-POSTER PRESENTATIONS
3. Overarching topics / 3.08 Quality and safety of care	RELATIONAL QUALITY IMPROVEMENT: THE CASE OF CLINICAL EFFECTIVENESS SOUTHWARK	EPP022	816	E-Posters	E-POSTER PRESENTATIONS
3. Overarching topics / 3.08 Quality and safety of care	UNDERSTANDING VARIATIONS IN ANTIBIOTIC PRESCRIBING IN PRIMARY CARE: INSIGHTS FROM THE TUSCANY REGION, ITALY.	EPV219	33	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.08 Quality and safety of care	MEDICAL TOURISM - ROLE OF FAMILY PHYSICIANS	EPV220	61	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.08 Quality and safety of care	IMPLEMENTATION OF THE "DO NOT DO RECOMMENDATIONS" RELATIVE TO DIABETES MELLITUS (DM) IN AN AREA'S HEALTH CENTERS.	EPV221	203	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.08 Quality and safety of care	THE USE OF AUDIT & FEEDBACK AMONG IRISH GPS FOR THE SELF–MANAGEMENT OF ANTIMICROBIAL PRESCRIBING: A QUALITATIVE STUDY.	EPV222	227	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.08 Quality and safety of care	MANAGEMENT OF RHEUMATOID ARTHRITIS IN PRIMARY CARE DURING A GLOBAL PANDEMIC	EPV223	334	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.08 Quality and safety of care	DIAGNOSTIC DELAY DURING THE FIRST-WAVE OF COVID-19 PANDEMIC	EPV224	366	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.08 Quality and safety of care	ANALYSIS OF THE MONITORING IN PRIMARY CARE OF PATIENTS THAT DIED FROM CHRONIC HEART FAILURE IN A GENERAL HOSPITAL	EPV225	763	E-Posters	E-POSTER VIEWING

3. Overarching topics / 3.08 Quality and safety of care	THERAPEUTIC SHEET - THE IDENTITY CARD OF THE POLYMEDICATED PATIENT	EPV226	823	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.08 Quality and safety of care	INFLUENZA VACCINATION IN PRIORITY GROUPS: QUALITY ASSESSMENT STUDY	EPV227	998	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.08 Quality and safety of care	THE USE OF PARACETAMOL: IN A TUNISIAN POPULATION	EPV228	1152	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.08 Quality and safety of care	POINT OF VIEW OF GENERAL PRACTITIONERS ABOUT THE PHYSICIAN ASSISTANT IN A FRENCH RURAL DEPARTMENT.	EPV229	1166	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.08 Quality and safety of care	QUALITY OF CARE IN PRACTICE: LEARNING AND IMPROVING TOGETHER	O048	781	ORAL PRESENTATIONS	QUALITY, SAFETY AND HEALTH POLICY
3. Overarching topics / 3.08 Quality and safety of care	COMPARISON OF SPOKEN AND DOCUMENTED SAFETY-NETTING ADVICE IN ADULT UK GP CONSULTATIONS AND AN EXPLORATION OF FACTORS AFFECTING DOCUMENTATION	O052	426	ORAL PRESENTATIONS	QUALITY, SAFETY AND HEALTH POLICY
3. Overarching topics / 3.08 Quality and safety of care	ESTABLISH IMPROVEMENTS IN URGENT CARE.	PO042	149	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
3. Overarching topics / 3.08 Quality and safety of care	MANAGEMENT MODEL OF CLINICAL MATERIAL AND DRUGS IN A GENERAL PRACTITIONER CENTER	PO069	259	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
3. Overarching topics / 3.08 Quality and safety of care	PATIENT KNOWLEDGE OF PARACETAMOL: IN A TUNISIAN POPULATION	PO154	1151	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
3. Overarching topics / 3.08 Quality and safety of care	ACUTE TETRAPARESIS SECONDARY TO SPONTANEOUS CERVICAL EPIDURAL HEMATOMA	PO161	984	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
3. Overarching topics / 3.08 Quality and safety of care	EVALUATION OF THE QUALITY MANAGEMENT INTERNAL SYSTEM IN PRIMARY HEALTH CARE INSTITUTIONS	PO168	867	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
3. Overarching topics / 3.08 Quality and safety of care	WHICH PRACTICE CHARACTERISTICS ARE ASSOCIATED WITH PERSONAL CONTINUITY?	S029	353	1 SLIDE 5 MINUTES PRESENTATIONS	OVERARCHING TOPICS II
3. Overarching topics / 3.08 Quality and safety of care	PROMOTING PERSONAL CONTINUITY: A SURVEY OF PATIENTS' AND GENERAL PRACTITIONERS' VIEWS	S030	195	1 SLIDE 5 MINUTES PRESENTATIONS	OVERARCHING TOPICS II
3. Overarching topics / 3.08 Quality and safety of care	OLDER PEOPLE ARE OFTEN SUBJECTED TO STOPP/START CRITERIA DESPITE REASONABLE DRUG TREATMENT FROM AN OVERALL MEDICAL PERSPECTIVE	S031	55	1 SLIDE 5 MINUTES PRESENTATIONS	OVERARCHING TOPICS II
3. Overarching topics / 3.08 Quality and safety of care	QUALITY PROTOCOL FOR THE CERVICAL CANCER SCREENING IN PRECONCEPTION CONSULTATION OR IN THE FIRST TRIMESTER OF PREGNANCY	S032	810	1 SLIDE 5 MINUTES PRESENTATIONS	OVERARCHING TOPICS II
3. Overarching topics / 3.09 Health care management and policy	THE IMPACT OF ORGANISATIONAL FRAMEWORK ON GP DEPRESSION CARE; REGISTRY-BASED STUDY	EPP023	249	E-Posters	E-POSTER PRESENTATIONS
3. Overarching topics / 3.09 Health care management and policy	PROMOTING EQUITY IN PAY-FOR-PERFORMANCE: FINDING THE RIGHT RECIPE	EPP024	677	E-Posters	E-POSTER PRESENTATIONS

3. Overarching topics / 3.09 Health care management and policy	EVALUATION OF THE COORDINATION OF PRIMARY CARE DURING THE FIRST PHASE OF THE COVID-19 PANDEMIC IN BAVARIA, GERMANY	EPV230	251	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.09 Health care management and policy	HEALTHCARE LAW AND COVID-19	EPV231	660	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.09 Health care management and policy	EVALUATION OF REFUSED CONSULTATION REFERRAL IN 2019-2020 AND IMPACT OF COVID19 ON SECONDARY HEALTH CARE REFERRAL	EPV232	695	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.09 Health care management and policy	REFRAMING HEALTHCARE SYSTEM PRODUCTIVITY IN TERMS OF MET NEEDS: A FOUNDATION FOR VALUE-BASED ACCOUNTING	EPV233	760	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.09 Health care management and policy	STRATEGY TO ENCOURAGE PATIENTS TO ADHERE TO THEIR OWN ELECTRONIC MEDICAL RECORD	EPV234	1114	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.09 Health care management and policy	PRIMARY CARE AND PANDEMIC POLITICS	O042	222	ORAL PRESENTATIONS	INNOVATION AND FUTURE TRENDS II
3. Overarching topics / 3.09 Health care management and policy	IMPLEMENTING HIGH QUALITY PRIMARY CARE—IS THE US NATIONAL ACADEMY OF SCIENCES, ENGINEERING AND MEDICINE REPORT A BRIDGE TO ASTANA?	O049	917	ORAL PRESENTATIONS	QUALITY, SAFETY AND HEALTH POLICY
3. Overarching topics / 3.09 Health care management and policy	GENERAL PRACTITIONERS' VIEWS ON THE INFLUENCE OF LONG-TERM CARE REFORMS ON INTEGRATED ELDERLY CARE IN THE NETHERLANDS	O050	1252	ORAL PRESENTATIONS	QUALITY, SAFETY AND HEALTH POLICY
3. Overarching topics / 3.09 Health care management and policy	THE NORWEGIAN HEALTH CARE – GPS IN A KEY ROLE	PO013	24	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
3. Overarching topics / 3.09 Health care management and policy	OPINIONS OF GERMAN GPS ON THE DANGEROUSNESS OF COVID-19 AND THE APPROPRIATENESS OF THE MEASURES IN SPRING 2020 –A SURVEY	PO067	257	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
3. Overarching topics / 3.09 Health care management and policy	COMMUNITY PARTICIPATION IN PRIMARY HEALTH CARE: WHAT CAN WE LEARN FROM BRAZIL?	PO080	311	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
3. Overarching topics / 3.09 Health care management and policy	ACCESS AND USE OF HEALTH CARE AMONG A TUNISIAN SAMPLE OF ADULTS	PO158	1132	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
3. Overarching topics / 3.09 Health care management and policy	FINANCE MANAGEMENT IN FAMILY MEDICINE	PO163	830	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
3. Overarching topics / 3.09 Health care management and policy	COVID-19 PANDEMIC MANAGEMENT: THE PERSPECTIVE OF A PORTUGUESE HEALTHCARE CENTRE	PO174	956	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
3. Overarching topics / 3.09 Health care management and policy	THE COVID-19 PANDEMIC: REORGANIZATION OF HEALTH SERVICES AND COPING OF HEALTH CARE WORKERS IN PRIMARY HEALTH CARE (RESEARCH PROJECT)	S033	1087	1 SLIDE 5 MINUTES PRESENTATIONS	OVERARCHING TOPICS II
3. Overarching topics / 3.09 Health care management and policy	CORE VALUES WILL ENDURE-STANDARDS WILL VARY	W005	189		
3. Overarching topics / 3.09 Health care management and policy	ASPIRE GLOBAL LEADERS WORKSHOP: VALUE-BASED LEADERSHIP	W009	480	WORKSHOP	ASPIRE GLOBAL LEADERS WORKSHOP: VALUE-BASED LEADERSHIP

3. Overarching topics / 3.10 Ethical issues	PERSON CENTRED CARE IN DEMENTIA DURING PANDEMICS: THE GP'S ETHICAL DUTIES IN LONG TERM CARE FACILITIES	EPV235	174	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.10 Ethical issues	REDEFINING THE PRINCIPLE OF AUTONOMY TO PROMOTE THE MEDICAL CARE RELATIONSHIP	EPV236	330	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.10 Ethical issues	"GOOD SAMARITAN ACTS" EXPERIENCES AND PERCEPTIONS OF GENERAL PRACTITIONERS IN THE WEST OF IRELAND.	EPV237	492	E-Posters	E-POSTER VIEWING
3. Overarching topics / 3.10 Ethical issues	MOBBING	PO146	1292	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
3. Overarching topics / 3.10 Ethical issues	ENVIRONMENTALLY SUSTAINABLE FAMILY PRACTICE AND THE PLANETARY HEALTH MOVEMENT IN THE WONCA EUROPE REGION	W007	1507	WORKSHOP	ENVIRONMENTALLY SUSTAINABLE FAMILY PRACTICE AND THE PLANETARY HEALTH MOVEMENT IN THE WONCA EUROPE REGION
4. Education / 4.01 Patient education	USE, ABUSE AND DEPENDENCY IN TEENAGERS – COMMUNITY PROJECT	EPV238	69	E-Posters	E-POSTER VIEWING
4. Education / 4.01 Patient education	IMPACT OF ARAB AMERICAN CULTURES ON DERMATOLOGIC HEALTH KNOWLEDGE	EPV239	356	E-Posters	E-POSTER VIEWING
4. Education / 4.01 Patient education	MEDICAL ACADEMICS ORGANIZED A CIRCLE CONVERSATION WITH ADOLESCENTS IN ADSCRIPTED TERRITORY OF A FAMILY HEALTH STRATEGY	EPV240	385	E-Posters	E-POSTER VIEWING
4. Education / 4.01 Patient education	SUSTAINABLE DIET ON A HEALTHY FUTURE	EPV241	659	E-Posters	E-POSTER VIEWING
4. Education / 4.01 Patient education	EMPOWERING PATIENTS TO DETECT AND MANAGE ATRIAL FIBRILLATION BY THE USE OF INTERACTIVE APPS	EPV242	856	E-Posters	E-POSTER VIEWING
4. Education / 4.01 Patient education	EVALUATION OF SEXUAL HEALTH KNOWLEDGE IN A METROPOLITAN FEMALE POPULATION: DEVELOPMENT OF E-LEARNING CURRICULUM	EPV243	989	E-Posters	E-POSTER VIEWING
4. Education / 4.01 Patient education	GPINFO.NL: SUPPORTING INTERNATIONAL PATIENTS AND THEIR GENERAL PRACTITIONERS IN THE NETHERLANDS WITH INDEPENDENT AND RELIABLE DIGITAL HEALTH INFORMATION IN ENGLISH	O022	519	ORAL PRESENTATIONS	SHARED DECISION MAKING
4. Education / 4.01 Patient education	DIABETIC RETINOPATHY - WHAT CAN WE DO TO HELP YOU?	PO173	925	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
4. Education / 4.01 Patient education	10 BEST PSYCHOLOGICAL TOOLS TO MOTIVATE YOUR PATIENTS TO LIFESTYLE CHANGES: A SCIENCE-BASED GUIDE	PO181	787	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
4. Education / 4.01 Patient education	MEDICAL STUDENTS PERFORM HEALTH EDUCATION ACTION FOR THE ELDERLY AT SÃO RAFAEL NURSING HOME, IN PRESIDENTE PRUDENTE	S034	390	1 SLIDE 5 MINUTES PRESENTATIONS	EDUCATION
4. Education / 4.01 Patient education	TO PROMOTE PSYCHOEDUCATIONAL INTERVENTIONS TO REDUCE RISKS IN MEDICATION MANAGEMENT AT HOME.	SO016	703	SHORT ORAL PRESENTATIONS	PATIENT EDUCATION
4. Education / 4.01 Patient education	BRIEF INTERVENTIONS ON MODIFIABLE DETERMINANTS OF HEALTH: BEHAVIORAL DIETARY COUNSELING WITH THE 24 HOUR RECALL	SO017	634	SHORT ORAL PRESENTATIONS	PATIENT EDUCATION

4. Education / 4.01 Patient education	THE EFFECT OF HEALTH BELIEF MODEL BASED INDIVIDUALIZED TRAINING ON ADAPTATION TO THE COLORECTAL CANCER SCREENING PROGRAM	SO019	423	SHORT ORAL PRESENTATIONS	PATIENT EDUCATION
4. Education / 4.01 Patient education	IMPROVING BREASTFEEDING COUNSELLING AT PRIMARY HEALTHCARE IN PORTUGAL	SO020	734	SHORT ORAL PRESENTATIONS	PATIENT EDUCATION
4. Education / 4.01 Patient education	TOO YOUNG TO BE OLD – NUTRITION, HORMONAL CHANGES AND PHYSICAL ACTIVITY. GOOSE GAME	W010	603	WORKSHOP	TOO YOUNG TO BE OLD: NUTRITION, HORMONAL CHANGES AND PHYSICAL ACTIVITY. GOOSE GAME
4. Education / 4.02 Medical student education and residency training	MOTIVATION AND PERCEIVED-COMPETENCE IN FINAL YEAR MEDICAL STUDENTS DURING A FAMILY MEDICINE COMPETENCY-BASED, BLENDED LEARNING CURRICULUM REDESIGN PROJECT	EPP025	234	E-Posters	E-POSTER PRESENTATIONS
4. Education / 4.02 Medical student education and residency training	MEDICAL EDUCATION IN A PANDEMIC: RESULTS FROM A PILOT LIVE-STREAMED CLINICAL CLERKING CURRICULUM IN A COMMUNITY HOSPITAL	EPV244	72	E-Posters	E-POSTER VIEWING
4. Education / 4.02 Medical student education and residency training	PERCEPTIONS, OPINIONS, AND EXPERIENCES OF GENERAL PRACTITIONER SPECIALIST TRAINEES (GPSTS) REGARDING THE ROLE OF PHYSICIAN ASSOCIATES (PAS) IN PRIMARY CARE.	EPV245	107	E-Posters	E-POSTER VIEWING
4. Education / 4.02 Medical student education and residency training	"ADOLESCENT MENTAL HEALTH IN PRIMARY CARE: A QUALITATIVE EXPLORATION OF FAMILY MEDICINE RESIDENTS' EXPERIENCE AND TRAINING NEEDS"	EPV246	130	E-Posters	E-POSTER VIEWING
4. Education / 4.02 Medical student education and residency training	ONLINE MEDICAL EDUCATION: THE PERSPECTIVE OF MEDICAL UNDERGRADUATES AT FACULTY OF MEDICINE, UNIVERSITY OF COLOMBO, SRI LANKA	EPV247	284	E-Posters	E-POSTER VIEWING
4. Education / 4.02 Medical student education and residency training	THE IMPORTANCE OF THE MULTIDISCIPLINARY FACE AT LEAGUE OF FAMILY HEALTH ON ACADEMIC COMMUNITY	EPV248	392	E-Posters	E-POSTER VIEWING
4. Education / 4.02 Medical student education and residency training	MEDICAL STUDENTS' CAREER OUTLOOKS AND THE VIEW OF GENERAL PRACTICE CAREERS IN SINGAPORE: A CROSS-SECTIONAL SURVEY.	EPV249	478	E-Posters	E-POSTER VIEWING
4. Education / 4.02 Medical student education and residency training	HEALTHY AND SOCIALLY RESPONSIBLE UNIVERSITY: PEER EDUCATION ABOUT ADOLESCENT HEALTH	EPV250	611	E-Posters	E-POSTER VIEWING
4. Education / 4.02 Medical student education and residency training	HOSPITAL RESIDENT'S PERCEPTION OF MENTORSHIP IN THE DEVELOPMENT OF LEADERSHIP SKILLS: A QUALITATIVE EXPLORATION OF HOW MENTORING INFLUENCES CLINICAL LEADERSHIP.	EPV251	746	E-Posters	E-POSTER VIEWING
4. Education / 4.02 Medical student education and residency training	MEDICAL SCHOOL AND PRIMARY CARE COLLABORATION FOR PATIENTS' BENEFIT DURING COVID-19 PANDEMIC: THE MEDCHRONIC PROJECT	EPV252	884	E-Posters	E-POSTER VIEWING
4. Education / 4.02 Medical student education and residency training	NATIONAL SURVEY OF UK MEDICAL STUDENTS' EXPERIENCES OF TEACHING AND LEARNING DURING THE COVID-19 PANDEMIC	EPV253	912	E-Posters	E-POSTER VIEWING
4. Education / 4.02 Medical student education and residency training	TRANSFORMATIVE LEARNING IN CLINICAL REASONING TEACHING AND LEARNING IN UNDERGRADUATE PRIMARY CARE MEDICAL EDUCATION: A SYSTEMATIC REVIEW	EPV254	1136	E-Posters	E-POSTER VIEWING
4. Education / 4.02 Medical student education and residency training	AN EXPERIENTIAL APPROACH TO PATIENT CENTERED CARE BASED ON SOCIAL DETERMINANTS OF HEALTH	EPV255	1164	E-Posters	E-POSTER VIEWING

4. Education / 4.02 Medical student education and residency training	HOME CARE AS AN EDUCATIONAL TOOL IN FAMILY MEDICINE RESIDENCY PROGRAM	EPV256	1295	E-Posters	E-POSTER VIEWING
4. Education / 4.02 Medical student education and residency training	BLENDED LEARNING EVALUATION IN FAMILY MEDICINE RESIDENCY DURING THE COVID-19 EPIDEMIC AND ITS RELATIONSHIP WITH THE LEARNERS' PERSONAL RESILIENCE.	O059	162	ORAL PRESENTATIONS	MEDICAL STUDENT EDUCATION AND RESIDENCY TRAINING
4. Education / 4.02 Medical student education and residency training	ATTITUDES ON THE ROLE OF NUTRITION IN PRIMARY CARE: GP TRAINEE AND PROGRAMME DIRECTOR SURVEY	O060	280	ORAL PRESENTATIONS	MEDICAL STUDENT EDUCATION AND RESIDENCY TRAINING
4. Education / 4.02 Medical student education and residency training	AN ALTERNATIVE IN MENSES MANAGEMENT: A CROSS-SECTIONAL STUDY ABOUT THE KNOWLEDGE OF THE MENSTRUAL CUP AMONG FMUL MEDICAL STUDENTS	O061	289	ORAL PRESENTATIONS	MEDICAL STUDENT EDUCATION AND RESIDENCY TRAINING
4. Education / 4.02 Medical student education and residency training	A REALIST EVALUATION OF UNDERGRADUATE MEDICAL TEACHING WITH REMOTE (TELEPHONE AND VIDEO) CONSULTATIONS IN PRIMARY CARE	O062	384	ORAL PRESENTATIONS	MEDICAL STUDENT EDUCATION AND RESIDENCY TRAINING
4. Education / 4.02 Medical student education and residency training	PORTFOLIO USE IN THE GENERAL PRACTITIONER SPECIALITY TRAINING: WHAT ARE THE EXPERIENCES, FEELINGS AND COGNITIONS CONCERNING SELF-REGULATED LEARNING?	O063	486	ORAL PRESENTATIONS	MEDICAL STUDENT EDUCATION AND RESIDENCY TRAINING
4. Education / 4.02 Medical student education and residency training	IMPACT OF SELF-AWARENESS IN STRESS, BURNOUT, SELF-COMPASSION AND COMPASSION IN MEDICAL STUDENTS - CONTROLLED CLINICAL TRIAL	O064	680	ORAL PRESENTATIONS	MEDICAL STUDENT EDUCATION AND RESIDENCY TRAINING
4. Education / 4.02 Medical student education and residency training	MEDICAL STUDENTS' INVOLVEMENT IN PRIMARY HEALTH CARE AND PUBLIC HEALTH RESEARCH LED EDUCATION IN PRIMARY CARE	PO086	323	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
4. Education / 4.02 Medical student education and residency training	EQUALITY, DIVERSITY AND INCLUSION: STAFF AND STUDENT CO-PRODUCTION	PO165	862	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
4. Education / 4.02 Medical student education and residency training	CORE COMPETENCIES OF FAMILY MEDICINE TRAINING: MILESTONE PROJECT	PO166	1174	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
4. Education / 4.02 Medical student education and residency training	DETERMINANTS OF BURNOUT AMONG MEDICAL STUDENTS IN CEBU INSTITUTE OF MEDICINE: A CROSS-SECTIONAL STUDY.	PO170	1090	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
4. Education / 4.02 Medical student education and residency training	KEY PRINCIPLES OF ASSESSMENT IN COMPETENCY-BASED MEDICAL EDUCATION USING A NATIONALLY IMPLEMENTED ASSESSMENT PROGRAM AS A CASE EXAMPLE	PO171	887	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
4. Education / 4.02 Medical student education and residency training	COMPETENCY-BASED BLENDED-LEARNINING IN FAMILY MEDICINE	S035	233	1 SLIDE 5 MINUTES PRESENTATIONS	EDUCATION
4. Education / 4.02 Medical student education and residency training	QUALITATIVE ANALYSIS OF FACTORS INFLUENCING MOTIVATION DURING A 5TH YEAR COMPETENCY-BASED, BLENDED-LEARNING FAMILY MEDICINE CURRICULUM AT SAARLAND UNIVERSITY	S036	637	1 SLIDE 5 MINUTES PRESENTATIONS	EDUCATION
4. Education / 4.02 Medical student education and residency training	PROGRAMMATIC ASSESSMENT IN CANADIAN FAMILY MEDICINE POSTGRADUATE TRAINING: FINDINGS FROM TEN YEARS OF CONTINUOUS REFLECTIVE ASSESSMENT FOR TRAINING (CRAFT)	SO024	882	SHORT ORAL PRESENTATIONS	PROFESSIONAL EDUCATION AND DEVELOPMENT
4. Education / 4.03 Professional education and development	THE ONLINE HEALTH INFORMATION NEEDS OF FAMILY PHYSICIANS: SYSTEMATIC REVIEW OF QUALITATIVE AND QUANTITATIVE STUDIES	EPP026	433	E-Posters	E-POSTER PRESENTATIONS

4. Education / 4.03 Professional education and development	SHALL WE ALL UNMUTE? PARTICIPATION IN ONLINE REFLECTION SESSIONS FOR GENERAL PRACTITIONERS IN TRAINING DURING COVID TIMES	EPP027	790	E-Posters	E-POSTER PRESENTATIONS
4. Education / 4.03 Professional education and development	EMERGING INFECTIOUS DISEASES IN PRIMARY HEALTH CARE: CASCADE MULTIDISCIPLINAR TRAINING	EPP028	1254	E-Posters	E-POSTER PRESENTATIONS
4. Education / 4.03 Professional education and development	A GOOD WAY TO START – START MGF (GENERAL AND FAMILY MEDICINE) 2020	EPV257	204	E-Posters	E-POSTER VIEWING
4. Education / 4.03 Professional education and development	APPROACH TO BEREAVEMENT CARE IN THE PRIMARY HEALTH CARE SETTING - EXAMPLE OF A FAMILY HEALTH CARE UNIT IN PORTUGAL	EPV258	253	E-Posters	E-POSTER VIEWING
4. Education / 4.03 Professional education and development	DEVELOPING EDUCATIONAL RESOURCES TO IMPROVE PRIMARY HEALTHCARE SERVICES FOR PEOPLE WITH DEAFNESS AND HEARING LOSS	EPV259	325	E-Posters	E-POSTER VIEWING
4. Education / 4.03 Professional education and development	HOW DO TRAINEES USE EPAS TO REGULATE THEIR LEARNING IN THE CLINICAL ENVIRONMENT? A CONSTRUCTIVIST GROUNDED THEORY STUDY	EPV260	442	E-Posters	E-POSTER VIEWING
4. Education / 4.03 Professional education and development	BRINGING A WEEKLY GLOBAL COMMUNITY OF FAMILY PHYSICIANS TOGETHER USING A VIRTUAL PLATFORM DURING COVID19 - #STRONGERTOGETHER	EPV261	451	E-Posters	E-POSTER VIEWING
4. Education / 4.03 Professional education and development	CYANIDES: GENERAL TOXIC DEADLY POISONS - ROLE AND PLACE OF THE GENERAL PRACTITIONER	EPV262	497	E-Posters	E-POSTER VIEWING
4. Education / 4.03 Professional education and development	CAN VIRTUAL INTERNATIONAL EXCHANGES ENHANCE PROFESSIONAL DEVELOPMENT IN GLOBAL AND INTERNATIONAL HEALTH?	EPV263	555	E-Posters	E-POSTER VIEWING
4. Education / 4.03 Professional education and development	MGFLASH – FAMILY MEDICINE PRACTICAL COURSE FOR RESIDENTS	EPV264	751	E-Posters	E-POSTER VIEWING
4. Education / 4.03 Professional education and development	HOW SHOULD WE APPROACH / OPERATIONALISE GENERALISM IN MEDICAL EDUCATION? A NARRATIVE REVIEW OF INTERNATIONAL POLICY AND MISSION DOCUMENTS	EPV265	853	E-Posters	E-POSTER VIEWING
4. Education / 4.03 Professional education and development	COLLABORATIVE WORKING BETWEEN HEALTHCARE AND CHARITY TO IMPROVE CANCER EDUCATION AMONGST PRIMARY CARE TEAMS IN WALES	EPV266	1259	E-Posters	E-POSTER VIEWING
4. Education / 4.03 Professional education and development	EVALUATION OF THE KNOWLEDGE LEVEL OF PRIMARY CARE PHYSICIANS IN ALLERGIC DISEASE MANAGEMENT IN IZMIR	EPV267	1294	E-Posters	E-POSTER VIEWING
4. Education / 4.03 Professional education and development	TRAVEL FROM HOME? VIRTUAL EXCHANGES - ARE VIRTUAL EXCHANGES THE FUTURE OF INTERNATIONAL GENERAL PRACTICE EXPOSURE?	O014	557	ORAL PRESENTATIONS	INNOVATION AND FUTURE TRENDS I
4. Education / 4.03 Professional education and development	NOMINAL GROUP CONSENSUS BY GPS AND ALLIED HEALTH PROFESSIONALS ON CORE GP COMPETENCIES REGARDING INTERPROFESSIONAL PRACTICE	O054	505	ORAL PRESENTATIONS	PROFESSIONAL EDUCATION AND DEVELOPMENT
4. Education / 4.03 Professional education and development	STRENGTHENING PRIMARY HEALTH CARE THROUGH MOOC- A CROSS-SECTIONAL STUDY	O055	560	ORAL PRESENTATIONS	PROFESSIONAL EDUCATION AND DEVELOPMENT
4. Education / 4.03 Professional education and development	TO EDUCATE PERSON CENTRED CARE IN PRIMARY HEALTHCARE TEAM	O056	948	ORAL PRESENTATIONS	PROFESSIONAL EDUCATION AND DEVELOPMENT

4. Education / 4.03 Professional education and development	DEVELOPMENT AND IMPLEMENTATION OF A FREE, ACCREDITED NEXTGENU.ORG COURSE: LIFESTYLE MEDICINE FOR PRIMARY CARE PHYSICIANS	O058	475	ORAL PRESENTATIONS	PROFESSIONAL EDUCATION AND DEVELOPMENT
4. Education / 4.03 Professional education and development	FOCUSED CARDIAC ULTRASOUND (FOCUS) CONDUCTED BY THE FAMILY PHYSICIANS AT PATIENTS WITH A HIGH RISK OF CARDIOVASCULAR DISEASES.	PO073	273	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
4. Education / 4.03 Professional education and development	UPDATE ON THE MANAGEMENT OF PULMONARY IMAGING TOOLS IN PRIMARY CARE: FROM CHEST RADIOGRAPHY TO BEDSIDE LUNG ULTRASOUND	PO118	476	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
4. Education / 4.03 Professional education and development	UNDERWATER ICEBERG OF METHEMOGLOBINEMIA AND THE GENERAL PRACTITIONER IN SWBULGARIA - GP KNOWLEDGE AND DEVELOPMENT	PO121	493	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
4. Education / 4.03 Professional education and development	MEDICAL LEADERSHIP DEVELOPMENT AMONG FAMILY PHYSICIANS	PO128	528	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
4. Education / 4.03 Professional education and development	ALLERGIES! GOTTA CATCH 'EM ALL – IMPROVING THE QUALITY OF CARE	PO130	580	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
4. Education / 4.03 Professional education and development	A PRACTICAL WORKSHOP ON FOOD EDUCATION IN CHILDREN	PO162	829	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
4. Education / 4.03 Professional education and development	EMPOWERING GENERAL PRACTITIONERS TO PROMOTE AND PRACTICE PLANETARY HEALTH	PO172	898	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
4. Education / 4.03 Professional education and development	GP - WHEN IT REALLY MATTERS. EMERGENCY SKILLS IN RURAL PRACTICE (PART 2)	PO175	959	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
4. Education / 4.03 Professional education and development	PREVENTIVE MEDICINE- THE RISK OF TELEPHONIC CONSULTATION	PO177	1135	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
4. Education / 4.03 Professional education and development	COPING WITH COVID: MAINTAINING HEALTH AND WELLBEING OF FAMILY DOCTORS IN EUROPE	RM028	1328	RESEARCH MASTER CLASS	GP HEALTH AND PROFESSIONAL HEALTH
4. Education / 4.03 Professional education and development	MYTHBUSTERS OF LONG-TERM CONTRACEPTION	S037	974	1 SLIDE 5 MINUTES PRESENTATIONS	EDUCATION
4. Education / 4.03 Professional education and development	VASCO DA GAMA MOVEMENT EXCHANGE WORKSHOP: AWARD WINNERS PRESENTATIONS	SI001	647	SPECIAL INTEREST SESSION	SPECIAL INTEREST SESSION organised by the VASCO DA GAMA MOVEMENT I
4. Education / 4.04 Professional skills and communication	BEING WELL AND WELLBEING: BETTER UNDERSTANDING OF PATIENT PRIORITIES IN PRIMARY CARE	EPV268	150	E-Posters	E-POSTER VIEWING
4. Education / 4.04 Professional skills and communication	GUIDE OF PRECONCEPTIONAL COUNSELLING FROM PRIMARY CARE	EPV269	338	E-Posters	E-POSTER VIEWING
4. Education / 4.04 Professional skills and communication	STRATEGIC PRINCIPLES OF FAMILY MEDICINE DURING ACUTE POISONING: WHEN THE TIME IS LIMITED AND MORE VALUABLE THAN THE GOLD	EPV270	495	E-Posters	E-POSTER VIEWING
4. Education / 4.04 Professional skills and communication	PERSONALISED RELATIONAL CONTINUITY OF HEALTHCARE: HOW TO ACHIEVE THIS IN PRACTICE	EPV271	589	E-Posters	E-POSTER VIEWING

4. Education / 4.04 Professional skills and communication	EFFECTIVENESS OF A FORMATIVE INTERVENTION ON PATIENT-CENTERED MEDICINE IN PRIMARY CARE	EPV272	630	E-Posters	E-POSTER VIEWING
4. Education / 4.04 Professional skills and communication	A YEAR OF BALINT GROUPS IN PORTUGAL.	EPV273	826	E-Posters	E-POSTER VIEWING
4. Education / 4.04 Professional skills and communication	LARC'S SCHOOL - AN IN-HOUSE TRAINING PROJECT	EPV274	1177	E-Posters	E-POSTER VIEWING
4. Education / 4.04 Professional skills and communication	POSITIVES DURING THE COVID -19 PANDEMIC – UPSKILLING AS A DIGITAL CHAMPION TO SUPPORT A FUTURE-READY WORKFORCE.	EPV275	1258	E-Posters	E-POSTER VIEWING
4. Education / 4.04 Professional skills and communication	EARLY IMPROVEMENT IN MOTIVATIONAL INTERVIEWING SKILL MEDIATES FUTURE IMPROVEMENT FOR PRIMARY CARE PROVIDERS LEARNING MOTIVATIONAL INTERVIEWING	EPV332	755	E-Posters	E-POSTER VIEWING
4. Education / 4.04 Professional skills and communication	DEVELOPMENT OF NARRATIVE PROFILES FOR CONSULTATION PERFORMANCE TO SUPPORT LEARNING AND ASSESSMENT IN FAMILY MEDICINE RESIDENCY TRAINING	O053	579	ORAL PRESENTATIONS	PROFESSIONAL EDUCATION AND DEVELOPMENT
4. Education / 4.04 Professional skills and communication	FROM LANGUAGE BROKERS TO MULTILINGUAL HEALTHCARE STAFF WITH CULTURE-SENSITIVE INTERPRETING SKILLS	O057	404	ORAL PRESENTATIONS	PROFESSIONAL EDUCATION AND DEVELOPMENT
4. Education / 4.04 Professional skills and communication	BEING ORGANIZED AND/ OR STAY ORGANIZED, HOW COULD WE TACKLE IT IN BETWEEN PERSONAL AND PROFESSIONAL SETTINGS?	PO016	34	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
4. Education / 4.04 Professional skills and communication	SKILLS AND COMPETENCIES IN CLINICAL GENETICS FOR THE EUROPEAN GENERAL PRACTITIONER	PO059	230	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
4. Education / 4.04 Professional skills and communication	CHEST X-RAY 101 – A SYSTEMATIC APPROACH	PO098	354	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
4. Education / 4.04 Professional skills and communication	FAMILY MEDICINE WITH GENDER PERSPECTIVE	PO135	624	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
4. Education / 4.04 Professional skills and communication	HOW THE SPIRITUAL APPROACH USED IN PALLIATIVE CARE COULD BE AN ADDED VALUE IN FAMILY PRACTICE.	PO155	759	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
4. Education / 4.04 Professional skills and communication	TRANSFORMING THE SOFTSKILLS LEARNING ENVIROMENT FOR HEALTH PROFESSIONALS IN COVID-19 TIMES.	PO157	814	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
4. Education / 4.04 Professional skills and communication	BALINT GROUP WORKSHOP: THE HUMAN SIDE OF BALINT GROUPS	PO164	835	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
4. Education / 4.04 Professional skills and communication	THE IMPACT OF COVID19 ON COMMUNICATION IN HEALTHCARE	PO167	866	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
4. Education / 4.04 Professional skills and communication	EFFICACY OF AN E-LEARNING PROGRAMME TO IMPROVE PRIMARY CARE PROFESSIONALS' RESPONSES TO DOMESTIC VIOLENCE (DV): A RANDOMISED-CONTROLLED TRIAL	SO022	238	SHORT ORAL PRESENTATIONS	PROFESSIONAL EDUCATION AND DEVELOPMENT
4. Education / 4.04 Professional skills and communication	INSTRUCTIONAL FILMS FOR DIAGNOSTICAL AND THERAPEUTICAL PROCEDURES IN GENERAL PRACTICE	SO023	561	SHORT ORAL PRESENTATIONS	PROFESSIONAL EDUCATION AND DEVELOPMENT

4. Education / 4.04 Professional skills and communication	WRITING FOR PUBLICATIONS: MEETING THE EDITORS	W014	1349	WORKSHOP	WRITING FOR PUBLICATIONS: MEETING THE EDITORS
4. Education / 4.04 Professional skills and communication	PERSON-CENTRED CARE IN PRACTICE: WHAT SKILLS ARE NEEDED? HOW CAN THEY BE INCORPORATED INTO ROUTINE CONSULTATIONS?	W017	909	WORKSHOP	PERSON-CENTRED CARE IN PRACTICE: WHAT SKILLS ARE NEEDED? HOW CAN THEY BE INCORPORATED INTO ROUTINE CONSULTATIONS?
4. Education / 4.05 Team work and collaboration	COMMUNITY AND CO-DEVELOPMENT PROJECT EXPERIENCE IN A RURAL AREA IN SENEGAL	EPV276	1080	E-Posters	E-POSTER VIEWING
4. Education / 4.05 Team work and collaboration	OPTIMISING USAGE OF MICROSOFT TEAMS IN A PANDEMIC: ROLE OF A NHS WALES DIGITAL CHAMPION.	EPV277	1124	E-Posters	E-POSTER VIEWING
4. Education / 4.05 Team work and collaboration	ADOPTEUNPAIR.COM - DEVELOPMENT OF A QUALITY CIRCLES PLATFORM	EPV278	1176	E-Posters	E-POSTER VIEWING
4. Education / 4.05 Team work and collaboration	MACMILLAN PRIMARY CARE CANCER FRAMEWORK: A COLLABORATIVE, PRIMARY CARE-BASED COMMUNITY OF PRACTICE TO IMPROVE CANCER CARE THROUGHOUT WALES.	EPV279	1317	E-Posters	E-POSTER VIEWING
4. Education / 4.05 Team work and collaboration	THE RESPONSE TO COVID-19 IN KOSOVO: A CASE STUDY OF KLINA	PO017	49	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
4. Education / 4.05 Team work and collaboration	FACIOSCAPULOHUMERAL MUSCULAR DYSTROPHY: A RARE DISEASE AND A CHALLENGE TO THE FAMILY PHYSICIAN.	PO178	1187	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
4. Education / 4.05 Team work and collaboration	TRANSMURAL COLLABORATION AND LEARNING FOR PROFESSIONALS AND TRAINEES IN DAILY PRACTICE WORKING IN DIFFERENT ORGANISATIONS	PO179	1233	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
4. Education / 4.05 Team work and collaboration	NETWORK-BASED PRIMARY CARE DECREASES THE NUMBER OF CRISIS ADMISSIONS OF PERSONS WITH DEMENTIA	S038	282	1 SLIDE 5 MINUTES PRESENTATIONS	EDUCATION
4. Education / 4.05 Team work and collaboration	VASCO DA GAMA MOVEMENT EXCHANGE WORKSHOP: PRIMARY CARE EXPERIENCES AROUND THE WORLD. EXCHANGES DURING COVID-19. ADAPTING TO A NEW ERA	SI002	646	SPECIAL INTEREST SESSION	SPECIAL INTEREST SESSION organised by the VASCO DA GAMA MOVEMENT I
5. Research and innovation / 5.01 Research methodology	2PROACT-HYT - AN HEALTH PROMOTION PROGRAM AIMED AT INCRESING PATIENT AWARENES AND CONTROL OF HPERTENSION AND CARDIOVASCULAR RISK	EPV280	57	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.01 Research methodology	CASE STUDY WITH A PARTICIPATORY APPROACH IN IMPLEMENTATION SCIENCE OF HEALTHCARE INNOVATIONS: GOOD PRACTICE RECOMMENDATIONS FOR PRIMARY CARE RESEARCH	EPV281	291	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.01 Research methodology	ESSENTIAL ITEMS FOR REPORTS OF PRIMARY CARE RESEARCH: RECOMMENDATIONS OF RESEARCHERS, PRACTITIONERS AND USERS	EPV282	342	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.01 Research methodology	ASSOCIATION BETWEEN DIPEPTIDYL PEPTIDASE 4 INHIBITORS (DPP4-I) AND BULLOUS PEMPHIGOID	EPV283	378	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.01 Research methodology	MODERN ASPECTS IN PSYCHOSOMATIC PROBLEMS AMONG ADOLESCENTS – HOW WE CAN HELP AT PRIMARY CARE	EPV284	761	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.01 Research methodology	AMIODARONE AND THYROID FUNCTION – QUALITY ASSESSMENT PROTOCOL	EPV285	1305	E-Posters	E-POSTER VIEWING

5. Research and innovation / 5.01 Research methodology	FEASIBILITY STUDY FOR CONDUCTING A RANDOMIZED, CONTROLLED TRIAL OF THE ADJUNCTIVE USE OF MICRONUTRIENTS FOR PATIENTS WITH BIPOLAR DISORDER	O032	88	ORAL PRESENTATIONS	MENTAL HEALTH I
5. Research and innovation / 5.01 Research methodology	TELECONSULTATION, A TOOL FOR THE FUTURE? - THE PORTUGUESE FAMILY DOCTORS' PERSPECTIVE	O043	157	ORAL PRESENTATIONS	INNOVATION AND FUTURE TRENDS II
5. Research and innovation / 5.01 Research methodology	"MIRROR, MIRROR ON THE WALL"- BODY IMAGE PERCEPTION BY CARERGIVERS AND CHILDREN	PO078	294	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
5. Research and innovation / 5.01 Research methodology	3D CULTIVATION OF PANCREAS CARCINOMA CELL LINES FOR DRUG SCREENING	S039	1291	1 SLIDE 5 MINUTES PRESENTATIONS	RESEARCH AND INNOVATION
5. Research and innovation / 5.01 Research methodology	PERFORMANCE OF THE SCORE AND GLOBORISK CARDIOVASCULAR RISK PREDICTION MODELS AMONG PATIENTS SEEN IN DUTCH GENERAL PRACTICE	SO027	441	SHORT ORAL PRESENTATIONS	RESEARCH AND INNOVATION
5. Research and innovation / 5.02 Advances in clinical research	COPD (CHRONIC OBSTRUCTIVE PULMONARY DISEASE) ASSESTEMENT TEST (CAT) AND DIFFICULTY IN BREATHING. (COPD ASSESTEMENT TEST AND DIFFICULTY IN BREATHING)	EPP029	182	E-Posters	E-POSTER PRESENTATIONS
5. Research and innovation / 5.02 Advances in clinical research	IMPLEMENTING AN OUTPATIENT CLINICAL TRIAL ON SARS-COV-2 TREATMENT IN AN EMERGENCY EPIDEMIC CONTEXT. EXPERIENCE OF THE COVERAGE TRIAL, BORDEAUX (FRANCE).	EPV286	318	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.02 Advances in clinical research	HEALTH LITERACY AND CARDIOVASCULAR DISEASE IN TYPE 2 DIABETES – A CROSS SECTIONAL STUDY	EPV287	709	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.02 Advances in clinical research	USE OF PULSE OXIMETRY AT HOME IN THE COVID-19 ERA – OF ADDED VALUE IN PRIMARY CARE?	EPV288	1115	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.02 Advances in clinical research	PLANNING A BLUE PRESCRIPTION	EPV289	1202	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.02 Advances in clinical research	PROGNOSTIC FACTORS ASSOCIATED WITH POSITIVE RAPID ANTIGEN TEST FOR SARS-COV-2 IN PRIMARY HEALTH CARE.	EPV290	1231	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.02 Advances in clinical research	MULTIDISCIPLINARY FAMILY INTERVENTION BASED ON PROBLEM SOLVING TREATMENT TO DECREASE COMPLEX CHRONIC PATIENT USE OF HEALTH CARE SERVICES	EPV291	1315	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.02 Advances in clinical research	IMPLEMENTATION OF INTEGRATED MULTIMORBIDITY CARE MODEL (IMCM) IN LITHUANIAN CLINICAL PRACTICE AND "5G" EVALUATION METHODOLOGY	PO139	653	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
5. Research and innovation / 5.02 Advances in clinical research	DOES VITAMIN D LEVEL HAS AN EFFECT ON COVID-19 POSITIVITY AND COVID-19 RELATED MORTALITY? RETROSPECTIVE STUDY IN AN URBAN POPULATION	S040	372	1 SLIDE 5 MINUTES PRESENTATIONS	RESEARCH AND INNOVATION
5. Research and innovation / 5.02 Advances in clinical research	OBJECTIVELY MEASURED PHYSICAL ACTIVITY BEHAVIOURS AND MULTI-MORBIDITY IN OLDER ADULTS	SO029	1255	SHORT ORAL PRESENTATIONS	RESEARCH AND INNOVATION
5. Research and innovation / 5.03 Precision medicine	AGREEMENT BETWEEN CLINICIAN- AND MODEL-GENERATED MELANOMA RISK PREDICTIONS IN AUSTRALIA: A CROSS-SECTIONAL STUDY	EPV292	633	E-Posters	E-POSTER VIEWING

5. Research and innovation / 5.03 Precision medicine	ULTRASOUND IN PRIMARY CARE. WHAT DOES IT BRING US?	EPV293	1104	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.03 Precision medicine	ARTIFICIAL INTELLIGENCE USES IN MEDICINE OF THE NOT-SO-DISTANT FUTURE.	O044	550	ORAL PRESENTATIONS	INNOVATION AND FUTURE TRENDS II
5. Research and innovation / 5.03 Precision medicine	BARRIERS AND FACILITATORS OF THE PERSONALISED MEDICINE INTERVENTIONS AT THE MICRO-, MESO- AND MACRO-REGIONAL HEALTHCARE SYSTEM LEVELS	S041	349	1 SLIDE 5 MINUTES PRESENTATIONS	RESEARCH AND INNOVATION
5. Research and innovation / 5.03 Precision medicine	RESEARCH IN PRIMARY CARE: PRIVATE GENERAL PRACTITIONERS' PARTICIPATION IN A CLINICAL RESEARCH FEASIBILITY STUDY IN SINGAPORE	S042	140	1 SLIDE 5 MINUTES PRESENTATIONS	RESEARCH AND INNOVATION
5. Research and innovation / 5.04 Big data research	PREVALENCE OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE IN PORTUGUESE MEN, ASSOCIATED COMORBIDITIES AND USE OF HEALTHCARE RESOURCES - A POPULATION-BASED STUDY	EPP030	732	E-Posters	E-POSTER PRESENTATIONS
5. Research and innovation / 5.04 Big data research	ACCESS TO CLINICAL TRIALS IN PATIENTS WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) IN WESTERN AND EASTERN EUROPE	EPV294	297	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.04 Big data research	LOW RISK ALCOHOL CONSUMPTION: CHANGE OF PARADIGM	EPV295	1099	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.04 Big data research	DEVELOPMENT OF A PRIMARY CARE RESEARCH NETWORK FOCUSED ON CHRONIC DISEASE: A FEASIBILITY STUDY FOR BOTH PRACTICES AND NETWORKS	EPV333	379	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.04 Big data research	CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND MENTAL HEALTH IN MEN - A POPULATION-BASED STUDY	O033	825	ORAL PRESENTATIONS	MENTAL HEALTH I
5. Research and innovation / 5.04 Big data research	UNDERRECODING OF KNEE OSTEOARTHRITIS: A POPULATION-BASED STUDY WITH ELECTRONIC HEALTH RECORDS IN DUTCH GENERAL PRACTICE	S043	270	1 SLIDE 5 MINUTES PRESENTATIONS	RESEARCH AND INNOVATION
5. Research and innovation / 5.05 Health technology assessment	THE EFFECTIVENESS OF TELEMEDICINE PRACTICE IN OUTPATIENT SETTING DURING THE COVID-19 PANDEMIC: A SYSTEMATIC REVIEW	EPV296	343	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.05 Health technology assessment	ASSESSMENT OF THE USE OF RETINOGRAPHY AS A SCREENING METHOD FOR THE EARLY DIAGNOSIS OF CHRONIC GLAUCOMA IN PRIMARY CARE	EPV297	350	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.05 Health technology assessment	TOBACCO CESSATION TREATMENT MONITORING WITH TELEMEDICINE PLATFORM	EPV298	725	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.05 Health technology assessment	REALIST SYNTHESIS AND PRIMARY CARE INTERVENTION CO-DESIGN TO REDUCE DECLINE IN PHYSICAL ACTIVITY AND FUNCTION IN PEOPLE WITH LONG-TERM CONDITIONS	EPV299	1246	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.05 Health technology assessment	IS IT FEASIBLE TO REDUCE TIME OF TRANSPORTATION FOR GENERAL PRACTICE OUT-OF-HOURS SERVICE BY GEOGRAPHICAL INFORMATION SYSTEMS?	EPV300	1253	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.05 Health technology assessment	ANALYSIS OF REHABILITATION CARE FOR PATIENTS AFTER STROKE IN AKTOBE	EPV301	1274	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.05 Health technology assessment	PRIMARY SENSE- MEDICATION SAFETY	PO032	77	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS

5. Research and innovation / 5.05 Health technology assessment	THE EARLY DETECTION OF NAFLD AND NASH WITH FIBROSIS-RISK-STRATIFICATION AT THE TARGETED POPULATION THROUGH THE MULTIPARAMETRIC-LIVER-ULTRASONOGRAPHIC-SCREENING AND ARTIFICIAL-INTELLIGENCE BY FAMILY-PHYSICIANS.	PO063	244	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
5. Research and innovation / 5.05 Health technology assessment	A SERIOUS VIDEO GAME FOR THE MANAGEMENT OF IRRITABLE BOWEL SYNDROME	SO026	106	SHORT ORAL PRESENTATIONS	RESEARCH AND INNOVATION
5. Research and innovation / 5.05 Health technology assessment	TELEHEALTH AND ITS RAPID ADOPTION IN PRIMARY CARE ACROSS EUROPE	SO030	317	SHORT ORAL PRESENTATIONS	RESEARCH AND INNOVATION
5. Research and innovation / 5.06 Medical informatics	IDENTIFYING PERSISTENT SOMATIC SYMPTOMS IN ELECTRONIC HEALTH RECORDS: EXPLORING MULTIPLE THEORY-DRIVEN METHODS OF IDENTIFICATION.	O045	264	ORAL PRESENTATIONS	INNOVATION AND FUTURE TRENDS II
5. Research and innovation / 5.06 Medical informatics	THE IDENTIFYING RELATED NEEDS WITH EPİLEPSY MANAGEMENT IN THE FAMILY HEALTH CENTER WITH OVERVIEW OF FAMILY MEDICINE'S CORE COMPETENCES	PO169	880	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
5. Research and innovation / 5.06 Medical informatics	ARTIFICIAL INTELLIGENCE IN PRIMARY CARE - EBM RECOMMENDER SYSTEM	PO180	1284	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
5. Research and innovation / 5.06 Medical informatics	GENERAL PRACTITIONERS' VIEWS ON THE BENEFITS AND CHALLENGES OF USING DIGITAL REMOTE CARE DURING THE COVID-19 PANDEMIC	SO028	1116	SHORT ORAL PRESENTATIONS	RESEARCH AND INNOVATION
5. Research and innovation / 5.07 Future trends	LONG-ACTING REVERSIBLE CONTRACEPTIVE PRACTICES IN NORTHERN PORTUGUESE PRIMARY HEALTH CARE	EPV302	565	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.07 Future trends	DIGITAL AIDS THAT HELP PATIENTS FIGHT AGAINST CARDIOVASCULAR DISEASE	EPV303	672	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.07 Future trends	VARIATIONS OF BITTER TASTE PERCEPTION CAN MODULATE ADIPOSITY RISK	EPV304	815	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.07 Future trends	EVALUATING A TELEHEALTH DEVICE (TYTOCARE) FOR VALIDATION OF A PEDIATRIC TELEINTERCONSULTATION METHOD	EPV305	1172	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.07 Future trends	DEFENSIVE MEDICINE AND ITS PERCEPTION IN PRIMARY HEALTHCARE	O015	186	ORAL PRESENTATIONS	INNOVATION AND FUTURE TRENDS I
5. Research and innovation / 5.07 Future trends	ENVIRONMENTAL IMPACT OF PHARMACEUTICALS IN GUIDELINES	O016	1207	ORAL PRESENTATIONS	INNOVATION AND FUTURE TRENDS I
5. Research and innovation / 5.07 Future trends	DEFENSIVE MEDICINE AND ITS PERCEPTION IN PRIMARY HEALTHCARE	PO053	187	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
5. Research and innovation / 5.07 Future trends	ULTRASOUND TOMOGRAPHY TUS. NEW VISUAL TECHNOLOGY AT GP CLINIC.	PO079	309	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
5. Research and innovation / 5.07 Future trends	IRELAND'S FIRST DRIVE THRU FLU CLINIC	PO092	327	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS

5. Research and innovation / 5.07 Future trends	REMOTE - THE PROCESS OF DEVISING AN INTERACTIVE VIDEO CONSULTATION GUIDE FOR DANISH GENERAL PRACTICE	PO132	604	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
5. Research and innovation / 5.07 Future trends	PRIMARY HEALTH CARE AS AN IDEAL STAKEHOLDER FOR HEALTH TOURISM SMART SPECIALISATION MODEL	PO134	616	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
5. Research and innovation / 5.08 Others	KNOWLEDGE, ATTITUDE, PRACTICES, AND BARRIERS IN CONDUCTING RESEARCH AMONG RESIDENT PHYSICIANS IN A TERTIARY MEDICAL CENTER IN NORTHERN PHILIPPINES	EPV306	406	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.08 Others	INFLUENZA VACCINATION - SEIZING THE OPPORTUNITY CREATED BY THE COVID PANDEMIC	EPV307	532	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.08 Others	SPANISH AND CATALAN TRANSLATION OF THE LONG TERM CONDITION QUESTIONAIRE (LTCQ): PROJECT DESCRIPTION.	EPV308	587	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.08 Others	FAMILY MEDICINE/GENERAL PRACTICE WITH ITS HEALTH SYSTEM IN THE NETHERLANDS: AN EXAMPLE TO THE WORLD?	EPV309	708	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.08 Others	FACTORS AFFECTING THE NON-UTILIZATION OF ANNUAL PERIODIC HEALTH EXAMINATION AMONG EMPLOYEES IN A TERTIARY HOSPITAL IN CAGAYAN VALLEY, PHILIPPINES	EPV310	754	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.08 Others	THE THERAPY DOG AS A FACILITATOR DURING BLOOD DRAWS IN CHILDREN IN A PRIMARY HEALTH CARE CENTER	EPV311	771	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.08 Others	LESS IS MORE: BETTER OUTCOMES THROUGH DEPRESCRIPTION	EPV312	913	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.08 Others	HOW DO HEALTHCARE PROFESSIONALS EVALUATE THEIR KNOWLEDGE ABOUT CHRONIC PAIN?	EPV313	963	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.08 Others	EXPIRA+ FOR YOUR HEALTH – CHRONIC OBSTRUCTIVE PULMONARY DISEASE INTERVENTION PROJECT	EPV314	965	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.08 Others	QUALITY FRAMEWORKS AND QUALITY INDICATORS IN PRIMARY CARE IN CHINA, THE US AND THE UK：A COMPARATIVE STUDY	EPV315	1033	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.08 Others	THE FIFTY YEAR STORY OF BUILDING PBRNS: A REVIEW OF THE INTERNATIONAL LITERATURE (PART 2: EXTERNAL ENVIRONMENT)	EPV316	1094	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.08 Others	FEBUXOSTAT FOR GOUT TREATMENT: AN EVIDENCE-BASED REVIEW	EPV317	1097	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.08 Others	INTERNATIONAL SEXUAL HEALTH AND REPRODUCTIVE (I-SHARE) HEALTH SURVEY DURING COVID-19: RESULTS FROM A CROSS_SECTIONAL ONLINE SURVEY IN LUXEMBOURG	EPV318	1110	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.08 Others	THE IMPORTANCE OF COMMUNITY PHARMACY IN CHRONIC KIDNEY DISEASE PATIENT MANAGEMENT. DRUG DOSAGE ADJUSTMENT AND NEPHROTOXICITY DETECTION.	EPV319	1112	E-Posters	E-POSTER VIEWING

5. Research and innovation / 5.08 Others	STATINS: CONDITIONING FACTORS IN ITS ACCEPTANCE	EPV320	1228	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.08 Others	MANAGEMENT OF HYPOCOAGULATED PATIENTS – A SYSTEMATIC REVIEW	EPV321	1267	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.08 Others	MEDICAL LITERATURE ABOUT FIBROMYALGIA IN PORTUGAL: AS INVISIBLE AS THE DISEASE ITSELF	EPV322	1298	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.08 Others	WHAT DID PRIMARY HEALTHCARE JOURNALS PUBLISH IN THE PANDEMICS YEAR?	EPV323	1324	E-Posters	E-POSTER VIEWING
5. Research and innovation / 5.08 Others	USER ACCEPTANCE AND USABILITY OF AN EHEALTH INTERVENTION FOR PROLONGED GRIEF IN LATER LIFE – RESULTS OF A PILOT STUDY	O046	219	ORAL PRESENTATIONS	INNOVATION AND FUTURE TRENDS II
5. Research and innovation / 5.08 Others	PATIENT COMPLAINTS AS A SOURCE FOR IMPROVING PATIENT SAFETY IN PRIMARY CARE FACILITIES	O051	691	ORAL PRESENTATIONS	QUALITY, SAFETY AND HEALTH POLICY
5. Research and innovation / 5.08 Others	INTERNAL REGULATION CENTER IMPLEMENTATION IN CAMPO LIMPO'S UNIDADE DE PRONTO ATENDIMENTO DURING COVID19 PANDEMIC IN SÃO PAULO, BRAZIL.	PO037	120	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
5. Research and innovation / 5.08 Others	SUCCESSIVE ANALYSIS OF PATIENT EXPERIENCES IN 2017/2020 DEMONSTRATES DUTCH-KURDISH FAMILY MEDICINE CENTRES ARE GOOD AND SUSTAINED.	PO095	344	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
5. Research and innovation / 5.08 Others	TIP' LASER INTERVENTION FOR MULTI-IMPACT EFFECT: OPTIMIZING PATIENT CARE ALONG WITH ORGANIZATIONAL BUSINESS PERFORMANCE AND WELLNESS OUTCOMES.	PO149	714	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
5. Research and innovation / 5.08 Others	HYPERTENSION CONTROL: BEHAVIOR OF ASK-12 ADHERENCE SCALE	PO176	1085	PUBLICATIONS	PUBLICATION ONLY ABSTRACTS
5. Research and innovation / 5.08 Others	THE ULTRASOUND USE IN A PRIMARY CARE CENTRE	S044	1285	1 SLIDE 5 MINUTES PRESENTATIONS	RESEARCH AND INNOVATION
5. Research and innovation / 5.08 Others	EPIDEMIOLOGY OF DELIBERATE SELF-POISONING PRESENTING TO A REGIONAL HOSPITAL IN EASTERN CAPE PROVINCE, SOUTH AFRICA	S045	1107	1 SLIDE 5 MINUTES PRESENTATIONS	RESEARCH AND INNOVATION
5. Research and innovation / 5.08 Others	ARE WE NEGLECTING ELDER ABUSE AND NEGLECT VICTIMS?	SI003	1352	SPECIAL INTEREST SESSION	SPECIAL INTEREST SESSION organised by WONCA WG on Family Violence
5. Research and innovation / 5.08 Others	WHY WON´T THEY LEAVE? HOW CAN WE HELP?	SI004	1353	SPECIAL INTEREST SESSION	SPECIAL INTEREST SESSION organised by WONCA WG on Family Violence
5. Research and innovation / 5.08 Others	DIGITAL INNOVATIONS IN PRIMARY HEALTH CARE TO SUPPORT THE MOST VULNERABLE POPULATIONS	SI005	1356	SPECIAL INTEREST SESSION	SPECIAL INTEREST SESSION organised by WONCA WP E-health
5. Research and innovation / 5.08 Others	AN OVERVIEW OF DUTCH EDUCATIONAL RESEARCH IN PRIMARY CARE	SI007	1354	SPECIAL INTEREST SESSION	SPECIAL INTEREST SESSION organised by EURACT I
5. Research and innovation / 5.08 Others	EVIDENCE-BASED EDUCATION FOR PRIMARY CARE: WHAT IS GOING ON IN EUROPE?	SI008	1355	SPECIAL INTEREST SESSION	SPECIAL INTEREST SESSION organised by EURACT II

5. Research and innovation / 5.08 Others	RURAL PRACTICE IN A POST-COVID WORLD	SI009	1358	SPECIAL INTEREST SESSION	SPECIAL INTEREST SESSION organised by EURIPA I
5. Research and innovation / 5.08 Others	DEVELOPING THE RURAL WORKFORCE	SI011	1359	SPECIAL INTEREST SESSION	SPECIAL INTEREST SESSION organised by EURIPA II
5. Research and innovation / 5.08 Others	COVID-19: THREAT OR OPPORTUNITY FOR QUALITY IMPROVEMENT IN GENERAL PRACTICE?	SI012	108	SPECIAL INTEREST SESSION	SPECIAL INTEREST SESSION organised by EQUIP
5. Research and innovation / 5.08 Others	RESEARCH PROJECTS IN THE VASCO DA GAMA MOVEMENT	SI014	663	SPECIAL INTEREST SESSION	SPECIAL INTEREST SESSION organised by VASCO DE GAMA MOVEMENT II
5. Research and innovation / 5.08 Others	A MOBILE SWABBING BOOTH TO ADDRESS SINGAPORE GPS' CONCERNS ABOUT SWABBER PROTECTION: HUMAN-CENTRED DESIGN DURING THE COVID-19 PANDEMIC	SO007	1015	SHORT ORAL PRESENTATIONS	COVID-19
5. Research and innovation / 5.08 Others	RESEARCH TRENDS IN GENERAL MEDICINE: A 2015-2019 BIBLIOMETRIC ANALYSIS OF HIGH IMPACT JOURNALS	SO025	1232	SHORT ORAL PRESENTATIONS	RESEARCH AND INNOVATION
5. Research and innovation / 5.08 Others	LEARNING HOW TO DELIVER PERSONALISED CARE FOR PATIENTS WITH MULTIMORBIDITY: APPLYING THE SHERPA MODEL	W002	1466	WORKSHOP	LEARNING HOW TO DELIVER PERSONALISED CARE FOR PATIENTS WITH MULTIMORBIDITY: APPLYING THE SHERPA MODEL
CARDIOMETABOLIC DISEASE	SURVIVAL OF PEOPLE WITH VALVULAR HEART DISEASE IN THE COMMUNIT: A PROSPECTIVE COHORT STUDY	RM007	1425	RESEARCH MASTER CLASS	CARDIOMETABOLIC DISEASE
CARDIOMETABOLIC DISEASE	DEPRESCRIBING ANTIHYPERTENSIVE TREATMENT IN OLDER PEOPLE IN PRIMARY CARE: CURRENT EVIDENCE FROM RANDOMISED CONTROLLED TRIALS	RM008	1426	RESEARCH MASTER CLASS	CARDIOMETABOLIC DISEASE
CARDIOMETABOLIC DISEASE	ACCURACY OF TELEPHONE TRIAGE IN PATIENTS WITH CHEST DISCOMFORT	RM009	1428	RESEARCH MASTER CLASS	CARDIOMETABOLIC DISEASE
CARDIOMETABOLIC DISEASE	PRIMARY CARE MANAGEMENT OF PEOPLE WITH DIABETES WITH NEPHROPATHY AND HF	RM011	1430	RESEARCH MASTER CLASS	CARDIOMETABOLIC DISEASE
CARDIOMETABOLIC DISEASE	MANAGEMENT OF AF IN PC	RM012	1427	RESEARCH MASTER CLASS	CARDIOMETABOLIC DISEASE
CARING FOR OLDER PEOPLE AND ETHICAL ISSUES	ETHICAL DILEMMAS IN THE CARE OF OLDER PEOPLE	PL003	1346	PLENARY SESSION	CARING FOR OLDER PEOPLE AND ETHICAL ISSUES
COVID-19, COPD, AND DIVERSITY	MEDICAL TREATMENT OF COVID-19 IN GENERAL PRACTICE	PL001	1342	PLENARY SESSION	COVID-19, COPD, AND DIVERSITY
COVID-19, COPD, AND DIVERSITY	COVID-19 IN MIGRANT POPULATIONS	PL002	1343	PLENARY SESSION	COVID-19, COPD, AND DIVERSITY
E-HEALTH, GP HEALTH AND PROFESSIONAL HEALTH	GP HEALTH AND PROFESSIONAL HEALTH	PL004	1348	PLENARY SESSION	E-HEALTH, GP HEALTH AND PROFESSIONAL HEALTH

GP HEALTH AND PROFESSIONAL HEALTH	POSITIVE FACTORS GIVING GENERAL PRACTITIONERS JOB SATISFACTION AND MAKING GENERAL PRACTICE A REWARDING CAREER? A EGPRN MULTICENTRIC QUALITATIVE RESEARCH	RM024	1397	RESEARCH MASTER CLASS	GP HEALTH AND PROFESSIONAL HEALTH
GP HEALTH AND PROFESSIONAL HEALTH	TAKING CARE OF OURSELVES: EDUCTIONAL INTERVENTION ON PERSONAL SKILLS OF FAMILY MEDICINE AND COMMUNITY NURSES TRAINEES	RM025	1398	RESEARCH MASTER CLASS	GP HEALTH AND PROFESSIONAL HEALTH
GP HEALTH AND PROFESSIONAL HEALTH	HEALTH-RELATED BEHAVIOURS AND PERCEPTIONS AMONG PHYSICIANS: RESULTS FROM A CROSS-SECTIONAL STUDY IN ISRAEL	RM026	1399	RESEARCH MASTER CLASS	GP HEALTH AND PROFESSIONAL HEALTH
GP HEALTH AND PROFESSIONAL HEALTH	GP EMPOWERMENT FOR EARLY CANCER DIAGNOSIS: A EUROPEAN MULTICENTRE DELPHI STUDY BY THE ÖRENÄS RESEARCH GROUP	RM027	1400	RESEARCH MASTER CLASS	GP HEALTH AND PROFESSIONAL HEALTH
IMPACT OF COVID-19 ON RESPIRATORY DISEASES TREATMENT IN GENERAL PRACTICE	ASTHMA AND COVID-19	RM013	1382	RESEARCH MASTER CLASS	IMPACT OF COVID-19 ON RESPIRATORY DISEASES TREATMENT IN GENERAL PRACTICE
IMPACT OF COVID-19 ON RESPIRATORY DISEASES TREATMENT IN GENERAL PRACTICE	COPD AND COVID-19	RM014	1383	RESEARCH MASTER CLASS	IMPACT OF COVID-19 ON RESPIRATORY DISEASES TREATMENT IN GENERAL PRACTICE
IMPACT OF COVID-19 ON RESPIRATORY DISEASES TREATMENT IN GENERAL PRACTICE	ANTIBIOTIC USE DURING COVID-19 PANDEMIC	RM015	1384	RESEARCH MASTER CLASS	IMPACT OF COVID-19 ON RESPIRATORY DISEASES TREATMENT IN GENERAL PRACTICE
RECENT ADVANCES IN EARLY DETECTION OF CANCER IN GENERAL PRACTICE	PREDICTION OF ALARM SYMPTOMS: WHAT DID THESE BRING US, HOW ARE THESE USED AND WITH WHICH RESULTS	RM017	1403	RESEARCH MASTER CLASS	RECENT ADVANCES IN EARLY DETECTION OF CANCER IN GENERAL PRACTICE
RECENT ADVANCES IN EARLY DETECTION OF CANCER IN GENERAL PRACTICE	ARTIFICIAL INTELLIGENCE TECHNIQUES TO FACILITATE THE EARLIER DIAGNOSIS OF CANCER IN GENERAL PRACTICE	RM018	1405	RESEARCH MASTER CLASS	RECENT ADVANCES IN EARLY DETECTION OF CANCER IN GENERAL PRACTICE
RECENT ADVANCES IN EARLY DETECTION OF CANCER IN GENERAL PRACTICE	WHAT'S IN THE NOTES? EARLY PREDICTION OF CANCER USING FREE TEXT IN ROUTINE PRIMARY CARE DATA	RM019	1406	RESEARCH MASTER CLASS	RECENT ADVANCES IN EARLY DETECTION OF CANCER IN GENERAL PRACTICE
WONCA EUROPE OPEN MEETING	DIGITAL REMOTE CARE IN THE CONTEXT OF QUALITY AND SAFETY	WM001	1467	WONCA EUROPE OPEN MEETING	WONCA EUROPE OPEN MEETING
WONCA EUROPE OPEN MEETING	HOW VDGM HAS ADAPTED AND GROWN THROUGH THE PANDEMIC	WM002	1468	WONCA EUROPE OPEN MEETING	WONCA EUROPE OPEN MEETING
WONCA EUROPE OPEN MEETING	GP/FM EDUCATION IN/AFTER THE PANDEMIC	WM003	1469	WONCA EUROPE OPEN MEETING	WONCA EUROPE OPEN MEETING
WONCA EUROPE OPEN MEETING	GP/FM RESEARCH DURING/AFTER THE COVID-19 PANDEMIC	WM004	1470	WONCA EUROPE OPEN MEETING	WONCA EUROPE OPEN MEETING

Plenary

PL001 / #1342

Topic: *No Topic Needed*

PLENARY
COVID-19, COPD, and DIVERSITY
07-07-2021 4:00 PM - 5:00 PM

MEDICAL TREATMENT OF COVID-19 IN GENERAL PRACTICE

Christopher Collett Butler
University of Oxford, Nuffield Department of Primary Care Health Sciences, Oxford, United Kingdom

So far, there are few specific treatments for COVID-19 that have been proven in rigorous clinical trials to be effective. Most cases are being managed in the community. It is essential that we urgently identify therapeutics that speed recovery and prevent the need for hospital admission. An ideal intervention would be one that is safe, with few side-effects, helps prevent disease progression, and can be administered in the community using existing processes and capability.

The Platform Randomised trial of treatmeNts in the Community for epIdemic and Pandemic iLlnEsses (PRINCIPLE) is a multicenter, open-label, multi-arm, response-adaptive platform randomized controlled trial of community treatments for COVID-19. It operates under a master protocol that allows the addition of further interventions into the trial while the trial is already in progress, so a new trial does not need to be started afresh each time an additional suitable intervention becomes available, and it also means that existing controls can be used efficiently to give rapid answers about the effectiveness of new interventions. Response adaptive randomisation allows the proportion of participants allocated to each intervention to be adjusted, based on emerging data from the trial to increase efficiency and shorten time to results. Further innovations in trial design and delivery include recruiting through general practice as well as being an ‘online’ trial, using approaches where the ‘patient comes to research’ as well as the trial ‘taking research to the patient.’

Readouts for azithromycin, doxycycline, inhaled budesonide and colchicine will be presented.

Disclosure: No significant relationships.

PL002 / #1343

Topic: *No Topic Needed*

PLENARY
COVID-19, COPD, and DIVERSITY
07-07-2021 4:00 PM - 5:00 PM

COVID-19 IN MIGRANT POPULATIONS

Yves Jackson
Geneva University Hospital, Division Of Primary Care Medicine, Geneva, Switzerland

People with a migration background, especially those living in precarious conditions, have been severly affected by the COVID-19 pandemic. This observation reproted from various European countries highlights the relationships between circumstances of the daily life, at home, at work, in care setting and in the public domain, and health. This talk will explore some key challenges and propose tools to be applied in primary care setting to foster better health equity.

Disclosure: No significant relationships.

PL003 / #1346

Topic: *No Topic Needed*

PLENARY
CARING FOR OLDER PEOPLE and ETHICAL ISSUES
09-07-2021 9:00 AM - 10:00 AM

ETHICAL DILEMMAS IN THE CARE OF OLDER PEOPLE

Cees Hertogh
Amsterdam University Medical Center, Medicine For Older People, Amsterdam, Netherlands

An important reason to secure a timely diagnosis when dementia is suspected is to offer people with dementia and their loved ones the opportunity to prepare for an uncertain future and to make arrangements for future (clinical) care. Advance Care Planning (ACP) can assist in this process.

The presentation will first examine how ACP differs from - and responds to the dilemmas and limitations of advance directives. Next, it will present the various underlying goals of ACP: respecting patient autonomy, improving quality of care, strenghtening relationships, preparing for the end of life, and preventing crisis decision-making and overtreatment. Finally, the challenges dementia poses to the content and process of ACP as a consequence of the progressive loss of decision-making ability will be discussed.

References:

Hertogh CMPM. The misleading simplicity of advance directives. International Psychogeriatrics 2011; 23 (4): 511-5.

Fleuren N, Depla MFIA, Janssen DJA, Huisman M, Hertogh CMPM. Underlying goals of advance care planning (ACP): a qualitative analysis of the literature. BMC Palliative Care 2020; 19:27.

Disclosure: No significant relationships.

PL004 / #1348

Topic: *No Topic Needed*

PLENARY
E-HEALTH, GP HEALTH and PROFESSIONAL HEALTH
10-07-2021 11:00 AM - 12:00 PM

GP HEALTH and PROFESSIONAL HEALTH

Lieve Peremans
Universiteit Antwerpen, Faculty of Medicine and Health Sciences, Antwerpen, Belgium

A professional GP is a healthy GP!

Evidence shows that a high level of population health and an efficient high-quality health care system are associated with a strong primary care. Although general practitioners' (GPs') workforce is declining all over the world, GPs leaving clinical practice and students not choosing for a career in general practice. Students already show high stress levels not only because of competition and uncertainty but also because of stressors in personal life.

GPs complain about heavy workload, high levels of mental strain, complex case management, difficult expectations of patients and a burden of administrative tasks. This leads to stress and burn-out. Burnout affects practice organisation and quality of patient care. But how strong is this evidence? The concept burnout is not always well-defined in research. Physicians not feeling well are also very vulnerable for drug and alcohol abuse, depression and suicide, but most studies don't differentiate outcomes in relation with these subgroups.

Research done on positive factors for retention shows the importance of general practice as an academic high scientific discipline with includes clinical reasoning, evidence-based medicine, interprofessional collaboration, high level of practice and communication skills and a strong embedding in the local community. Should the future be the development of Interprofessional primary health care teams, with family medicine as the core discipline? The GP in these teams is a professional and healthy GP, with a high level of self-care, a focus on coping strategies to handle stress and uncertainty, autonomy and leadership in practice organisation and a better supporting network.

Disclosure: No significant relationships.

Research Master Class

RM001 / #546

Topic: *3. Overarching topics / 3.05 E-health*

RESEARCH MASTER CLASS
E-HEALTH RESEARCH REACHING MATURITY
07-07-2021 10:30 AM - 12:00 PM

THE CHALLENGE OF INTEGRATING EHEALTH INTO HEALTHCARE; A SYSTEMATIC LITERATURE REVIEW ON STRUCTURE, PROCESS and OUTCOMES (DONABEDIAN MODEL)

Rosian Tossaint-Schoenmakers[1,2], Anke Versluis[2], Niels H. Chavannes[2], Esther P.W.A. Talboom-Kamp[2,3], Marise Kasteleyn[2]
[1]Saltro Diagnostic Centre, Innovation, Utrecht, Netherlands, [2]Leiden University Medical Centre, Public Health and Primary Care, Leiden, Netherlands, [3]Unilabs, Innovation, Geneva, Switzerland

Background and purpose: Integration of eHealth into regular healthcare is challenging. The organisation's structure and processes need to be adapted to ensure that eHealth supports the attainment of the desired outcomes. This study investigate whether there are identifiable indicators in the structure, process and outcome categories related to a successful integration of eHealth in regular healthcare, and which indicators of structure and process are related to outcome indicators.

Methods: A systematic literature review was conducted, using Donabedian's Structure-Process-Outcome framework. The extracted indicators were organised into themes of the structure, process and outcome categories.

Results: Eleven studies were included, covering a variety of settings including general practices. Themes with the most-noted indicators and their mutual interaction were inner setting, care receiver and technology, within the structure category, the healthcare actions theme in the process category and efficiency theme in the outcome category. Most-reported indicators were 'deployment of human resources' of the inner setting theme in structure category, 'ease of use' and 'technical issue' indicators, of the technology theme within the structure category, and 'health logistics' indicator in the efficiency theme within the outcome category.

Conclusions: Three principles are important for the successful integration of eHealth into healthcare. First, the role of the care receiver needs to be incorporated into the organisational structure and daily care process. Second, the technology must be well attuned to the organisational structure and daily care process. Third, the deployment of human resources in the daily care processes needs to be aligned with the desired end results.

Disclosure: No significant relationships.

RM002 / #175

Topic: *3. Overarching topics / 3.05 E-health*

RESEARCH MASTER CLASS
E-HEALTH RESEARCH REACHING MATURITY
07-07-2021 10:30 AM - 12:00 PM

VIDEO CONSULTATIONS and DIABETES CARE IN GENERAL PRACTICE: A NATIONAL SURVEY OF TECHNOLOGY ACCEPTANCE AMONG DANISH GENERAL PRACTITIONERS

Daniel Cæsar Torp, Thim Prætorius, Annelli Sandbæk
Aarhus University Hospital, Steno Diabetes Centre Aarhus, Aarhus N, Denmark

Background:
During the COVID-19 pandemic, video consultations have developed from mostly pilot projects to being used in many general practices, and usually for (sub)acute care. Given that increasing numbers of patients seen in general practice have chronic disease(s), video consultations have an unknown potential for managing chronic disease. Specifically, we study the potential of video consultations for type 2 diabetes care by measuring technology acceptance and use among general practitioners and exploring if it influences patient relationship and productivity.

Methods: We developed a survey based on the Technology Acceptance Model (measuring the dimensions: usefulness, ease-of-use, attitude) and supplemented these main items with items on change readiness, user characteristics (e.g., tech savviness), and general practice characteristics. Depending on whether the respondent is a user, previous-user or non-user, they answered up to 40 survey items (5-point Likert scales) about using video consultations for type 2 diabetes. The online survey was sent to all general practices (n=1.678) in Denmark. We stratify and analyse data through a series of uni- and multivariate regression analyses.

Expected results and conclusions: We expect that general practitioners' assessment of the usefulness and ease-of-use along with their attitude explain acceptance and use of video consultations for type 2 diabetes care. We also expect that characteristics of users, previous-users and non-users influence their technology acceptance. We expect that using video consultations influence productivity and patient relationship positively.
In conclusion, we expect to show the potential of video consultations in general practice for type 2 diabetes care.

Disclosure: No significant relationships.

RM003 / #444

Topic: *3. Overarching topics / 3.05 E-health*

RESEARCH MASTER CLASS
E-HEALTH RESEARCH REACHING MATURITY
07-07-2021 10:30 AM - 12:00 PM

DIRECT ACCESS FOR PATIENTS TO DIAGNOSTIC TESTING and RESULTS: A SYSTEMATIC REVIEW ON EHEALTH and DIAGNOSTICS

Anke Versluis, Kyma Schnoor, Niels H. Chavannes, Esther P.W.A. Talboom-Kamp
Leiden University Medical Center, Public Health and Primary Care, Leiden, Netherlands

Background and purpose: The number of people with chronic diseases and the subsequent pressure on healthcare is increasing. eHealth technology for diagnostic testing can contribute to more efficient healthcare and a lower workload. This systematic review examines the available methods for direct online access for patients to diagnostic testing and results.

Methods: PubMed, Embase, Web of Sciences, Cochrane Library, Emcare, and Academic Search Premier were searched in August 2019. Included studies focused on direct patient access to (a) online triage leading to diagnostic testing, (b) self-sampling or -testing, or (c) digitally communicating results. Thirty-nine studies were included. Quality was assessed using the Mixed Methods Appraisal Tool.

Results: Majority of studies had a quantitative descriptive design and discussed a combination of services. The diagnostic test services focused mainly sexual transmitted infections. Overall, the usage was high for online triage (50% who used the triage booked an appointment), for self-sampling or –testing kits (83%), and for the result service (85%). The acceptability of the services was high, with 81% preferring home-based over clinic-based testing. There was a high rate of follow-up testing or treatment after a positive test (93%).

Conclusions: Results show that direct access to testing and result services was positively evaluated and led to high rates of follow-up treatment. More research on the cost-effectiveness is needed, and to determine the potential for other diseases. Direct access to diagnostic testing can potentially lower the workload in primary care and, simultaneously, the threshold for testing.

Disclosure: No significant relationships.

RM004 / #491

Topic: *3. Overarching topics / 3.05 E-health*

RESEARCH MASTER CLASS
E-HEALTH RESEARCH REACHING MATURITY
07-07-2021 10:30 AM - 12:00 PM

IMPROVING PATIENT ACCESS VIA ONLINE CONSULTATIONS

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1. Background and purpose

Our aim was to increase the use of online consulting as the primary route of access in our practice, to enable effective triage and use of resources. Our targets were to maintain a high level of access, ensure patient and staff satisfaction and increase our efficiency without an increase in staff, building space or spending.

2. Methods

This was a responsive, multi-faceted project. We measured the proportion of online consultations vs telephone encounters over time, as well as the time spent on these encounters, the methods of response and the failed encounter rate. We responded to fluctuations in this data by analysing barriers to online consultation tools, and measuring patient satisfaction via questionnaires, then using this information to drive change. We implemented changes by engaging all members of staff in the practice, and also linked-in with borough-wide initiatives tackling digital exclusion.

3. Results

The proportion of consultation requests via online methods has increased from 10% (Feb 2020) to 53% (Dec 2020), while maintaining patient satisfaction based on qualitative data. We identified a main barrier to using e-consults was a diversion system, and have since explored alternative consultation tools which have improved this with similar levels of satisfaction. Average consultation lengths were slightly shorter for online consultation (14.3 minutes) than for telephone consultations (15.2 minutes).

4. Conclusions

Online consultation tools can improve access for patients, while still maintaining a high level of patient satisfaction. They can improve resource use by allowing clinicians to quickly and effectively triage consultation requests, and can help maintain continuity between doctors and patients.

Disclosure: No significant relationships.

RM005 / #210

Topic: *3. Overarching topics / 3.05 E-health*

RESEARCH MASTER CLASS
E-HEALTH RESEARCH REACHING MATURITY
07-07-2021 10:30 AM - 12:00 PM

EXPLORING USAGE OF AN EHEALTH INTERVENTION FOR STRESS URINARY INCONTINENCE AMONG FEMALE PARTICIPANTS: BY WHOM and HOW IS IT USED?

Lotte Firet, Doreth Teunissen
Radboud University Medical Center, Department of Primary and Community Care, Nijmegen, Netherlands

Background and purpose: stress urinary incontinence (SUI) is common in women and has a serious impact on their lives. EHealth with pelvic floor muscle training has shown to be an effective self-management therapy. To date, no studies have been conducted towards the usage of an eHealth intervention, but it is important for implementation. This study aims (1) to evaluate the technical usage and (2) predictors of the usage of an eHealth intervention for women with SUI.

Methods: in this observational, mixed-methods study women with SUI participated in an eHealth intervention (www.baasoverjeblaas.nl) which consisted of modules with pelvic floor muscle exercises. During three months, login statistics were collected. Participants were divided into usergroups (low, intermediate, high). Sociodemographic and incontinence related characteristics were compared between usergroups with a t-test for independent samples, one-way ANOVA, or with Pearson's Chi-square. Ordinal logistic regression analysis was used to study predictors of eHealth usage. Qualitative data from open ended questions were analyzed to interpret the findings.

Results: n=561 participants; 46 did not start. Mean age was 50.3 (12.1 SD), the majority was highly educated with moderate to severe incontinence. Low users (n=295) significantly differed from the intermediate users (n=133) and high users (n=87) in age (48.3 vs. 52.1 and 55.3 years, $p < 0.001$). Furthermore high users had significantly more often previous experience with pelvic floor muscle exercises compared to low users (p=.040).

Conclusion: to date, data analysis is not complete but we guarantee that our study will be finished on time before the conference.

Disclosure: No significant relationships.

RM006 / #596

Topic: *3. Overarching topics / 3.05 E-health*

RESEARCH MASTER CLASS
E-HEALTH RESEARCH REACHING MATURITY
07-07-2021 10:30 AM - 12:00 PM

UNDERSTANDING THE USE OF PATIENT PORTALS BY PATIENTS and HEALTHCARE PROFESSIONALS: A CAPABILITY APPROACH

Sevde Alkir-Yurt, Jozé Braspenning, Marianne Dees, Gert Olthuis, Maria Van Den Muijsenbergh
Radboud University Medical Centre, Iq Healthcare, Nijmegen, Netherlands

Background: Tethered patient portals include information such as the diagnoses, lab results, and management. Expectations on their functionalities are high. Little known about the link between the functionalities and specific needs of patients or primary healthcare professionals (PHPs), and the hurdles they encounter in realizing these needs. We aimed to gain better understanding of the (im)possibilities of patient portals by using Nussbaum's Capability Approach (CA) as a framework (2001).

Method: Scoping review of reviews in PUBMED; key word “patient portal” in title or abstract; search period 2015-2020.

Results: 13 reviews were selected. RCT’s showed ambiguous results on clinical outcomes and patient empowerment. Surveys and qualitative studies suggested that the portals could contribute to e.g. patient empowerment and patient-provider relation. However, PHPs also experienced increased workload, and were concerned about the consequences of patients’ access to their medical record. Important barriers and enablers were digital skills, SES and health literacy. Based on these results a CA-framework is provided, suggesting that seven out of ten human capabilities are involved in using patient portals.

Conclusion: The review showed different functionalities of patient portals, mainly for patients and some for PHPs. Overall, the effects shown were inconclusive. The study reviews reveal a necessity (1) to do further research on the needs of patients and PHPs regarding patient portals, and (2) the specific barriers and facilitators for patients and PHPs. Focus groups are already planned. Based on this information the adaptation rate can be increased in a direction desired by patients and healthcare professionals.

Disclosure: No significant relationships.

RM007 / #1425

RESEARCH MASTER CLASS
CARDIOMETABOLIC DISEASE
07-07-2021 5:30 PM - 7:00 PM

SURVIVAL OF PEOPLE WITH VALVULAR HEART DISEASE IN THE COMMUNIT: A PROSPECTIVE COHORT STUDY

Clare Taylor[1], José Ordóñez-Mena[1], Nicholas Jones[1], andrea Roalfe[1], Saul Myerson[2], Bernard Prendergast[3], Richard Hobbs[1]
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Background and purpose: Over 50% of people aged >65 years have some degree of valvular heart disease (VHD), though most is mild. To understand the prognostic significance of VHD, we investigated its association with all-cause and cause-specific mortality.

Methods: The Oxford Valvular Heart Disease cohort study screened 4,009 participants aged >65 years between 2009-2016 to establish the presence and severity of VHD. We linked data to a civil mortality registry and undertook analysis using Kaplan-Meier curves, log rank tests, Cox regression and a Fine-Gray competing risks model.

Results: Data linkage was available for 3,511 participants, of whom 361 (10.3%) died (median 6.49 years follow-up). Valve abnormalities were common (n=2,645, 70.2%), though most was mild (prevalence 44.9%). Only 5.2% had clinically significant VHD. In adjusted analyses, neither mild nor clinically significant VHD were associated with increased all-cause mortality (HR 1.20, 95%CI: 0.96-1.51 and HR 1.47, 95%CI: 0.94-2.31 respectively). Conversely, advanced aortic sclerosis (prevalence 2.25%) and mitral annular calcification (MAC) (1.31%) were associated with an increased risk of death (HR 2.05, 95%CI: 1.28-3.30 and HR 2.51, 95%CI: 1.41-4.49 respectively). Mortality was highest for people with both advanced aortic sclerosis or MAC and clinically significant VHD (HR 4.38, 95%CI: 1.99-9.67).

Conclusions: The presence of advanced aortic sclerosis and MAC confers a worse outcome, particularly for patients with significant VHD, suggesting atherosclerosis is an important driver of mortality. Older patients with mild VHD can be reassured about their prognosis. The absence of an association between significant VHD and mortality may reflect the low disease prevalence.

Disclosure: Sources of Funding The OxVALVE study is supported by the National Institute of Health Research (NIHR) Oxford Biomedical Research Centre (BRC), with initial support from the NIHR Thames Valley Comprehensive Local Research Network (UKCRN ID 6086), and the

RM008 / #1426

RESEARCH MASTER CLASS
CARDIOMETABOLIC DISEASE
07-07-2021 5:30 PM - 7:00 PM

DEPRESCRIBING ANTIHYPERTENSIVE TREATMENT IN OLDER PEOPLE IN PRIMARY CARE: CURRENT EVIDENCE FROM RANDOMISED CONTROLLED TRIALS

James Sheppard
University of Oxford, Nuffield Department of Primary Care Health Sciences, Oxford, United Kingdom

Deprescribing of antihypertensive medications is recommended for some older patients with polypharmacy and multimorbidity when the benefits of continued treatment may not outweigh the harms. The presentation will focus on the current evidence for deprescribing antihypertensive medications in primary care with particular focus on the recent OPTIMISE randomized, controlled, non-inferiority trial conducted in primary care in England. This study enrolled participants aged 80 years and older, with systolic blood pressure lower than 150 mmHg and prescription for 2 or more antihypertensive medications. Participants were randomized (1:1) to a strategy of antihypertensive medication reduction (removal of 1 drug) or usual care, in which no medication changes were mandated. The primary outcome was systolic blood pressure lower than 150 mmHg at 12-week follow-up. Among 569 patients randomized (mean age, 84.8 years), 534 (93.8%) completed the trial. Overall, 229 (86.4%) patients in the intervention group and 236 (87.7%) patients in the control group had a systolic blood pressure lower than 150 mmHg at 12 weeks (adjusted RR, 0.98 [97.5% 1-sided CI, 0.92 to ∞]). Medication reduction was sustained in 187 (66.3%) participants at 12 weeks. Mean change in systolic blood pressure was 3.4 mm Hg (95% CI, 1.1 to 5.8 mm Hg) higher in the intervention group compared with the control group. These findings suggest antihypertensive medication reduction is not associated with substantial change in blood pressure control in some older patients, although further research is needed to understand long-term clinical outcomes.

Disclosure: No significant relationships.

RM009 / #1428

RESEARCH MASTER CLASS
CARDIOMETABOLIC DISEASE
07-07-2021 5:30 PM - 7:00 PM

ACCURACY OF TELEPHONE TRIAGE IN PATIENTS WITH CHEST DISCOMFORT

Loes T.C.M. Wouters, Frans Rutten, Carmen C.A. Erkelens, Esther De Groot, Roger Damoiseaux, Dorien Zwart
Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, General Practice, Utrecht, Netherlands

Objectives To assess the accuracy of semi-automatic assisted telephone triage in patients with acute chest discomfort against the diagnosis acute coronary syndrome (ACS) or other life threatening events (LTEs).

Methods Cross-sectional study with telephone conversations of 2,023 patients with acute chest discomfort (pain, pressure, tightness, or discomfort) who called out-of-hours services for primary care (OHS-PC) between 2014 and 2016. Sensitivity, specificity, positive and negative predicted values were calculated for a high urgency (patient seen within one hour) against the diagnoses ACS and other LTEs. Diagnoses were retrieved from the patient's medical records in general practice, including hospital specialists discharge letters.

Results Of 2,023 patients who called for chest discomfort, 227 (11.2%) had an ACS (men 14.9%, women 8.2%) and 58 (2.9%) had another LTE (men 3.6%, women 2.3%). The sensitivity and specificity of a high Netherlands Triage Standard (NTS) urgency allocation against ACS/other LTEs were 0.73 (95% CI 0.68-0.78) and 0.43 (95% CI 0.40-0.45). In 13.2% of the calls, the triage nurse overruled the NTS urgency, mostly by upscaling (11.0%). The sensitivity and specificity of the final urgency allocation were 0.86 (95% CI 0.81-0.90) and 0.34 (95% CI 0.32-0.37). The positive and negative predictive values of the final urgency were 0.18 (95% CI 0.17-0.19) and 0.94 (95% CI 0.92-0.95).

Conclusions The semi-automatic triage NTS tool underestimated the urgency in 27% of patients with ACS/other LTEs. Overruling by triage nurses improved safety, but still 14% of men and women with ACS/other LTEs received a too low urgency, while efficiency remained poor.

Disclosure: No significant relationships.

RM010 / #116

Topic: *1. Clinical topics / 1.01 Cardiovascular*

RESEARCH MASTER CLASS
CARDIOMETABOLIC DISEASE
07-07-2021 5:30 PM - 7:00 PM

LIFESTYLE COUNSELLING – A LONG-TERM COMMITMENT BASED ON PARTNERSHIP

Lena Margaretha Loennberg, Mattias Damberg, Asa Revenas
Uppsala University, Centre For Clinical Research, Västerås, Sweden

Background and purpose: Counselling to promote healthier lifestyle habits for patients at high cardiovascular risk has been lifted during recent years, however, less is known on the participants experiences of lifestyle counselling in primary care. To enhance the care of patients at high cardiovascular risk and address their risk for future cardiovascular disease (CVD), we started a one-year, structured lifestyle program at a Swedish primary care unit. The purpose of the present study was to explore and describe core elements of lifestyle counselling as experienced by the participants in a one-year lifestyle counselling program.

Methods: A qualitative content analysis, with an inductive approach, was performed to describe participants experience of lifestyle counselling. Sixteen patients (eight men and eight women, aged 51-75 years) that participated in the program and three community health nurses (CHN) that provided the counselling, were interviewed.

Results: The results revealed five dimensions of lifestyle counselling contributing to describe the participants experiences of lifestyle counselling. These core elements were; collaboration, understanding of illness, goal setting, long-term support and a structure within the primary care unit that supports lifestyle counselling. The theme “Lifestyle counselling – a long-term commitment based on partnership” emphasised that lifestyle counselling encompassed a partnership based on an equal and mutual collaboration between patients and CHNs.

Conclusions: The informants declared that counselling had to be based on partnership based on mutual respect, recognising the patient as expert on his/ her current life situation and that both parties had to engage in the process of lifestyle change.

Disclosure: No significant relationships.

RM011 / #1430

RESEARCH MASTER CLASS
CARDIOMETABOLIC DISEASE
07-07-2021 5:30 PM - 7:00 PM

PRIMARY CARE MANAGEMENT OF PEOPLE WITH DIABETES WITH NEPHROPATHY and HF

Samuel Seidu
University of Leicester, Diabetes Research Centre, Leicester, United Kingdom

Heart failure (HF) together with type 2 diabetes (T2D) and chronic kidney disease (CKD) are major pandemics of the twenty first century. In a cohort of people with new onset HF, hospitalisations and deaths are high in patients with T2D or CKD, and worst in those with both comorbidities. Whilst outcomes have improved over time for patients with HF and comorbid T2D, similar trends were not seen in those with comorbid CKD. Strategies to prevent and manage CKD in people with HF are urgently needed. Focusing on the early identification and management of people with CKD in primary care therefore needs urgent attention.

Disclosure: Dr. Seidu reports personal fees from Amgen, personal fees from Astrazeneca, personal fees from NAPP, personal fees from Lilly, personal fees from Merck Sharp & Dohme, personal fees from Novartis, personal fees from Novo Nordisk, personal fees from Roche,

RM012 / #1427

RESEARCH MASTER CLASS
CARDIOMETABOLIC DISEASE
07-07-2021 5:30 PM - 7:00 PM

MANAGEMENT OF AF IN PC

Carline Jo Van Den Dries[1], Sander Van Doorn[1], Frans Rutten[1], Ruud Oudega[1], Sjef Van De Leur[2], Arif Elvan[3], Lisa Oude Grave[1], Henk J.G. Bilo[4], Karel G.M. Moons[1], Arno Hoes[1], Geert-Jan Geersing[1]
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Aims: To evaluate whether integrated care for atrial fibrillation (AF) can be safely orchestrated in primary care.

Methods and Results: The ALL-IN trial was a cluster randomised, open-label, pragmatic non-inferiority trial performed in primary care practices in the Netherlands. We randomised 26 practices: 15 to the integrated care intervention and 11 to usual care. The integrated care intervention consisted of (i) quarterly AF check-ups by trained nurses in primary care, also focusing on possibly interfering comorbidities, (ii) monitoring of anticoagulation therapy in primary care, and finally (iii) easy-access availability of consultations from cardiologists and anticoagulation clinics. The primary endpoint was all-cause mortality during 2 years of follow-up. In the intervention arm, 527 out of 941 eligible AF patients aged ≥ 65 years provided informed consent to undergo the intervention. These 527 patients were compared with 713 AF patients in the control arm receiving usual care. Median age was 77 (interquartile range 72-83) years. The all-cause mortality rate was 3.5 per 100 patient-years in the intervention arm versus 6.7 per 100 patient-years in the control arm (adjusted hazard ratio 0.55; 95% confidence interval (CI) 0.37 to 0.82). For non-cardiovascular mortality, the adjusted hazard ratio was 0.47 (95% CI 0.27 to 0.82). For other adverse events no statistically significant differences were observed.

Conclusion: In this cluster randomised trial, integrated care for elderly AF patients in primary care showed a 45% reduction in all-cause mortality when compared to usual care.

Disclosure: No significant relationships.

RM013 / #1382

RESEARCH MASTER CLASS
IMPACT OF COVID-19 ON RESPIRATORY DISEASES TREATMENT IN GENERAL PRACTICE
08-07-2021 5:30 PM - 7:00 PM

ASTHMA and COVID-19

Jaime Correia De Sousa
School of Medicine, University of Minho, Life and Health Sciences Research Institute (icvs), Braga, Portugal

This presentation will provide an update on:

Protection measures for people with asthma. What has been recommended; the impact of lockdown and physical distance on curbing down de pandemic. Have we neglected our asthma patients during the pandemic?

Asthma and COVID-19 risks: adequate asthma control as a means to minimise risk in case of Covid-19 infection. Promoting self-care and remote support to maintain asthma control.

Impact on services: use of remote consultations, diagnosis rates and accuracy. Remote consultations were needed to protect GP and patient during COVID. This will eventually change practice forever. What constitutes a 'remote respiratory consultation' and what does it look like now in your experience? When should it be safely done?

Anticipating return to a "new normal": how to prioritise asthma reviews. How to deal with patients who recovered from Covid 19.

Disclosure: No significant relationships.

RM014 / #1383

RESEARCH MASTER CLASS
IMPACT OF COVID-19 ON RESPIRATORY DISEASES TREATMENT IN GENERAL PRACTICE
08-07-2021 5:30 PM - 7:00 PM

COPD and COVID-19

Miguel Roman Rodriguez
IbSalut, University of Islas Baleares School of Medicine, Mallorca, Spain

Patients with chronic obstructive lung disease (COPD) as well as other chronic conditions have possibly suffered from a reduced follow up consultations in primary care and moreover they have possibly been at risk of developing severe outcomes of COVID-19. We will present the available evidence on this area and propose some possible solutions like remote consultations to improve COPD patients' management in times of pandemia.

Disclosure: I have received remuneration for educational or consultancy and my department has received research grants from different pharmaceutical companies during the last years

RM015 / #1384

RESEARCH MASTER CLASS
IMPACT OF COVID-19 ON RESPIRATORY DISEASES TREATMENT IN GENERAL PRACTICE
08-07-2021 5:30 PM - 7:00 PM

ANTIBIOTIC USE DURING COVID-19 PANDEMIC

Alike Van Der Velden
Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, Utrecht University, Utrecht, The Netherlands, Utrecht, Netherlands

Objectives

To assess the impact of the COVID-19 pandemic on: 1) Primary health care, including antibiotic prescribing, for patients contacting their GP with symptoms of a respiratory tract infection (RTI) in Europe; 2) Presentation for infectious diseases and antibiotic prescribing in the Netherlands.

Setting, design and participants

1) Prospective observational audit in primary care in 16 countries before (Jan-Feb) and early in the pandemic (March-May 2020); 2) Patients included in a routine health care database (March-May 2019 and March-May 2020).

Outcome measures

1) Various registered management characteristics and GPs' confidence in management; 2) Disease episodes and antibiotic prescribing for RTI/ear, urinary tract, gastrointestinal and skin infections. Differences between pandemic and pre-pandemic care are described.

Results

1) Patient management with respect to measurements, diagnostic testing, advice provided and referral varied considerably between countries, as did the proportion of patients prescribed antibiotics (Belgium 3%-UK 48%). Antibiotic prescribing was lower during the pandemic compared to the months before, except for Greece, Poland and UK. Antibiotic prescribing for patients suspected of COVID-19 was low. 2) Fewer episodes were observed in the first pandemic wave than in the same months in 2019 for all four infectious disease entities. The antibiotic prescription rate for RTI declined as well. There was no evidence of an increase in complications like pneumonia, mastoiditis and pyelonephritis.

Conclusions

The COVID-19 pandemic has had profound effects on the presentation of infectious disease episodes and antibiotic use. Despite large between-country variation in care, GPs reported a high degree of confidence in managing their patients with RTIs in the emerging pandemic.

Disclosure: No significant relationships.

RM017 / #1403

RESEARCH MASTER CLASS
RECENT ADVANCES IN EARLY DETECTION OF CANCER IN GENERAL PRACTICE
09-07-2021 10:30 AM - 12:00 PM

PREDICTION OF ALARM SYMPTOMS: WHAT DID THESE BRING US, HOW ARE THESE USED and WITH WHICH RESULTS

William Hamilton
University of Exter, Disco, EXETER, United Kingdom

Most patients with cancer present to primary care - even when there are strong cancer screening programmes. A large programme of research in the early 2000s identified - and quantified - the symptoms of cancer when presented to primary care. This was crucial, as almost all previous research had been reported from the secondary care, selected population. Thus we now know for all the major cancers what the main symptoms are - and what the risk is of there being a cancer when they report a symptom to primary care.

This knowledge allowed planning of services - in particular how many patients would be expected to need a referral, a chest X-ray, a colonoscopy, etc. It also allowed guidance to be prepared for GPs to help them select who should be investigated rapidly for possible cancer. In the UK, this led to the NICE guidance, NG12, in 2015.

Since the publication of NG12, and up until the COVID-19 pandemic, several markers of improved cancer diagnosis all showed improvements. The number of referrals for urgent investigation rose by about 10% each year, the time to diagnosis of symptoms newly introduced in NG12 fell, the stage of the cancer at diagnosis improved, and there was a fall in the percentage of patients being diagnosed after an emergency presentation. 5-year survival also continues to improve. Much of this improvement ceased with the pandemic.

In recent years further changes have been: a large RCT of electronic tools to identify patients with possible cancer in GP records, an estimate of the resource requirements needed should the UK move from a 3% risk of cancer being the threshold to trigger urgent investigation down to 2%, or even 1%. Finally, the health-economics of symptomatic diagnosis are beginning to be unravelled, as we become better at estimating the benefits of expedited diagnosis.

Disclosure: I offer consultancy to GRAIL Europe, who are studying Cell-free DNA tests in the US and UK

RM018 / #1405

RESEARCH MASTER CLASS
RECENT ADVANCES IN EARLY DETECTION OF CANCER IN GENERAL PRACTICE
09-07-2021 10:30 AM - 12:00 PM

ARTIFICIAL INTELLIGENCE TECHNIQUES TO FACILITATE THE EARLIER DIAGNOSIS OF CANCER IN GENERAL PRACTICE

Fiona Walter
Queen Mary University of London, Wolfson Institute of Preventive Medicine, London, United Kingdom

There is accumulating evidence that artificial intelligence (AI) can assist clinicians to make better clinical decisions, or even replace human judgement, in certain areas of healthcare. This is due to the increasing availability of healthcare data and rapid development of big data analytic methods. There has been increasing interest in the application of AI in medical diagnosis, including machine learning and automated analysis approaches. This talk will present results from two recent reviews. One examines the application of AI techniques to primary care electronic healthcare data. The second examines whether AI/machine learning algorithms which facilitate early detection of skin cancer are accurate and safe enough for use in community and primary care settings.

Disclosure: No significant relationships.

RM019 / #1406

RESEARCH MASTER CLASS
RECENT ADVANCES IN EARLY DETECTION OF CANCER IN GENERAL PRACTICE
09-07-2021 10:30 AM - 12:00 PM

WHAT'S IN THE NOTES? EARLY PREDICTION OF CANCER USING FREE TEXT IN ROUTINE PRIMARY CARE DATA

Henk Van Weert[1], Ameen Abu-Hanna[2], Niek De Wit[3], Torec Luik[2], Martijn Schut[2], Kristel Van Asselt[1], Miguel Rios Goana[2], Charles Helsper[3]
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What's in the notes? Early prediction of cancer using free text in routine primary care data

In the Netherlands about 80% of patients, presenting in general practice with symptoms, possibly indicative of cancer are referred to a specialist within two weeks. Previously, symptom analysis studies (Caper Cards) resulted in better understanding of the early detection of cancer by providing a numerical estimation for the prediction of a prevalent cancer. However, the detection of cancer in clinical practice has not sufficiently improved: of all patients with cancer, about 50% are diagnosed only at an advanced stage. General practitioners still diagnose cancer in roughly the same way as was done decades ago.

New roads have to be explored to improve the detection of cancer at an early stage. Promising development s are new bio-markers, emerging genetic panels, screening and innovative imaging techniques. However, these promising perspectives have not materialized yet.

Developments in artificial intelligence (AI), especially Natural Language Processing (NLP), might provide new possibilities. Although new, until now unknown, symptoms are unlikely to be discovered from the Electronic Patient Record (EPR), information residing in the clinical notes along with other structured data in the EPR could provide additional predictive value.

In order to explore this new pathway, we analysed the medical files of general practitioners of about 1.2 million patients originating from four academic general practice networks, spread over the Netherlands. We validated the cancer diagnoses, starting with lung cancer, by the Dutch cancer registration. We then used NLP together with statistical Machine learning prediction models in order to predict the risk of lung cancer 3 months before the referral was made. Today we present the results of this exciting exercise for the first time. We discuss briefly the used methodology and present the predictive performance in terms of discrimination, calibration and accuracy of the predicted probability and the meaning of these results for clinical practice.

On behalf of the AI-DOC team,

Henk van Weert

The AI-DOC team consists of

Ameen Abu-Hanna. Dpt. Medical informatics, Amsterdam UMC

Martijn Schut, Dpt. Medical informatics, Amsterdam UMC

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Henk van Weert, Dpt. General Practice, Amsterdam UMC

Disclosure: No significant relationships.

RM020 / #172

Topic: *2. Special groups of patients / 2.03 Elderly*

RESEARCH MASTER CLASS
TOWARDS PERSONALISED DIAGNOSTICS and CARE FOR PEOPLE WITH DEMENTIA
09-07-2021 4:00 PM - 5:30 PM

TOWARDS BETTER-TAILORED DIAGNOSTICS IN PATIENTS WITH MEMORY COMPLAINTS

Martine Petra Van Loon
Amsterdam UMC, Neurology/general Practition, Amsterdam, Netherlands

Background and purpose

Dementia is a diagnosis that can be made by a general practitioner. However, 60% of patients with memory complaints are diagnosed in a memory clinic. In the past few years, research in the field of dementia has focused on advanced and extensive diagnostic testing to determine a diagnosis as early as possible. It is unknown whether patients and informal caregivers benefit from extensive diagnostic testing in memory clinics, and what motives general practitioners have when referring such patients to secondary care. This study aims to explore general practitioners' considerations regarding referral of patients with memory complaints.

Methods

Between October 2020 and December 2020, Dutch general practitioners participated in semi-structured interviews. Interviews were audio-recorded, transcribed verbatim, and thematically analysed using MaxQDA software.

Results

Interviews with 11 general practitioners revealed multiple clusters of considerations: patient and caregiver related, healthcare system or organisational related, perspective of the general practitioner, diagnostic instruments, and care related considerations. Participants highlighted the importance of local agreements regarding diagnostic work-up and subsequent care in primary care. The local differences in agreements and the general practitioners' attitude towards the topic were amplifying factors that influenced their decision on referral. Furthermore, treatment and care after diagnosis were mentioned as important factors to consider.

Conclusion

General practitioners described a range of considerations and exposed a great heterogeneity in the implementation of the diagnostic and referral process in patients with memory complaints in primary care throughout the Netherlands.

Disclosure: No significant relationships.

RM021 / #374

Topic: *2. Special groups of patients / 2.03 Elderly*

RESEARCH MASTER CLASS
TOWARDS PERSONALISED DIAGNOSTICS and CARE FOR PEOPLE WITH DEMENTIA
09-07-2021 4:00 PM - 5:30 PM

NEEDS and VIEWS OF CHINESE OLDER ADULTS ON HEALTHY LIFESTYLES FOR THE PREVENTION OF DEMENTIA: A QUALITATIVE STUDY.

Jinxia Zhang[1], Esmé Eggink[2], Xiaoyu Zhang[1], Xingming Li[3], Bin Jiang[4], Hongmei Liu[4], Siqi Ge[4], Wei Zhang[5], Jihui Lyu[6], Yixuan Niu[7], Yueyi Yu[8], Haifeng Hou[9,10], Xizhu Xu[10], Xiaoyan Ye[11], Wenzhi Wang[4], Ruben Terlou[12], Edo Richard[13,14], Wei Wang[1,9,10], Youxin Wang[1,9], Eric P Moll Van Charante[2,15], Manshu Song[1,9]
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Background and purpose China is expected to face an enormous increase of people with dementia. Approximately 40% of all dementia cases might be attributable to potentially modifiable risk factors, suggesting the potential to delay or prevent dementia when targeting these risk factors. In this qualitative study, we aim to explore the experiences, needs and views of older Chinese adults regarding healthy lifestyles for the prevention of dementia, facilitating development of a coach-supported mobile health (mHealth) platform in the Prevention of Dementia using Mobile Phone Applications (PRODEMOS)-study.

Methods Eligibility criteria were an age >55, increased dementia risk without a diagnosis of dementia, and possession of a smartphone. Semi-structured interviews were performed by nine Chinese researchers. Data were analysed through thematic analysis.

Results We performed 26 interviews with participants from Beijing and Tai'an, aged 55-86 years. We identified three main themes: 'valuing a healthy lifestyle', 'sociocultural expectations', and 'need for guidance'. First, a healthy lifestyle was deemed important. Participants had tried to change their behaviour using both generic and specific Chinese approaches. Second, an important motive to stay healthy was to limit the burden put on family members. Paradoxically, time-consuming family and other social obligations could also impede healthy behaviours. Finally, participants expressed a need for reliable and personalised lifestyle support from a health professional.

Conclusions In spite of their clear appreciation of healthy lifestyles, Chinese older adults express a need for personalised lifestyle support. The PRODEMOS mHealth platform was adapted to meet these needs. Efficacy and implementation will be tested in a trial that is currently ongoing.

Disclosure: No significant relationships.

RM022 / #769

Topic: *2. Special groups of patients / 2.03 Elderly*

RESEARCH MASTER CLASS
TOWARDS PERSONALISED DIAGNOSTICS and CARE FOR PEOPLE WITH DEMENTIA
09-07-2021 4:00 PM - 5:30 PM

DELIVERING PERSONALISED CARE TO PEOPLE LIVING WITH DEMENTIA and THEIR FAMILIES: A NEW INTERVENTION FOR PRIMARY CARE

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Background and purpose
Despite national and international emphasis on dementia strategies and guidelines, post-diagnostic support for people living with dementia in the UK remains highly variable. The aim of the PriDem project is to develop and test a new intervention for people with dementia and their families informed by existing literature and examples of good practice in England.

Methods
We reviewed existing literature, interviewed commissioners and service managers, and conducted case studies of six services providing unique approaches to post-diagnostic support for dementia. Findings suggested that there was no single model which addressed all aspects of post-diagnostic support. Ideas for intervention were iteratively developed using the theory of change with our programme management group and our mixed stakeholder panel (the Dementia Care Community). A series of eight virtual task groups, involving all stakeholders, then critically reviewed the intervention and advised on implementation.

Results
Our complex intervention will focus on three main areas: developing systems, delivering tailored support and building capacity. Delivery of the intervention will be led/facilitated by a clinical dementia expert based in a primary care network. Resources to support implementation include a detailed list of components of post-diagnostic support (and examples of how these have been delivered successfully); example templates for annual review and care planning; and strategies for addressing potential barriers to implementation.

Conclusions
Delivering personalised post-diagnostic support for people living with dementia and their families requires a multifaceted and comprehensive approach. The intervention will now be tested to explore its feasibility and acceptability.

Disclosure: No significant relationships.

RM023 / #1288

Topic: *2. Special groups of patients / 2.03 Elderly*

RESEARCH MASTER CLASS
TOWARDS PERSONALISED DIAGNOSTICS and CARE FOR PEOPLE WITH DEMENTIA
09-07-2021 4:00 PM - 5:30 PM

WHAT CIRCUMSTANCES CONTRIBUTE TO OR HAMPER LIVING AT HOME UNTIL THE END OF LIFE WITH SEVERE DEMENTIA?

Iris Van Der Heide[1], Loes Louise Marianne De Jong[1], Susanne Van Den Buuse[2], Anneke Francke[1]
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Background and purpose: Although people with dementia often prefer to live at home until the end of life, they often die in a nursing home. The aim our study was to obtain insight into circumstances that contribute to or hamper living at home until the end of life with advanced dementia.

Methods: Qualitative interviews were done with family caregivers, general practitioners (GPs) and case managers. The interviewees were involved in cases of persons with severe dementia that preferred to live at home until the end of life. We included both cases in which it was realized to remain at home and cases in which the person with dementia eventually moved to a nursing home.

Results: The interviews indicate that cases in which a person with dementia lived at home until the end of life are characterized by a committed family caregiver as well as the involvement of a case manager or a GP. The interviewees expressed that support from other family members or friends, neighbors, volunteers and respite care contribute to maintaining care at home. However, dropout of the primary family caregiver and a strong physical or mental decline of the person with dementia were mentioned as reasons for admission in a nursing home.

Conclusions: Available support of a family caregiver, of the broader social network and of professionals contributes to remaining at home until the end of life. When any of these three types of support are not available, remaining at home until death is complex to achieve.

Disclosure: No significant relationships.

RM024 / #1397

RESEARCH MASTER CLASS
GP HEALTH and PROFESSIONAL HEALTH
09-07-2021 6:00 PM - 7:30 PM

POSITIVE FACTORS GIVING GENERAL PRACTITIONERS JOB SATISFACTION and MAKING GENERAL PRACTICE A REWARDING CAREER? A EGPRN MULTICENTRIC QUALITATIVE RESEARCH

Robert Daniel Hoffman[1], Bernard Le Floch[2], Hilde Bastiaens[3], Jean Yves Le Reste[2], Heidrun Lingner[4], Slawomir Czachowski[5], Radost Assenova[6], Tuomas Koskela[7], Agnieszka Sowinska[8], Patrice Nabbe[2], Zalika Klemenc Ketiš[9], Tristan Montier[2], Lieve Peremans[3]
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Background: General Practice (GP) seems to be perceived as less attractive throughout Europe. Most of the policies on the subject focused on negative factors. An EGPRN research team from eight participating countries was created in order to clarify the positive factors involved in appeal to the profession and staying in clinical work as a GP throughout Europe. The objective was to explore the positive factors supporting the satisfaction of General Practitioners (GPs) in clinical practice

throughout Europe.

Method: Qualitative study, employing face-to-face interviews and focus groups using a phenomenological approach. The setting was primary care in eight European countries: France, Belgium, Germany, Slovenia, Bulgaria,

Finland, Poland and Israel. A thematic qualitative analysis was performed following the process described by Braun and Clarke. Codebooks were generated in each country. After translation and back translation of these codebooks, the team clarified and compared the codes and constructed one international codebook used for further coding.

Results: A purposive sample of 183 GPs, providing primary care to patients in their daily clinical practice, was interviewed across eight countries. The international codebook included 31 interpretative codes and six themes.

Five positive themes were common among all the countries involved across Europe: the GP as a person, special skills needed in practice, doctor-patient relationship, freedom in the practice and supportive factors for work-life

balance.

Conclusion: This study identified positive factors which give GPs job satisfaction in their clinical practice. This description focused on the human needs of a GP. They need to have freedom to choose their working

environment and to organize their practice to suit themselves. In addition, they need to have access to professional education so they can develop specific skills for General Practice, and also strengthen doctor-patient relationships.

Stakeholders should consider these factors when seeking to increase the GP workforce.

Disclosure: No significant relationships.

RM025 / #1398

RESEARCH MASTER CLASS
GP HEALTH and PROFESSIONAL HEALTH
09-07-2021 6:00 PM - 7:30 PM

TAKING CARE OF OURSELVES: EDUCTIONAL INTERVENTION ON PERSONAL SKILLS OF FAMILY MEDICINE and COMMUNITY NURSES TRAINEES

Ana Clavería[1], Sabela Couso-Viana[1], Ángela Asensio-Martínez[2], Cruz Bartolomé-Moreno[2], Macarena Chacón-Docampo[3], Bárbara Muslak[4]
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OBJECTIVES:

To evaluate the effectiveness of an educational intervention in residents of Family Medicine and Community Care (physicians and nurses) to improve empathy. The intervention was designed to acquire or improve personal skills mediating in the processes of physical and mental well-being that could have an influence on burnout and, conversely, on empathy.

METHODOLOGY:

Experimental intervention study during specialized training for residents of Multiprofessional Teaching Unit (UDM), from two Spanish Health Regions, promotions 2020, 2021 and 2022, family physicians and community nurses.

The controls will be their peers of the UDM from a different Health Region. All residents of these promotions who want to participate in the study will be recruited.

The specifically planned training intervention consists of 3 annual face-to-face workshops per promotion vs online training vs control group (expected Face-to-face 90/ Online 70/ Control 180). REDCap (Research Electronic Data Capture) will be used for data management.

The main result will be the variation in level of self-perceived empathy measured by Interpersonal Reactivity Index (IRI), as well as the difference in burnout measured by the Copenhagen questionnaire (CBI). The secondary outcomes will be: locus of control, resilience (Connor-Davidson), Orientation to Life Questionnaire (OLQ-13), social support (Oslo-3) and its influence on burnout, adjusted for age, sex, personality (TIPISP v2), Hospital Anxiety and Depression Scale (HADS) and other organizational factors.

For statistical analysis, GLM and GAM models will be used.

DISCUSSION

Our troubles with recruitment and Covid-19 pandemic will be discussed. Any help to overcome them will be welcomed.

Disclosure: No significant relationships.

RM026 / #1399

RESEARCH MASTER CLASS
GP HEALTH and PROFESSIONAL HEALTH
09-07-2021 6:00 PM - 7:30 PM

HEALTH-RELATED BEHAVIOURS and PERCEPTIONS AMONG PHYSICIANS: RESULTS FROM A CROSS-SECTIONAL STUDY IN ISRAEL

Lilach Malatskey[1], Rachel Wilf Miron[2], Malke Borow[2]
[1]Israel Medical Association, Forum For Physician's Health and Wellbeing, Ramat Gan, Israel, [2]Israel Medical Association, Forum For Physician's Health and Wellbeing, Zichron, Israel

In 2015, the IMA surveyed Israeli physicians regarding health practices and status, since it is well known that physicians who practice a healthy lifestyle will be healthier and more likely to promote healthy behavior to their patients.
The survey was sent to 25,000 physicians; 4,832 responded.

The survey revealed that most Israeli physicians do not practice a healthy lifestyle. Over one-third of respondents noted exercising fewer than 150 minutes a week. Only half eat breakfast or sit down to lunch. Only one-third eat a Mediterranean diet, drink enough water, and eat five pieces of fruit and vegetables daily. Less than half had normal BMI. 8.5% of respondents were smokers, lower than the Israeli general population but higher than rates of physicians who smoke in America (4%) and Canada (3.3%).

In light of the results, the IMA established a Forum of experts to facilitate change in physicians' health behaviors. The group was divided into teams, each focusing on a separate issue: exercise, burnout and stress, nutrition, smoking, personal care, and raising awareness. The workgroup formulated practical ideas, some of which have already been implemented.

Conclusion: Most Israeli physicians do not practice a healthy lifestyle.

The innovative activities of The Israeli forum for physician's health and wellbeing are showing a promising move towards improving the health status of Israeli physicians.

Disclosure: No significant relationships.

RM027 / #1400

RESEARCH MASTER CLASS
GP HEALTH and PROFESSIONAL HEALTH
09-07-2021 6:00 PM - 7:30 PM

GP EMPOWERMENT FOR EARLY CANCER DIAGNOSIS: A EUROPEAN MULTICENTRE DELPHI STUDY BY THE ÖRENÄS RESEARCH GROUP

George Tzanis[1], Emmanouil Smyrnakis[1], Mette Brekke[2], Micheal Harris[3]
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How Empowerment Contributes to GP's Health and Well-Being. What we Learned by a European Multicentre Delphi Study.

Previous studies have demonstrated a positive relationship between empowerment and job satisfaction. Moreover, the job satisfaction level is a vital factor concerning workers' health and is most strongly related to mental and psychological health conditions, such as burnout, self-esteem, depression, and anxiety.

This study examines the factors contributing to GPs' health and well-being by empowering them in their clinical practice. We focus on a European multicentre Delphi study conducted to identify the factors that affect GPs in making a timely diagnosis of cancer in their patients.

The Delphi process, which included three rounds, allowed us to construct an anonymous panel of geographically distant European GPs from 21 European countries-members of the Örenäs Research Group. Panellists assessed the clinical relevance in a Primary Health Care setting of each of the 52 factors we had given them using a 9-point Likert scale. Finally, 53 panellists (78%) of the 68 who took part in the first round completed all three Delphi rounds. The result was a list of 12 factors that satisfied the selection criteria at the end of the third round. The majority of the selected factors were related to communication with secondary health care, working conditions (workload, bureaucracy), and established healthcare procedures, such as rapid access pathways and screening programmes.

We expect that the outcomes of this study will identify priorities and specific actions to help increase GPs' empowerment in their clinical practice and contribute to GPs' health and well-being primarily as a consequence of improved performance and greater job satisfaction.

Disclosure: No significant relationships.

RM028 / #1328

Topic: *4. Education / 4.03 Professional education and development*

RESEARCH MASTER CLASS
GP HEALTH and PROFESSIONAL HEALTH
09-07-2021 6:00 PM - 7:30 PM

COPING WITH COVID: MAINTAINING HEALTH and WELLBEING OF FAMILY DOCTORS IN EUROPE

Andree Rochfort[1,2], Claire Collins[1]
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Background:

2020-2021 brought a rapid escalation in the rate of change in workload and work practices for family physicians (FPs) and general practitioners (GPs) across Europe because of a pandemic. Changes in communication, lack of face-to-face care and less continuity brings more uncertainty to the work of a GP practice team. Challenges arise from coordination of care, access to services and the need to maintain trust with patients and colleagues.

Aim and learning objectives:

During this presentation, the findings from a survey carried out in June and July 2021 will be announced. This survey was a scoping exercise on the trends in sources of stress in family practice before and during the pandemic.

We hope to start a discussion on supports and innovations of WONCA Europe Member Organisations for the benefit of GPs / FPs during the pandemic in 2020-21.

Methods

The survey was distributed by the WONCA Europe Executive Board to networks, special interest groups and member organisations in the WONCA Europe region in June 2021.

The survey asks about current levels of perceived stress among doctors in family practice, and whether this stress level has changed from pre-COVID-19 times. The survey also asks for the main source of stress in family practice at this time and seeks an indication of which sources of stress have increased, decreased or remained the same comparing June/July 2021 with pre-pandemic times. Survey respondents will identify their main sources of support from a range of options.

(Proposed) Results / Conclusions

The results of this scoping survey will identify a range of current practical actions/activities to promote healthy workplace environments and educational resources for building resilient family medicine practices. Attention is needed for planning future supports to manage stress in family practice and to help maintain family doctors health and wellbeing.

Disclosure: No significant relationships.

WONCA Open Meeting

WM001 / #1467

WONCA EUROPE OPEN MEETING
09-07-2021 4:00 PM - 5:30 PM

DIGITAL REMOTE CARE IN THE CONTEXT OF QUALITY and SAFETY

Zalika Klemenc Ketiš
Ljubljana Community Health Centre, Irroz, Ljubljana, Slovenia

The COVID-19 pandemic forced primary care practices to accommodate digital remote care in order to make healthcare services available to the population. Reports showed that the first months after the start of the pandemic were 140 times higher compared to pre-pandemic visits.

There are many quality and safety issues with that kind of care. I would like to point out one: that is inverse care. The inverse care law states that the availability of good medical care tends to vary inversely with the need of the population served. This is becoming an issue also with digital remote care. Young and technically skilled people use digital remote care more and more often, usually for self-limiting problems, anytime day or night. Family physicians use more and more time to cope with their demands, are at risk of overlooking a serious problem and of providing overtreatment. On the other hand, less time is available for elderly and chronic patients, which can lead to foregone care and undertreatment. If I'm exaggerating a little; there is a danger that health care will be given to those who send a lot of emails and not to those that really need it.

Now, after more than one year of the pandemic, it is becoming clear that digital remote care will stay in our practices even after the pandemic will be over. It is our responsibility to provide evidence about patients' access, quality of the services provided, clinical outcomes, the effectiveness of the care, and patients' and providers' expectations and experiences. We need to develop new models of care with clearly defined situations that can be managed remotely, but would still follow six main quality domains: safety, timeliness, effectiveness, efficiency, equity, and patient-centredness.

Disclosure: No significant relationships.

WM002 / #1468

WONCA EUROPE OPEN MEETING
09-07-2021 4:00 PM - 5:30 PM

HOW VDGM HAS ADAPTED and GROWN THROUGH THE PANDEMIC

Nicholas Mamo
Vasco da Gama Movement, Wonca Europe, Glasgow, United Kingdom

As part of the WONCA Europe Open Session, Nick will speak about how VdGM has adapted and grown through the COVID pandemic.

Disclosure: No significant relationships.

WM003 / #1469

WONCA EUROPE OPEN MEETING
09-07-2021 4:00 PM - 5:30 PM

GP/FM EDUCATION IN/AFTER THE PANDEMIC

Nele R. Michels
EURACT & University Antwerp, Center For General Practice, Faculty of Medicine and Health Sciences, Antwerpen, Belgium

The health care system and its patients deserve a strong and well-trained GP/FM workforce. The pandemic is weighing heavily on this workforce and their training. At all educational levels (BME, ST, CME), challenges arose.

Clearly, education must be better prepared for a pandemic, both as regards required competences and as regards learning- and assessment methods. People need to stay in touch with peers, teachers and trainers. Attention should be paid to the feeling of being overburdened. Trainees should be encouraged to take responsibility for learning processes. Finally, much attention must be paid to job satisfaction and well-being.

But no challenges without opportunities. Learning new competencies should be encouraged, e.g. pandemic-related competencies, organizational skills and teleconsulting. The development of a toolbox for learning/evaluation with new and creative tools can lead to revised curricula to prepare young GPs for a new future. Networks and collaborations should be broadened, so trainees and trainers feel to be supported. This empowerment makes people taking control of their own growth. Collaboration with public health and secondary care in training situations should be strengthened. Finally, the power of a strong learning environment with caring networks, a place for vulnerability and humanity is confirmed.

Despite this crisis, insights have been gained and the entire education system learns from the necessary changes. Attention to good practices will enable (European) countries to support each other. We must believe in new opportunities so that our current educational practices improve, our GP/FM workforce becomes stronger and patients get the care they deserve.

Disclosure: No significant relationships.

WM004 / #1470

WONCA EUROPE OPEN MEETING
09-07-2021 4:00 PM - 5:30 PM

GP/FM RESEARCH DURING/AFTER THE COVID-19 PANDEMIC

Davorina Petek
University of Ljubljana, Faculty of Medicine, Ljubljana, Slovenia

Protecting human health in pandemics required rapid scientific responses to many research questions. Principles of open science have proven important for a higher quality of research. EGPRN facilitated collaboration in research by its networking capacities.

Disclosure: No significant relationships.

Special Interest

SI001 / #647

Topic: *4. Education / 4.03 Professional education and development*

SPECIAL INTEREST SESSION ORGANISED BY THE VASCO DA GAMA MOVEMENT I
07-07-2021 10:30 AM - 12:00 PM

VASCO DA GAMA MOVEMENT EXCHANGE WORKSHOP: AWARD WINNERS PRESENTATIONS

Rianne Van Vliet[1], Rocío García-Gutiérrez Gómez[2], Rabee Kazan[3], Marta Kurdzielewicz-Roszkowska[4], Nicholas Mamo[5]
[1]VVR Waarnemend Huisarts, Family Medicine, The Hague, Netherlands, [2]semFYC, Vdgm, Madrid, Spain, [3]Mutua Terrasa, Cap Terrassa, barcelona, Spain, [4]Praktyka Lekarzy Rodzinnych, General Practice, Wrocław, Poland, [5]Vasco da Gama Movement, Wonca Europe, Glasgow, United Kingdom

With the Hippokrates Exchange Program and the Family Medicine 360 Program (FM360), Vasco da Gama Movement offers an unique exchange programme to have insight in Global Primary Care. The Hippokrates Exchange program offers an exchange in a European participating country, where FM360 offers global exchanges in partnership with WONCA and other YDMs. Yearly, VdGM and EURIPA awards the best Exchanges.

Aim and Learning objectives: Present the experiences of the awards winners of the VdGM Exchange Awards 2020 and 2021.

Methods: We will have experiences from award winners the new FM360 Exchange Prizes, attended by young doctors.

Results and Conclusions: VdGM Exchange Program is built on the cooperation of young family doctors around the world. By showing their experiences, we would like to promote intercultural dialogue. We wish to encourage primary care doctors to participate in these cultural encounters, not just by being a visitor, but also becoming a host or supporting this program in other ways.

Disclosure: No significant relationships.

SI002 / #646

Topic: *4. Education / 4.05 Team work and collaboration*

SPECIAL INTEREST SESSION ORGANISED BY THE VASCO DA GAMA MOVEMENT I
07-07-2021 10:30 AM - 12:00 PM

VASCO DA GAMA MOVEMENT EXCHANGE WORKSHOP: PRIMARY CARE EXPERIENCES AROUND THE WORLD. EXCHANGES DURING COVID-19. ADAPTING TO A NEW ERA

Rianne van Vliet[1], Rabee Kazan[2], Rocío García-Gutiérrez Gómez[3]

[1]VVR Waarnemend Huisarts, Family Medicine, The Hague, Netherlands, [2]Mutua Terrasa, CAP Terrassa, Barcelona, Spain, 3semFYC, VdGM, Madrid, Spain

Background: Background: One of the most well-known activities promoted by Vasco da Gama Movement. The Hippokrates Exchange program offers an exchange in a European participating country. In partnership with WONCA and other YDMs, VdGM participates in global exchanges through the FM360 Program. Both are unique opportunities to have an insight of a Global Primary Care. Additionally, shorter conference exchanges have been organised alongside Primary Care National Conferences, known as conference exchanges. Since COVID-19 we are obligated to connect in virtual ways.

Aim and Learning objectives: Present the opportunities for exchanges offered by VdGM-WONCA. Explain how the pandemic affected our programme. Focus on our new projects and future plans for exchanges, taking the pandemic in account. Discuss about extending our network and possibilities.

Methods: Introduction, explanation and application procedures will be presented by the VdGM and FM30 Exchange Coordinators. In working groups, we share the (COVID-19) work experiences. We discuss ideas, benefits, improvements and challenges of our exchange program, in order to improve future exchanges during the pandemia and post-pandemia.

Results and Conclusions: VdGM Exchange Program is built on the cooperation of young family doctors around the world. By promoting intercultural dialogue, we wish to encourage doctors to experience (COVID-19) primary care in other cultures, not just by being a (virtual) visitor, but also becoming a (virtual) host or supporting this program in other ways. We gather new ideas for further improvement, during and after the pandemic. So, we still keep strong together.

Disclosure: No significant relationships.

SI003 / #1352

Topic: *5. Research and innovation / 5.08 Others*

SPECIAL INTEREST SESSION ORGANISED BY WONCA WG ON FAMILY VIOLENCE
07-07-2021 5:30 PM - 7:00 PM

ARE WE NEGLECTING ELDER ABUSE and NEGLECT VICTIMS?

Hagit Dascal-Weichhendler[1,2], Raquel Gomez Bravo[3], Nena Kopčavar Guček[4], Lodewijk Pas[5], Shelly Rothschild[1,2]
[1]Technion - Israel Institute of Technology, Family Medicine, Haifa, Israel, [2]Clalit Health Services, Family Medicine, Haifa, Israel, [3]University of Luxemburg. Research Group Self-Regulation and Health Institute for Health Behaviour, Department of Behavioural and Cognitive Sciences, LUXEMBOURG, Luxembourg, [4]Madical Faculty, University of Ljubljana, Slovenia, Department of Family Medicine, Ljubljana, Slovenia, [5]Academic Center General Practice Ku Leuven, Public Health, Ku Leuven, Leuven, Belgium

Background:

Elder abuse and neglect (EAN) is a common and growing problem. Unfortunately it can easily remain undiagnosed, specifically in difficult times such as during the COVID-19 pandemic. According to the WHO every year 1 in 6 elders suffers from some kind of maltreatment; it is estimated that EAN affects 4 million older people in Europe anually. There are several forms of EAN: physical, sexual or psychological maltreatment, as well as financial exploitation, neglect and abandonment. EAN affects morbidity, mortality as well as wellbeing of the victim. The primary health care team is strategically placed in a position which enables recognition of EAN and action. These important tasks require knowledge and skills, multi-disciplinary collaboration and a bio-psychosocial approach. Ethical and legal issues should also be addressed.

Aims and learning objectives: In our workshop we wish to raise awareness and provide some practical tools. Learning objectives are: 1. Recognizing what is EAN and it's prevalence 2. Recognizing EAN'S clinical presentations 3. How to approach a case of EAN in practice

Methods and timetable: Following a short background presentation (15 min) we will work in small virtual groups analyzing cases of EAN (15 min). Upon return to the plenary highlights from group discussions will be presented and discussed (15 min).

Conclusions:

Participants are expected to gain Increased awareness and knowledge regarding elder abuse and approach to care of victims in primary care.

Disclosure: No significant relationships.

SI004 / #1353

Topic: *5. Research and innovation / 5.08 Others*

SPECIAL INTEREST SESSION ORGANISED BY WONCA WG ON FAMILY VIOLENCE
07-07-2021 5:30 PM - 7:00 PM

WHY WON´T THEY LEAVE? HOW CAN WE HELP?

Nena Kopčavar Guček[1], Hagit Dascal-Weichhendler[2,3], Raquel Gomez Bravo[4], Lodewijk Pas[5]
[1]Madical Faculty, University of Ljubljana, Slovenia, Department of Family Medicine, Ljubljana, Slovenia, [2]Technion - Israel Institute of Technology, Family Medicine, Haifa, Israel, [3]Clalit Health Services, Family Medicine, Haifa, Israel, [4]University of Luxemburg. Research Group Self-Regulation and Health Institute for Health Behaviour, Department of Behavioural and Cognitive Sciences, LUXEMBOURG, Luxembourg, [5]Academic Center General Practice Ku Leuven, Public Health, Ku Leuven, Leuven, Belgium

BACKGROUND

Spontaneous disclosure of survivors of initimate partner violence (IPV) in family practices is extremely rare. In spite of frequent contacts with healthcare system, 20 to 70% of victims never raise the topic of violence when talking to their healthcare professionals, unless specifically asked. According to international recommendations, identifying victims and perpetrators of IPV should take place in primary healthcare. Evidence shows, that the victims would disclose to their family doctor, if asked in the proper manner. Several barriers on both sides, the doctors´ and the survivors´, prevent the violence from being identified and adressed effectively.

AIMS and LEARNING OBJECTIVES

Facilitating disclosure as an important element in treating violence will be presented.

The aim of the workshop is to address communication skills in the approach to the patients affected by IPV (e.g. 'LIVES'- Listen better to survivors, Inquire specificall, Validate emotion and suffering, show Empathy and Empower, asses and plan for Safety).

The participants will acquire a practical tool to use in the communication with survivors of IPV.

METHODS and TIMETABLE

The following methods will be implemented: a short plenary presentation (10 min), clinical case discussion, partly in small groups (25min). By returning to plenary, we will highliht the dilemmas in talking to survivors of violence. (10min).

CONCLUSIONS

Take-home messages, including practical tools for dealing with IPV in primary care, will be presented in conclusion of the workshop.

Disclosure: No significant relationships.

SI005 / #1356

Topic: *5. Research and innovation / 5.08 Others*

SPECIAL INTEREST SESSION ORGANISED BY WONCA WP E-HEALTH
08-07-2021 2:00 PM - 3:30 PM

DIGITAL INNOVATIONS IN PRIMARY HEALTH CARE TO SUPPORT THE MOST VULNERABLE POPULATIONS

Steven Van De Vijver
Amsterdam University Medical Center, Global Health, Amsterdam, Netherlands

Background: in the last decade, and especially in the last year, the use of digital technology has become widespread in all parts of the world with a great potential to increase access and quality to health. However, digitalization and technology are prone to stimulate inequality in various sectors, including health care, due to lack of information and ways to participate often for the most vulnerable group. Both trends of digitalisation of health care and inequality of care have been further increased due to the current epidemic of COVID.

Aim and learning objectives: in the workshop we will share and evaluate successful digital innovations in health care in various settings and explore how this has affected the most vulnerable in the population. We would like to understand the successes and barriers to reaching the most deprived in society in digital health initiatives.

Methods and timetable: members of the WONCA Working Group on E-Health will share their experiences of digital innovations within their practice or region. Several examples will be given through a 10 minute presentation. Afterwards a group discussion will take place when ideas and insights will be exchanged.

(Proposed) Results / Conclusions: To gather insights and advices for the design and implementation of digital innovations in primary care in order that the most vulnerable of the population benefit as well.

Disclosure: No significant relationships.

SI006 / #422

Topic: *3. Overarching topics / 3.01 Personalised care*

SPECIAL INTEREST SESSION ORGANISED BY EUROPREV
08-07-2021 5:30 PM - 7:00 PM

DESIGNING PERSONALISED CARE WITH POSITIVE HEALTH IN FAMILY MEDICINE and GENERAL PRACTICE

Karolien Van Den Brekel-Dijkstra[1], Machteld Huber[2], Hans Peter Jung[2], Carlos Martins[3], Ton Drenthen[4]
[1]Julius Health Center Utrecht and Institute of Positive Health, General Practice, Utrecht, Netherlands, [2]Institute of Positive Health, Academy, Utrecht, Netherlands, [3]Faculty of Medicine, University of Porto, Department of Community Medicine, Information and Health Decision Sciences, Porto, Portugal, [4]Dutch College of GPs (NHG), Implementation, Utrecht, Netherlands

Background

Health problems and poor lifestyle habits often have a multidimensional background. Positive Health - health as the ability to adapt and to self-manage, in the face of social, physical and emotional challenges, elaborated into six domains - is a new concept of health with an easy to use tool, to practise person centred care.

Aim is to inspire colleague GP's to apply person centred care into practice with Positive Health.

Learning objectives

After this keynote lecture (or workshop) the participant:

-Knows how a new concept of Health developed and elaborated in the Netherlands with a practical tool to use in daily GP practice.

-Knows the results of the research and added value for the GP and the patient with "more time for the patient" for a "different personalised consultation".

-Experienced what Positive Health means for themselves and will learn about results and lessons learned in the Netherlands in consultations with a patient, in implementation in the GP practice, in the collaboration in community and in regional networks.

-Learned how Positive Health is now part of national policy and education of the future professionals in the Netherlands and is upscaled in (inter)national fieldlabs.

Methods and timetable

15 minutes: Background and introduction

45-60 minutes: In subgroups will Positive Health be experienced for themselves, and their practices. Summary and definition of take home messages

Results / Conclusion

Insight into the possibilities of a new concept of Positive Health for themselves, their community, region and country. Barriers, success factors and lessons learned will be shared.

Disclosure: Dr van den Brekel-Dijkstra, Huber and Jung are advisors or ambassador of Institute of Positive Health

SI007 / #1354

Topic: *5. Research and innovation / 5.08 Others*

SPECIAL INTEREST SESSION ORGANISED BY EURACT I
09-07-2021 10:30 AM - 12:00 PM

AN OVERVIEW OF DUTCH EDUCATIONAL RESEARCH IN PRIMARY CARE

Anneke Kramer[1], Nynke Scherpbier[2], Roger Damoiseaux[3]
[1]Leiden umc, Public Health and Primary Care, Leiden, Netherlands, [2]Radboud University Medical Center, Department of Primary and Community Care, Nijmegen, Netherlands, [3]Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, Utrecht University, Utrecht, The Netherlands, Utrecht, Netherlands

Background

Evidence based medicine is the corner stone of our medical practice: based on evidence we weigh decisions in collaboration with the patient considering the context and our experience as a contributing factor. We see a parallel with medical education. It is important to use and develop a scientific base for our medical education as a starting point for further development fed by local context and experience. By doing so we improve medical education and thus health care.

This workshop is developed in close relation with the workshop next to this workshop, entitled ‘Evidence-based education for primary care: what is going on in Europe? An excellent networking opportunity for educational research!’. The aim of that workshop is to give an overview of prevailing European educational research themes and the opportunity for networking around these themes. Our advice is to participate in both workshops. It is an excellent chance to broaden the scientific dialogue and your network.

Aim and learning objectives

To get an overview of the current Dutch educational research into Postgraduate Training for General Practice

A further deepening of one of the three themes: EBM-education, Interprofessional education and Assessment/Entrustment

Per theme: to discuss the problem, the evidence and the implications for practice and further research

Methods and timetable

10 min: a short overview of Dutch educational research (plenary)

65 min: three breakout session on one of the three themes (each theme 65 min)

10 min: what problems and questions do we face? (presentation)

15 min: what evidence is available? (presentation)

15 min: what does this mean for the educational practice? (discussion)

15 min: what are the implications for future research? (discussion)

10 min: lessons for the plenary

15 min: plenary wrap up

Expected Results / Conclusions

Participants interested in educational research will have more insight in the evidence around EBM- education, Interprofessional education and Assessment/Entrustment and have experienced how this evidence can inform educational practice.

Disclosure: No significant relationships.

SI008 / #1355

Topic: *5. Research and innovation / 5.08 Others*

SPECIAL INTEREST SESSION ORGANISED BY EURACT II
09-07-2021 1:00 PM - 2:30 PM

EVIDENCE-BASED EDUCATION FOR PRIMARY CARE: WHAT IS GOING ON IN EUROPE?

Nynke Scherpbier[1], Martine Granek-Catarivas[2], Anne Simmenroth[3], Alex Harding[4], Nele R. Michels[5]
[1]Radboud University Medical Center, Department of Primary and Community Care, Nijmegen, Netherlands, [2]Clalit Health Care, Tel-Aviv University, Department of Family Medicine, Tel Aviv, Israel, [3]University Medical Centre Würzburg, Department of Family Medicine, Würzburg, Germany, [4]University of Exeter, College of Medicine and Health, Apex Department of General Practice, Exeter, United Kingdom, [5]University of Antwerp, Centre For General Practice & Skills Lab, Department Eliza Faculty of Medicine and Health Sciences, Antwerp, Belgium

Background

Evidence based medicine is the corner stone of our medical and diagnostic practice: based on evidence we weigh decisions in collaboration with the patient taking into account the context and also our experience as a contributing factor. We see a parallel with medical education. It is important to use and develop a scientific base for our medical education as a starting point for further development fed by local context and experience.

EURACT council members have made an overview of prevailing research topics in GP/FM education all over Europe.

This EURACT-workshop is developed in close relation with the workshop entitled The relevance of evidence-based education for primary care, where an overview of educational research within the Netherlands will be given. It is not necessary to participate in that workshop beforehand, but it may give the opportunity to deepen your output.

Aim and learning objectives

After the workshop the participant will know the current educational research activity in GP/FM in Europe, and even has new contacts for educational research networking.

Methods and timetable

10 min: a short overview of themes prevailing in ongoing educational research in GP/FM in Europe, as collected by EURACT council members.

40 min: four breakout rooms based on the four main research themes (assessment (portfolio and EPA's), longitudinal integrated clerkships in basic medical education, interprofessional education, hospital placements for GP trainees) to share in an interactive way via a structured, creative, activating format who is working on which research question with what methodology. Exploring possibilities for networking and future collaboration.

10 min: plenary wrap-up; each small group will briefly report on what has been shared.

Expected Results / Conclusions

Participants interested in educational research will have an overview of GP/FM educational research themes prevailing in various countries, and possibly may develop plans for research collaboration.

Disclosure: No significant relationships.

SI009 / #1358

Topic: *5. Research and innovation / 5.08 Others*

SPECIAL INTEREST SESSION ORGANISED BY EURIPA I
09-07-2021 4:00 PM - 5:30 PM

RURAL PRACTICE IN A POST-COVID WORLD

Ferdinando Petrazzuoli[1], Jean-Pierre Jacquet[2], Jane Randall-Smith[3], Victoria I Tkachenko[4], Maria Antonopoulou[5], David Halata[6], Donata Kurpas[7]
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Background: The COVID-19 outbreak has significantly affected the delivery of general practice in Europe. The rapid implementation of telemedicine has brought both threats and opportunities in the delivery of care especially in settings where the way of delivering care is more traditional. It is clear that there are certain common steps in healthcare prevention and management of COVID-19 pandemic in most European countries, however, we want to find out more about what is happening across rural Europe.

Aim and learning objectives: To provide an overview of how primary care has been affected in rural areas and what we expect in the future, when we will return into the so called “new normal”.

Methods and timetable: This workshop will be chaired by the European Rural and Isolated Practitioners Association (EURIPA) and it will be structured in three parts:

The first will include brief highlights from the authors on the outcomes of the EURIPA Covid-19 Survey.

Then, there will include a discussion in small groups on key issues emerging from these outcomes and lessons learned from Covid-19 pandemic.

Finally, we will discuss issues related to the real world rural primary care post-COVID practice.

(Proposed) Results / Conclusions: This workshop is expected to provide an overview of real-life rural primary care during the pandemic and suggestions on how to address the opportunities and threats for the future.

Disclosure: No significant relationships.

SI010 / #508

Topic: *2. Special groups of patients / 2.06 Minorities*

SPECIAL INTEREST SESSION ORGANISED BY WONCA SIG MIGRANTS CARE
09-07-2021 6:00 PM - 7:30 PM

PERSON CENTRED CARE FOR MIGRANTS IN TIMES OF CORONA

Guus Busser[1], Maria Van Den Muijsenbergh[1], Rebecca Louise Farrington[2], Steven Van De Vijver[3]
[1]Radboudumc, Primary and Community Care, Nijmegen, Netherlands, [2]University of Manchester, School of Medical Science, Manchester, United Kingdom, [3]AIGHD, Global Health, Amsterdam, Netherlands

1. Background
Migrants and ethnic minorities are suffering disproportionally during the COVID-19 pandemic, especially those with insecure living circumstances like refugees on the move or undocumented migrants. They have higher risk for worse outcomes of COVID-19 infection, and suffer more from the economic and social consequences of the pandemic. Their access to healthcare is hampered by infection control measures, resulting in more remote consultations and less continuity of care. This is amplified by digital poverty and fear of authority.

2. Aim and learning objectives

The aim is to support family practices in meeting the needs of vulnerable migrants during pandemic restrictions

Learning objectives:

- Increased knowledge of the physical, mental and social impact of the pandemic in different migrant groups

- Raise awareness of the advocacy role of the Family Doctor (FD) in ensuring equitable access to vaccinations

- Development of skills to provide good quality remote care across language and cultural barriers, and to improve continuity of care for migrants on the move.

3. Methods and timetable

Short presentations (in total 30 minutes) will be combined with small group discussions in break-out rooms (30 minutes) to share ideas and tools. A plenary discussion (20 minutes) and speed debate will cover the role of the FD (10 minutes)

4. Proposed results and outcomes

Participants will have a clear view of their own role, knowledge of COVID-19 related health risks of ethnic minorities and become aware of practical tools to support remote care consultations with settled migrants and continuity of care in migrants on the move.

Disclosure: No significant relationships.

SI011 / #1359

Topic: *5. Research and innovation / 5.08 Others*

SPECIAL INTEREST SESSION ORGANISED BY EURIPA II
09-07-2021 6:00 PM - 7:30 PM

DEVELOPING THE RURAL WORKFORCE

Markus Herrmann[1], Framces Gerrard[2], Anette Fosse[3], David Halata[4], Jose Augusto Rodrigues Simoes[5], Jane Randall-Smith[6]
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Background

Undergraduate medical education is mostly still based on a biomedical pathway and clinical experience gained mainly in specialised hospitals. To fill the lack of family doctors, mainly in rural, remote and underdeveloped urban regions, it is necessary to teach medical students early in the undergraduate medical education in situ in these sectors. The workshop will demonstrate examples of strategies in teaching in rural health and gather expectations to influence change.

Aims and learning objectives

The aim of the workshop is to demonstrate what is taking place in teaching rural health in different European countries and, after discussion, to identify some key actions that EURIPA can take forward to effect change.

Methods and timetable

This workshop will be chaired by the European Rural and Isolated Practitioners Association (EURIPA) and it will be structured in three parts:

The first part will demonstrate examples of strategies in teaching rural health in different European countries

Second will be a discussion with the participants in groups focusing on:
1. What are the experiences in your country in implementation topics in teaching rural health?
2. What are the barriers in implementation of teaching programs in rural health?
3. How can we influence change in the medical schools - Bottom up or top down?

Finally we will bring the groups back together to identify key issues that EURIPA can take forward.

(Proposed) Results / Conclusions

At the end of the workshop we should have some new ideas in teaching rural health and key actions for EURIPA as to how we can influence change so that the rural workforce is fit for the future.

Disclosure: No significant relationships.

SI012 / #108

Topic: *5. Research and innovation / 5.08 Others*

SPECIAL INTEREST SESSION ORGANISED BY EQUIP
10-07-2021 9:00 AM - 10:30 AM

COVID-19: THREAT OR OPPORTUNITY FOR QUALITY IMPROVEMENT IN GENERAL PRACTICE?

Sara Willems[1], Esther Van Poel[1], Piet Vanden Bussche[2], Zalika Klemenc Ketiš[3], andree Rochfort[4], Dorien Zwart[5]
[1]Ghent University, Public Health and Primary Care, Ghent, Belgium, [2]U Ghent, Public Health and Primary Care, Gent, Belgium, [3]1) Ljubljana Community Health Centre, Ljubljana; 2) Department of Family Medicine, Faculty of Medicine, University of Ljubljana; 3) Department of Family Medicine, Faculty of Medicine, University of Maribor, 4) Wonca Europe, Equip, Ljubljana, Slovenia, [4]Irish College of General Practitioners, Icgp, Dublin, Ireland, [5]UMC Utrecht, Department of General Practice, Julius Center For Health Sciences and Primary Care, Utrecht, Netherlands

Background:

During the COVID-19 pandemic, an international research team, in close collaboration with EQuiP, set up the international multi-country study PRICOV-19 aiming to assess the impact of the pandemic on the organization of care in PC practices and on the different dimensions of quality of care, the efforts undertaken to ensure access to care and high-quality care for all patients, possible changes in roles of practice staff, and measures undertaken to ensure practice staff' wellbeing.

Aim and learning objectives:

- Getting acknowledged with the results of the PRICOV-19 study

- Reflecting on the threats and opportunities the respondents experienced in their own practice and in general practice in their country

- Getting inspired by the experiences of colleagues and the input of experts to turn threats into opportunities

- Formulating a plan for QI in the own practice

Methods and timetable (90 min):

- Presentation of the PRICOV-19 study results incl. what was identified as a threat /opportunity for QI in PC.

- Thematic small-group sessions: sharing experiences and reflect on how the experienced threats could be turned into an opportunity.
Themes:

o patient safety;

o interprofessional care;

o care for vulnerable population groups;

o care for the caregiver;

o keeping up with guidelines in a rapidly changing world.

- PLENARY with expert panel

- Participants formulate a personal intention for action in the next 3 weeks.

(Proposed) results / Conclusions:

Participants are inspired to find solutions for the threats COVID-19 poses in their own working context and this is written down in a concrete plan for the near future.

Disclosure: No significant relationships.

SI013 / #704

Topic: *1. Clinical topics / 1.09 COVID-19*

SPECIAL INTEREST SESSION ORGANISED BY WONCA WP WOMAN & FAMILY MEDICINE
10-07-2021 9:00 AM - 10:30 AM

GENDERED IMPACTS OF COVID-19 EPIDEMIC IN EUROPEAN REGION: WONCA WORKING PARTY ON WOMEN & FAMILY MEDICINE WORKSHOP

Victoria I Tkachenko[1,2], Donata Kurpas[2,3], Nil Tekin[2,4], Raquel Gomez Bravo[2,5]
[1]Shupyk National Healthcare University of Ukraine, Family Medicine Departmet, Kyiv, Ukraine, [2]WONCA WORKING PARTY ON WOMEN & FAMILY MEDICINE, Wwpwfm European Region, witk@ukr.net, Ukraine, [3]Wroclaw Medical University, Chair Of Euripa International Advisory Boardfamily Medicine Department, Wroclaw, Poland, [4]Narlidere Residential and Nursing Home, Associate Professor Of Family Medicine, Izmir, Turkey, [5]University of Luxemburg. Research Group Self-Regulation and Health Institute for Health Behaviour, Department of Behavioural and Cognitive Sciences, LUXEMBOURG, Luxembourg

Background: The COVID-19 outbreak is affecting us all but women are likely to bear the brunt of the consequences. Apart from the direct impacts of the disease, women may find it hard to access needed health services, especially maternal. Women are more affected by socio-economic impact, gender violence, inequity at workplace and increased of unpaid work at home.

Aim and learning objectives: To provide an overview of gender impacts of COVID-19 pandemic in European region, how it influenced on women wellbeing, health and work.

Methods and timetable: This workshop will be chaired by the European part of Working Party on Women & Family Medicine. It will include the brief presentations from the authors on women problems during Covid-19 outbreak and the discussion in groups on key outcomes and lessons learned from Covid-19 pandemic - the impact on socio-economic limitations, much unpaid work, gender-based violence, inaccessibility of needed care and how it influences on mental and physical health of women. The influence on female healthcare workers at the frontline of coronavirus pandemic will be considered.

(Proposed) Results / Conclusions: This workshop is expected to provide an overview of learned outcomes and lessons of gender impact of Covid-19 pandemic and ways how to deal with it in future - engage women through partnerships in making decisions, equity in funding and leadership positions, protect women on the frontlines of the COVID-19, safeguard maternal, sexual and reproductive health, prioritize gender equality, uphold services that tackle gender-based violence, challenge gender norms in domestic duties and care work.

Disclosure: No significant relationships.

SI014 / #663

Topic: *5. Research and innovation / 5.08 Others*

SPECIAL INTEREST SESSION ORGANISED BY VASCO DE GAMA MOVEMENT II: VASCO DE GAMA JUNIOR RESEARCHER AWARD WORKSHOP
10-07-2021 12:30 PM - 2:00 PM

RESEARCH PROJECTS IN THE VASCO DA GAMA MOVEMENT

Marta Kurdzielewicz-Roszkowska[1], Vanja Lazić[2]
[1]Praktyka Lekarzy Rodzinnych, General Practice, Wrocław, Poland, [2]Dom zdravlja Zagreb - Centar, Utrina, Family Medicine, Zagreb, Croatia

Background

Every year the Vasco da Gama Movement gives the Junior Research Award in order to appreciate the advanced research projects of young and future family physicians. The promotion of researches in the field of Family Medicine amongst junior general practitioners can significantly improve quality in Primary Care.

Aim and learning objectives

The Vasco da Gama Movement (VdGM) advocates for encouraging young GPs to lead and present their research projects in the field of family medicine and to share solutions on how to improve work conditions in general practice during the pandemic.

Methods

During this workshop, candidates for Junior Research Award and young GPs selected by an international jury will present their research projects and work improvements related to COVID-19. The workshop will contain the following parts:

- Brief presentation of the previously awarded projects

- Introduction to the VdGM Research Special Interest Group

- Presentations of the research projects which are candidates for Junior Research Award

- Presentations of the implemented improvements in GP practice due to the pandemic

Results and Conclusions:

Appreciating and presenting the work of young researchers in the field of family medicine as well as showcasing their achievements and ideas can motivate junior GPs to explore the opportunities of conducting research projects and emphasize the significance of exchanging work improvements in the interest of the international solidarity and cooperation.

Disclosure: No significant relationships.

Wonca
EUROPE
26th WONCA
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Workshop

W001 / #303

Topic: *3. Overarching topics / 3.01 Personalised care*

WORKSHOP
GRIEF and MOURNING DURING THE COVID-19 PANDEMIC
07-07-2021 10:30 AM - 12:00 PM

GRIEF and MOURNING DURING THE COVID-19 PANDEMIC

Ana Peral Martín[1], Maryher Zar Delphin Peña[2], Rocío García-Gutiérrez Gómez[3], Miriam Rey Seoane[4], Ozden Gokdemir[5], Cetin Akin[6], Monica Terán[7], Ana Tentor Viñas[8], Raquel Gomez Bravo[9]
[1]Hospital Universitario Infanta Leonor / CS Buenos Aires, Emergencies / Primary Care, Madrid, Spain, [2]Université de Luxembourg/Hôpital Kirchberg, Médecine Générale/gériatrie, Luxembourg, Luxembourg, [3]semFYC, Vdgm, Madrid, Spain, [4]Institut Catalá de la Salut (ICS), Acut Delta / Cuap El Prat, Barcelona, Spain, [5]Izmir University of Economics, Family Medicine, Izmir, Turkey, [6]Dokuz Eylul University Faculty of Medicine, Department of Family Medicine, IZMIR, Turkey, [7]SERMAS, Primary Care, Barcelona, Spain, [8]SAR MECO, Sar, Meco, Spain, [9]University of Luxembourg, Department of Behavioural and Cognitive Sciences.research Group Self-regulation and Health Institute For Health and Behaviour, LUXEMBOURG, Luxembourg

1. Background

As COVID-19 devastates the world, we have seen many patients perish in a short amount of time. The majority have died alone due to the restrictions concerning social distancing. Many were not able to say goodbye to their loved ones.

2. Aim and learning objectives

To approach patients in mourning using the necessary skills to make them feel listened to, understood, and supported. We hope this workshop will help you understand the painful difficulties COVID19 has brought to every patient and doctor. We expect all participants to feel confident in their abilities to handle the situation in various role-playing interviews after the presentation.

3. Methods and timetable

5min - A brief presentation from our team

15min- Explanation of the basis of the mourning process

40min- Presentation of different cases, using the role-playing method to explore many possibilities given the pandemic limitations. We will open with an example from the times before COVID-19 and then continue with different scenarios adapted to consider special cultural situations, inpatient settings, and professional differences between patients and families. After each case, we will underline the most important points (the dos and don'ts) during the interview, with true/false questions to summarize learning topics.

15min- Take Home Messages

4. (Proposed) Results / Conclusions

At the conclusion of the workshop, participants should empathize by understanding that people are unaware of how their loved one's last hours were, and that may develop into complicated mourning. In addition to acknowledging it, we want to help our colleagues manage their patients' feelings and avoid a pathological grief.

Disclosure: No significant relationships.

W002 / #1466

Topic: *5. Research and innovation / 5.08 Others*

WORKSHOP
LEARNING HOW TO DELIVER PERSONALISED CARE FOR PATIENTS WITH MULTIMORBIDITY: APPLYING THE SHERPA MODEL
07-07-2021 5:30 PM - 7:00 PM

LEARNING HOW TO DELIVER PERSONALISED CARE FOR PATIENTS WITH MULTIMORBIDITY: APPLYING THE SHERPA MODEL

Edmund James Niven Jack[1], Dawn Swancutt[1], Hilary Neve[1], John Treddinick-Rowe[1], Martin Scherer[2], Jako Burgers[3], Richard Byng[1]
[1]Applied Research Collaboration South West Peninsula (PenARC), Community and Primary Care Research Group, University of Plymouth, Plymouth, United Kingdom, [2]University Medical Center Hamburg-Eppendorf, Department of General Practice and Primary Care, Hamburg, Germany, [3]Dutch College of General Practitioners, Research & Development, Utrecht, Netherlands

Background

It is difficult to develop the high-level skills needed to deliver personalised care, particularly where patients have multimorbidity. Recognising that there is no established training model for this, we developed SHERPA, presented in The Lancet 2018, and recently published an evaluation of the associated educational package.

Aim and learning objectives

To explore and enhance skills in applying personalised care to complex patients
Explore the challenges presented by multimorbidity
Understand and apply the SHERPA model
Evaluate key components of learning about personalised care
Method and timetable
Opening plenary (15 minutes)
Introduction, objectives
what are the challenges presented by multimorbidity
Breakout room, small groups (15 minutes)
What are the challenges delegates encounter? What are the benefits?
2nd plenary (20 minutes)
Interactive feedback to summarise delegates experiences
What is the theory underpinning the SHERPA model
Presentation including role play video: how the SHERPA model addresses the challenges of personalised care
Breakout rooms, small groups (15 minutes)
Responses to SHERPA. How could you apply this in your practice? How could you modify the model?
What is your current approach? How does this compare?
3rd plenary (20 minutes)
Interactive feedback to explore how delegates could apply or develop the SHERPA model
Conclusions (5 minutes)
Take away messages
Results/Conclusions

Delegates will be supported to draw on their experience applying personalised and their new learning around SHERPA to identify personal ‘next steps’ to developing their own practice. We would encourage the development of a collaborative group to build experience and research in this area.

Disclosure: No significant relationships.

W003 / #96

Topic: *2. Special groups of patients / 2.04 Multimorbidity*

WORKSHOP
ABOUT POLYPHARMACY: AN INTENSIVE SUPPORT WORKSHOP FOR STARTING DEPRESCRIBING
08-07-2021 2:00 PM - 3:30 PM

ABOUT POLYPHARMACY - AN INTENSIVE SUPPORT WORKSHOP FOR STARTING DEPRESCRIBING

Catarina Capella, Marta Bessa Neves, Pedro Mascarenhas, Tiago Moreira
ACES Almada Seixal, Usf Almada, Almada, Portugal

WHO announced in 2017 its third global patient safety challenge, which focuses on improving medication safety. Its main goal is to reduce the level of severe, avoidable medication-associated harm by 50% over the next 5 years. Although there is no consensual definition for polypharmacy, the most used refers to the use of five or more medications.

Portugal is the third country with the highest aging rate in the European Union; elderly represents 21.3% of the population. Prescribing is a complex act, which involves dealing with multimorbidity and a greater risk of adverse reactions, side effects and drug interactions.

De-prescribing is the planned and supervised process of reducing the dose or stopping the medication that may be causing harm or no longer bringing benefits.

Primary health care professionals are in a privileged position to facilitate de-prescribing since they have access to the patient's complete medical history and an established relationship with the patient that supports shared decision-making.

This workshop is targeted at all health professionals. Its objective is to equip family doctors with appropriate knowledge and practical tools, as well as to raise awareness to this common and challenging problem.

I will make a brief theoretical presentation, which aims to present tools that can be used daily in clinical practice, followed by discussion of clinical cases, and role-playing in groups of 5/6 people with a total maximum of 20 participants.

At last, participants are expected to be able to update their patients' medication list, according to their life expectancy and comorbidities.

Disclosure: No significant relationships.

W004 / #750

Topic: *2. Special groups of patients / 2.03 Elderly*

WORKSHOP
ABOUT POLYPHARMACY: AN INTENSIVE SUPPORT WORKSHOP FOR STARTING DEPRESCRIBING
08-07-2021 2:00 PM - 3:30 PM

"LESS IS MORE" - DEPRESCRIBING IN OLDER PATIENTS AT THE END OF LIFE

Anabela Barreto Silva[1], Jorge Hernâni-Eusébio[2], João Pedro Araújo[3], Maria João Barbosa[1,4]
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Background

The aging process is associated with an increase in comorbidities and a consequent increase in the number of medications prescribed to provide symptomatic relief and to prevent disease-related sequelae. Whereas undertreatment might harm the potential benefits of a medication, overtreatment can put a patient at increased iatrogenic risk.

Polypharmacy is defined as the regular use of five or more medications and might result in adverse drug interactions, high pill burden and heavy medication costs. Patient-related factors such as multiple medical conditions managed by different subspecialist physicians, chronic mental health conditions and residing in a long-term care facility are very challenging for the General Practicioner (GP).

Deprescribing is the patient-centered process of reducing medications after considering the treatment expected outcomes, benefits and risks. Primary care providers often face complex decisions about how to manage patient's prescriptions at the end of life. Some preventive medications can become obsolete as the health benefits they could provide may not be relevant or even noticed.

Aim and learning objectives

This workshop aims to provide tools to GP's in identifying and deprescribing potentially inappropriate medications in frail patients or in patients with a limited life expectancy.

Methods and timetable

In this one-hour workshop, we shall review the most recent evidence regarding this subject in a viewer-friendly environment, leading the attendees to a more participated learning process about deprescribing in the elderly.

Conclusions

Deprescribing and overtreatment are very common in primary care. Knowledge about deprescribing guidelines and practicing this process should be a priority in the care of the elderly.

Disclosure: No significant relationships.

W005 / #189

Topic: *3. Overarching topics / 3.09 Health care management and policy*

WORKSHOP
CORE VALUES WILL ENDURE: STANDARDS WILL VARY
08-07-2021 2:00 PM - 3:30 PM

CORE VALUES WILL ENDURE- STANDARDS WILL VARY

Anna Stavdal[1], Johann Agust Sigurdsson[2,3], Roar Maagaard[4], Zalika Klemenc Ketiš[5,6,7]
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Background

The principles of primary care; equity, person-centred care, comprehensive care and continuity of care illustrate the moral intent - the core values of our discipline. 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 WE Council established a working group on this matter at its last meeting in Bratislava 2019, involving all WE networks (EURACT, EQuiP, EUROPREV, EGPRN, VdGM, and EURIPA). The WE working group will introduce and discuss its report at the WE Council meeting Amsterdam 2021.

Aims

To go in depth of the WE working group´s report and 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 standards/organization of care in different countries.

Methods and timetable

After introduction (max 10 minutes), we will briefly summarize the general principles and values of our discipline (max 40 minutes), followed by discussions in small groups (40 minutes.

Topics/questions for discussion:

How will the increasing fragmentation of medicine affect comprehensive care?

How will digitalization including audio and video consultations affect interpersonal relationship in your country?

How will we involve politicians, academic units, and stakeholders of healthcare in the organization of Family Medicine according to our principles and values?

How to adjust to changes in different countries?

Goal: Awareness process. Part of WEs action plan

Disclosure: No significant relationships.

W006 / #1350

Topic: *1. Clinical topics / 1.08 Cancer*

WORKSHOP
LIFESTYLE IN CANCER SURVIVORSHIP. A ROLE FOR PRIMARY CARE? AN INTERACTIVE WORKSHOP and GROUP DISCUSSION
08-07-2021 2:00 PM - 3:30 PM

CANCER SURVIVORSHIP CARE

Marjolein Berger[1], Niek De Wit[2]
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Background Due to improved treatments, survival for most patients with cancer has improved in recent decades. As a result, more cancer survivors experience long-term effects of cancer and its treatment, as well as the risk of second cancers and comorbid diseases. Lifestyle changes may alleviate these problems, and reduce the risks. To date, guidance on lifestyle behavior is not a structural part of cancer survivorship care however.

After treatment, most cancer survivors are enrolled in hospital-based follow-up, primarily aimed at the detection of recurrences. Lifestyle advice and preventive measures are lacking in this follow-up. Primary care could fill this gap. General Practitioners (GPs) and practice nurses are experienced in preventive care and management of comorbid diseases.

Aim and learning objectives

To bring delegates up to date with current examples of lifestyle interventions for cancer survivors in primary care, and to discuss the role for primary care in lifestyle guidance after cancer. Participants will be encouraged to raise issues from their own clinical practice – and to draw comparisons on approaches to lifestyle and survivorship care between countries.

Methods and timetable

What lifestyle changes do colorectal cancer patients make in the first two years after their treatment? Julien Vos/Kristel van Asselt

Implementation of a practice nurse led program to increase daily physical activity among cancer survivors. Famke Huizinga / Daan Brandenbarg

International example of a lifestyle program in routine survivorship care. To be confirmed

Discussion in break out rooms and plenary recap about views of GPs, barriers and facilitators.

(Proposed) Results / Conclusions

This is a rapidly changing field, and delegates should leave the workshop with a greater understanding of contemporary issues in this care

Disclosure: No significant relationships.

W006 / #215

Topic: *3. Overarching topics / 3.01 Personalised care*

WORKSHOP
PERSONALISED CARE IN THE POST-COVID WORLD: OPPORTUNITIES and CHALLENGES FOR GENERAL PRACTICE
08-07-2021 2:00 PM - 3:30 PM

PERSONALISED CARE IN THE POST-COVID WORLD: OPPORTUNITIES and CHALLENGES FOR GENERAL PRACTICE

Pauline Mary Foreman[1], Helen Atherton[2], Anette Grønning[3], Jane Ege Møller[4], Matilde Nisbeth Brøgger[5]
[1]The Personalised Care Institute, The Royal College of Gps, London, United Kingdom, [2]Warwick Medical School, Academic Primary Care, Warwick, United Kingdom, [3]University of Southern Denmark, Department For The Study Of Culture, Odense M, Denmark, [4]Aarhus University, Department of Clinical Medicine, Aarhus N, Denmark, [5]Aarhus University, Center For Health Communication, Aarhus, Denmark

1. Background

General practice has changed radically in response to the Covid-19 pandemic, with an accelerated move from traditional face-to-face consultations to more remote models of working enabled by digital technology. This has implications for the delivery of personalised care for people, professionals and healthcare systems.

2. Aim and learning objectives

Aim

To identify the key safeguards needed to ensure a future for personalised care in general practice in light of the impact of remote models of working

Learning objectives

To recognise the importance of personalised care for people, professionals and the wider healthcare system

To evaluate the impact of different remote communication technologies on personalised care

To develop a shared understanding of the key safeguards needed to ensure a personalised future for general practice

3. Methods and timetable

An introduction to the benefits of personalised care using a talking head format to include patient voices-10 mins

Short presentations of current evidence on the implementation and impact of different remote communication technologies using case studies from the UK and Denmark-30 mins

Break out groups between both presentations to discuss the opportunities and challenges posed for general practice, with the chance to share good practice and develop common solutions-40 mins

Large group plenary to pull together themes and recommendations-10 mins

4. (Proposed) Results/Conclusions

A shared understanding of the opportunities and challenges that remote ways of working pose for personalised care

Recommendations for key safeguards needed to ensure a personalised future for general practice

Disclosure: No significant relationships.

W007 / #1507

Topic: *3. Overarching topics / 3.10 Ethical issues*

WORKSHOP
ENVIRONMENTALLY SUSTAINABLE FAMILY PRACTICE and THE PLANETARY HEALTH MOVEMENT IN THE WONCA EUROPE REGION
08-07-2021 5:30 PM - 7:00 PM

ENVIRONMENTALLY SUSTAINABLE FAMILY PRACTICE and THE PLANETARY HEALTH MOVEMENT IN THE WONCA EUROPE REGION

Ulrik Bak Kirk[1], John Allman[2], Sean Owens[3], Aoife Benton[4], Louise Halpenny[4], Karolina Lewandowska[5], Salli Rose Tophøj[6], Lone Bak Kirk[7], Gabriela-Daria Gheorghe[8], Marta Ruivo[9], Ozden Gokdemir[10], Marina Jotic Ivanovic[11], Inês Silva Pereira[12], Claire Marie Thomas[13], Alina Herrmann[14], andree Rochfort[15]
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Aim and Learning Objectives
Human Health and the future of our planet are interconnected and both are under pressure. Healthcare systems have a role in managing harms to human health and well-being from a changing climate. However, health systems also contribute to the carbon footprint.
The WONCA Working Party on Environment urges GPs / FD's to lead on planetary health (PH).
The Irish College of General Practitioners (ICGP) Sustainability Working Group developed an infographic demonstrating various roles of the GP/FD in PH: 1) PH urgency 2) Quality of patient care and 3) Minimising waste in a health system with finite resources.
The Vasco da Gama Movement will conduct a SWOT analysis of the role of the GP clinician with a duty to mitigate the impact of environmental changes on the health of their community.

Methods
15-minute Plenary 1 Introduction to PH & Infographic
20-minute Break out session 1: PH activities in family practice
20-minute Plenary 2 Report from Breakout 1 and Introduction to Breakout 2
20-minute Break out session 2: SWOT analysis of GP role in PH
15-minute Plenary 3 Q&A C conclusion

Results
We expect that participants will explore their unique position in primary care for addressing PH. They will consider practical ways to improve environmental sustainability in their practice team and as part of a collaborative movement in European family medicine.

Conclusions
ICGP, EQuiP and the Vasco da Gama Movement have come together to raise awareness on greener practice in family medicine among member organisations within the WONCA Europe region. The conclusions will input into the EQuiP WG for Environmentally Sustainable Family Practice to guide the development of education on PH health and encourage advocacy for healthier people in healthier communities.

Disclosure: No significant relationships.

W008 / #345

Topic: *3. Overarching topics / 3.02 Shared decision making and patient empowerment*

WORKSHOP
MODELS FOR SHARED DECISIONMAKING IN FAMILY VIOLENCE CARE: AN INTERNATIONAL COMPARISON
09-07-2021 10:30 AM - 12:00 PM

MODELS FOR SHARED DECISIONMAKING IN FAMILY VIOLENCE CARE: AN INTERNATIONAL COMPARISON

Lodewijk Pas[1], Raquel Gomez Bravo[2], Nena Gucek Kopcavar[3,4], Carmen Fernandez-Alonso[5], Maria Papadakaki[6], Sarah Wallace[7], Karin Van Rosmalen-Nooijens[8], Pascale Franck[9], Sajaratulnisah Othman[10], Anne A Assey[11], Filiz Ak[12]
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1. Background :

Gender-based violence is widespread and cannot be dealt with alone in general practice. The Imocafv project reviews existing models for care worldwide and identified different models for shared decision making showing how to run person-centered care. Data on different policies are collected using an online key person inquiry and scoping review dataset. Results are discussed in nominal groups developing proposals for local application.

2. Aim and objectives:

Participants will learn how to run the nominal group technique to come to a shared decision on statements to improve local care during an

exercise running a nominal group discussion on stepped care, case management, community action, and principles for sharing information.

Statements will be formulated which can be submitted in a Delphi process nationally and internationally.

3. Methods and timetable:

a. Presentation of the IMOCAFV protocol and nominal group principles (10 min)
b. Summary of main elements of following models: (35 min)
* Referral and sharing information based on risk assessment
* Family justice centers case management model
* Mandatory reporting
* SASA community model
c. Moderated Nominal group work (if possible in breakout rooms or plenary, if not recorded): 45 min
Main question: What proposal can be made based on these models for your country taking into account local facilities and cultural identities to be taken into account

4. Results & Conclusions :

Participants will formulate statements based on evidence-based models, locally applicable for shared decision making in family-oriented violence care.

Our methodology allows developing further guidance for local care strategy development which can be applied in other countries.

Disclosure: No significant relationships.

W009 / #480

Topic: *3. Overarching topics / 3.09 Health care management and policy*

WORKSHOP
ASPIRE GLOBAL LEADERS WORKSHOP: VALUE-BASED LEADERSHIP
09-07-2021 1:00 PM - 2:30 PM

ASPIRE GLOBAL LEADERS WORKSHOP: VALUE-BASED LEADERSHIP

Maria João Nobre[1], Candan Kendir[2], Nicholas Mamo[3], Ana Luís Pereira[4], Claire Marie Thomas[5], Marika Svatošová[6]
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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.” With this goal in mind, the ASPIRE Global Leader Program has been developed with the aim of increasing leadership abilities, international collaboration and engagement in Young Doctors Movements and WONCA.

A value-based leadership is a practice where leader-follower relationship is based on common values and beliefs, and has four main principles: self-reflection, balance, true self-confidence, and genuine humility. Family Doctors, who usually are the leaders of primary care teams, are often challenged by changes in the delivery of care, organisation of teams or contemporary conditions (such as COVID-19 pandemic). Despite the need to adapt, the family medicine core values don’t change.

Aim & Learning objectives:

Our aim is to explore value-based leadership style and develop the skills needed as powerful tools.

Methods & timetable:

After an introduction of the presenters and the ASPIRE Program, we will have an icebreaker activity. It will continue with short presentations regarding value-based leadership as a leading style and trend, and the skills / tools needed to master it.

Participants will be divided into 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.

(Proposed) Results / Conclusions:

By the end of the session we aspire to enable participants to acknowledge their values and motivations, and to empower Leaders with more confidence in their vision.

Disclosure: No significant relationships.

W010 / #603

Topic: *4. Education / 4.01 Patient education*

WORKSHOP
TOO YOUNG TO BE OLD: NUTRITION, HORMONAL CHANGES and PHYSICAL ACTIVITY. GOOSE GAME
09-07-2021 1:00 PM - 2:30 PM

TOO YOUNG TO BE OLD – NUTRITION, HORMONAL CHANGES and PHYSICAL ACTIVITY. GOOSE GAME

Elena Klusova Noguiná[1], Rocío García-Gutiérrez Gómez[2], Marina Jotic Ivanovic[3], Raisa Álvarez Paniagua[4], Rita Aguiar Fonseca[5], Hilal Toplu Öztürk[6]
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Background

Ageing, post-partum, hypothyroidism, menopause and other hormonal changes, weight gain, and hence the long run of fad diet failures and unstructured exercise attempts, is the path of millions of patients who come to GP consultations and to whom we often cannot give quality and scientific guidance. How many times a day should we eat? Do we have to eat less fat to lose weight? What about carbohydrates? Should we eat before or after exercise? Is cholesterol so bad? Are light products healthy? Is the vegan diet safe and beneficial for high-performance exercises? Is intermittent fasting effective? Does the KETO diet work?

Aim and learning objectives:

Speaking of exercise and nutrition, patients and doctors frequently follow the myths, which often contradict what science says. We want to make the scientific reality visible, understandable and clear.

Methods and timetable

We propose a nutrition workshop about different exercise/food myths and doubts using "gaming" learning techniques. These techniques are a teaching strategy that aims to make learning more attractive and stimulating through play.

This 90-minutes activity will be dynamized by a mix of Trivial and the Goose Game, created by us specifically for this workshop to face relevant aspects of nutrition, hormonal changes, ageing and exercise, applicable in the PC consultation and our personal life.

Results

We hope that we can all learn by playing and enrich our knowledge about issues of so great importance to us and our patients, always focusing on the scientific evidence and, of course … have fun.

Disclosure: No significant relationships.

W011 / #236

Topic: *3. Overarching topics / 3.01 Personalised care*

WORKSHOP
PERSONALISED CARE IN PATIENTS WITH MULTIMORBIDITY
09-07-2021 1:00 PM - 2:30 PM

INTRODUCTION: PERSONALISED CARE IN PATIENTS WITH MULTIMORBIDITY

Bertien Hart, Ingrid Looijmans, Liesbeth Rozendaal, Karolien Van Den Brekel-Dijkstra, Marloes Gerrits, Sanne Klinkhamer, Hanneke Smits-Pelser, Monika Hollander
Julius Center for Health Sciences and Primary Care, University Medical Center UtrechtMedical Cen, General Practice, Utrecht, Netherlands

Background

In the Netherlands patients with chronic disease like diabetes, COPD and cardiovascular diseases are treated in single disease oriented chronic disease management programs, while personalised care is getting increasingly important. Last year we developed an integrated personalised care program for these chronic diseases. All patients with multimorbidity are offered a generic person-centered consultation with their general practitioner. Patients prepared this consultation with a generic toolkit, based on several domains of health and wellbeing. This preparation stimulates patient empowerment and shared decision making; patient and GP set goals together for the next year.

Aim

In this workshop we share our experiences with personalised care in patients with multimorbidity.

Learning objectives

After this workshop the participant:

Knows how to organize chronic disease management in a personalised way

Knows several methods to stimulate patient's participation, empower patients and discuss several domains of health and wellbeing

Can use the 'generic toolkit', the 'four domains model' or the 'positive health spider web' to have a personalised multidimensional consultation

Knows how to evaluate patient activation and illness perception with validated instruments

Methods and timetable

15 minutes: Background and presentation of our results (plenary introduction)
60 minutes: In four subgroups three methods for a personalised care consultation will be introduced and methods to measure effects of
this personalised care. Each participant will participate in each subgroup (4 x 15 minutes)
15 minutes Summary and definition of take home messages

Results/Conclusions

This workshop will provide insight into possibilities of a new method for personalised care for patients with multimorbidity. Tips and tricks will be shared.

Disclosure: No significant relationships.

W012 / #101

Topic: *3. Overarching topics / 3.03 Diversity and equity*

WORKSHOP
THE HUMAN BEING AS A TRAVELLING SPECIES: MY MIGRANT PATIENTS, THEIR ODYSSEY and OUR WELCOME
09-07-2021 4:00 PM - 5:30 PM

THE HUMAN BEING AS A TRAVELLING SPECIES: MY MIGRANT PATIENTS, THEIR ODYSSEY and OUR WELCOME

Rocío García-Gutiérrez Gómez[1], Ana Peral Martín[2], Teddy Weimar Cordova Irusta[3], Yasmin Tatiana Córdova Rios[4], Jorge Ernesto Hidalgo Chavez[5], Gabriela-Daria Gheorghe[6], Matteo Mannucci[7]
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1. Background

Migrants are mostly young and healthy people who do not usually represent any risk to the host community and its public health situation. However, nowadays the different barriers created by the states increase the plural risks of this population, a situation that the global pandemic has not improved. Cultural or language differences increases the risk of clinical error and leads to worse outcomes in our patients' health. As Primary Care professionals we should make some positive changes to arrive at an equal situation.

2. Aim and learning objectives

To face this reality, arises the need for training and updating on issues of international health systems and endemic disease, and acquiring cultural and communication skills.

3. Methods and timetable

We intend this session to be educational guide, with the aim of getting an integral attention to the migrant patients, across:

- The knowledge of emerging pathologies: through pub quizzes, or games in which clues are given to find the right pathology: 20 mins

- The social issues and the different ways of understanding the concept of health and illness: through role-playing and cases that we will analyze: 20 mins

- The necessary resources to improve their health care, such as health promotion, primary prevention, family planning, etc: through clinical cases of patients that have just arrived in our country giving the advice that we seem most appropriate: 20 mins

- Presentation (15 mins) and Conclusions (15 mins)

4. Conclusions

Family medicine is the first level of attention, where it is more likely to achieve an equitable and fair healthcare.

Disclosure: No significant relationships.

W013 / #877

Topic: *1. Clinical topics / 1.09 COVID-19*

WORKSHOP
HOW TO COMMUNICATE WITH PATIENTS and PARENTS ABOUT ELECTRONIC MEDIA EXPOSURE and USE
09-07-2021 6:00 PM - 7:30 PM

HOW TO COMMUNICATE WITH PATIENTS and PARENTS ABOUT ELECTRONIC MEDIA EXPOSURE and USE

K. Jean Chen[1], Jennifer Potter[2], Cathy Maclean[3], Sapna Khosla[4]
[1]The Ottawa Hospital, Department of Emergency Medicine, Ottawa, Canada, [2]Seven Oaks General Hospital, Department of Family Medicine, Winnipeg, Canada, [3]University of Saskatchewan, Family Medicine, Saskatoon, Canada, [4]College of Family Physicians of Canada, Patient Education Committee, Mississauga, Canada

1. Background:

The use of social media, online websites, and video communities is on the rise. Many patients/parents have concerns about their children and even their own electronic media use, which in excess may lead to adverse outcomes in mental health, quality of sleep, and performance in school/work. Nonetheless, there is a lack of guidelines or formal educational resources provided to primary care physicians on how to counsel patients/parents on the safe use of electronic media. This workshop is presented by the College of Family Physicians of Canada's Patient Education Committee and is based on practicing and applying concepts and approaches to initiate discussion on safe electronic media use.

2. Learning objectives:

describe the effects of electronic media and health outcomes;

employ useful communication approaches when educating patients and parents about electronic media use;

effectively utilize both screening tools and strategies to "unplug".

3. Methods and timetable:

Overview of patient-education and shared-decision making methods primer on the effects of electronic media and health outcomes (15min).

Facilitated break-out session into 4 smaller groups, case studies taken from real-life encounters identifies common causes and solutions to electronic media overuse. Role-playing of the clinician and patient/parent scenario will maximize experiential learning (60min).

4. Results / Conclusions:

Reflective group discussions, self-assessment and peer assessment will be utilized for the attendees to critically evaluate their knowledge gained through this workshop. Based on the objectives, the presenter will provide prompts as starting point for the attendees to critically reflect on their practice and cognitive process.

Disclosure: No significant relationships.

W014 / #1349

Topic: *4. Education / 4.04 Professional skills and communication*

WORKSHOP
WRITING FOR PUBLICATIONS: MEETING THE EDITORS
10-07-2021 9:00 AM - 10:30 AM

WRITING FOR PUBLICATIONS: MEETING THE EDITORS

Helena Liira[1], Jelle Stoffers[2]
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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 expertise.

Didactic method & topics: In an interactive online session, we focus on the preparation, submission and revision of manuscripts to be published in peer-reviewed medical journals. We discuss the general presentation of research articles and discuss (how to prevent) common errors. Participants can enter their questions using the 'chat' function of the teleconferencing software. We will discuss these questions at regular intervals and at the end of the presentation. A handout of the presentation will be made available for all participants.

If there is sufficient time, we can address (an) optional topic(s) at the participants' request. Examples are the peer review process; convincing Cover Letters, adequate Abstracts; informative Titles; choosing the right Journal, including 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') to prepare a manuscript for publication in a peer-reviewed medical journal.

Disclosure: No significant relationships.

W015 / #198

Topic: *3. Overarching topics / 3.07 Health promotion and prevention*

WORKSHOP
LIFESTYLE MEDICINE: FROM THEORY TO PRACTICE. LET'S GET STARTED!
10-07-2021 9:00 AM - 10:30 AM

LIFESTYLE MEDICINE: FROM THEORY TO PRACTICE. LET'S GET STARTED!

Marina Jotic Ivanovic[1], Ozden Gokdemir[2], Angharad Kate Woolley[3], Jolanta Mękarska[4], Miriam Rey Seoane[5], Teddy Weimar Cordova Irusta[6], Anna Tarnowska[7], Thuvarahan Amuthalingam[8], Marta Nazha[9], Vasileios Stoukas[10]
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Background

We live in an era when chronic diseases are the leading cause of death and disability worldwide. Four most prominent chronic diseases, cardiovascular disease, cancer, chronic obstructive pulmonary disease and type 2 diabetes, are linked with unhealthy lifestyle. The best way to control and lower the burden of chronic diseases is to focus on controlling the risk factors and focus on lifestyle change interventions. Lifestyle change interventions are the first line of health promotion and disease prevention activities in primary health care. Lifestyle medicine (LM) is an evidence-based therapeutic intervention used as primary modality to prevent and treat chronic disease.

Aim and learning objectives

1. To familiarise family doctors with lifestyle medicine concepts

2. To show what are basic skills (competencies) needed to practice lifestyle medicine

3. To identify what challenges family doctors might face in implementing LM in their practice

4. Provide family doctors with the resources to continue to improve their knowledge in practice.

Methods and timetable

After a short introduction regarding the definition of lifestyle medicine, basic skills needed and challenges participants will be divided into groups to debate through examples how to give lifestyle prescription to improve health in six areas (nutrition, physical activity, stress management, sleep, substance use and relationships)

(Proposed) Results/Conclusion

After this workshop participants will have basic knowledge of lifestyle medicine and how to incorporate such interventions into their daily practice.

Disclosure: No significant relationships.

W016 / #479

Topic: *3. Overarching topics / 3.01 Personalised care*

WORKSHOP
WHOLE PERSON CARE: EXPLORING ITS NATURE and CLINICAL PRACTICE
10-07-2021 9:00 AM - 10:30 AM

WHOLE PERSON CARE: EXPLORING ITS NATURE and CLINICAL PRACTICE

Hayley Robyn Thomas[1], Megan Best[2], David Chua[1], Christopher Dowrick[3], David King[1], Pamela Meredith[4], Geoffrey Mitchell[1], Justin Rich[1], Mieke Van Driel[1], Johanna M Lynch[1]
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Background

Whole person care (WPC) is a defining value of family practice. Its importance is increasingly evident with rising chronic multi-morbidity, emphasis upon patient-centeredness, and where presentations do not neatly fit a biomedical paradigm. Despite its status as a core value, WPC is often ill-defined and inconsistently implemented in the family practice setting.

Aim and Learning Objectives

This workshop aims to provide a forum to discuss WPC and introduce family practice research exploring its nature and practice.

Learning Objectives:
At the conclusion of this workshop, participants should be able to:
-Describe family practitioner (FP) perspectives on key features of WPC
-Gain familiarity with a new clinical schema for whole person systems review
-Understand the role of the therapeutic relationship in practising WPC

Method and Timetable

This workshop will be interactive and facilitate conversation to share participant expertise, alongside presentation of relevant research.

Workshop timetable:
-Features and Importance of WPC (40-50min)
-Introduction to a clinical schema for whole person systems review (20min)
-Therapeutic relationship and WPC (20min)

Results/Conclusions

Previous research shows that FPs understand WPC to be a multidimensional, integrated approach that views patients as unique persons. WPC has length, breadth and depth of scope, is founded on the FP-patient relationship and may involve a healthcare team. A practical map of domains grounded in transdisciplinary and physiological stress research and stakeholder consultation will be proposed as a WPC approach to systems review for everyday clinical practice. Fundamentally this theory and practice is relational.

Disclosure: No significant relationships.

W017 / #909

Topic: *4. Education / 4.04 Professional skills and communication*

WORKSHOP
PERSON-CENTRED CARE IN PRACTICE: WHAT SKILLS ARE NEEDED? HOW CAN THEY BE INCORPORATED INTO ROUTINE CONSULTATIONS?
10-07-2021 12:30 PM - 2:00 PM

PERSON-CENTRED CARE IN PRACTICE: WHAT SKILLS ARE NEEDED? HOW CAN THEY BE INCORPORATED INTO ROUTINE CONSULTATIONS?

Heather Lynn Rogers
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Background: Person-centred care (PCC) can be defined as “health care that respects and is sensitive to the needs, values, and preferences of the individual and ensures that the patient’s values guide clinical decision-making”. Despite the scientific evidence for its benefits, integration of PCC into routine clinical interactions is challenging.

Aim and learning objectives: To improve PCC knowledge and skills and increase PCC capacities in everyday consultations.

Methods and timetable: The workshop is broken into 6 segments of 15 minutes using Slido for participant responses and PowerPoint or White Board technology to group them and summarize. (1) Participants receive an introduction to PCC and its impact with video examples. (2) Participants brainstorm key competencies required for PCC in practice. A short physician-patient consultation video plays and participants add missing competencies. Competencies are grouped. (3) Another video is played and participants offer recommendations regarding how implementation of PCC could be improved in the interaction, being as specific as possible (e.g., words, non-verbals, etc.). (4) Participants volunteer barriers to PCC implementation in routine practice. Barriers are organized according to the Consolidated Framework for Implementation Research – Intervention Itself (PCC capacities), Outer Setting (culture, health system), Inner Setting (health center), Individual Characteristics (personality, self-efficacy), Implementation Strategies (champions, feedback). (5) Participants brainstorm potential strategies addressing these barriers and existing PCC facilitators. (6) Participants share personal goals to improve PCC in their consultations.

(Proposed) Results/Conclusions: Participants leave with a better understanding of PCC in practice, enhanced PCC competencies, and specific strategies to improve routine PCC implementation.

Disclosure: No significant relationships.

Oral

O001 / #91

Topic: *1. Clinical topics / 1.10 Others*

ORAL PRESENTATIONS
ELDERLY and MULTIMORBIDITY
07-07-2021 10:30 AM - 12:00 PM

SCREENING OF UNDERNUTRITION IN TUNISIAN OLDER ADULTS IN COMMUNITY, RESIDENTIAL and HOSPITAL SETTINGS

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Introduction: undernutrition among elderly is one of the most common public health problems. This study aimed to dertemine the frequency of undernutrition across different health-care settings and to assess the nutritional status and predictors of undernutrition among older adults (> = 65 years).

Patients and Methods: A cross-sectional study was conducted in the Region of Monastir Tunisia. It consists in studying, either in Community, in the Hospital, or in residential Care, a sample of people aged 65 years and over. Data on sociodemographic characteristics, health and lifestyle factors, and the Mini Nutritional Assessment Short Form (MNA-SF) score were collected using structured questionnaires via face-to-face interviews.

Results: A total of 130 older adults were included. The mean age of the study population was 73.1 ± 6.82 years ranging from 65 to 90. The prevalence of undernutrition was around 29.4% in community dwelling adults, 15% in home care residents, and 56% in hospitals.

In univariate analysis, age, marital status, hospitalization, loss of autonomy, risk of depression as well as poor oral health all negatively influenced the nutritional status. Multivariate analysis identified the loss of autonomy as well as the risk of depression as independent predictors associated with nutritional status and therefore the quality of life of seniors.

Conclusion: Despite the high prevalence of undernutrition among elderly patients, nutritional problems are not yet acknowledged by health professionals as a priority for the elderly. The need for nutritional assessments and interventions is particularly crucial in this age group.

Disclosure: No significant relationships.

O002 / #286

Topic: *2. Special groups of patients / 2.04 Multimorbidity*

ORAL PRESENTATIONS
ELDERLY and MULTIMORBIDITY
07-07-2021 10:30 AM - 12:00 PM

SUPPORTING PRESCRIBING IN OLDER PATIENTS WITH MULTIMORBIDITY and SIGNIFICANT POLYPHARMACY IN IRISH PRIMARY CARE (SPPIRE); A CLUSTER RANDOMISED CONTROLLED TRIAL

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Background and purpose

The SPPiRE trial aimed to assess the effectiveness of a GP-delivered intervention in reducing significant polypharmacy and potentially inappropriate prescribing (PIP) in older people with multimorbidity in Irish primary care.

Methods

We conducted a cluster-randomised controlled trial among 51 practices and 404 patients aged ≥65 years and prescribed ≥15 medicines. Following baseline data collection, practices were allocated using minimisation for location and size. Intervention GPs received educational support material and conducted web-based individualised medication reviews with participants. Control GPs delivered usual care. An independent blinded pharmacist assessed primary outcome measures which were the number of repeat medicines and the proportion of patients with any PIP (STOPP/START V2). We performed intention-to-treat analysis using random-effects regression.

Results

Recruited participants had significant disease and treatment burden at baseline, mean age 76.51 years (SD 6.52) and mean number of medicines 17.21 (SD 3.54). Interim analysis of 90% of patients followed up to date indicate a small but significant reduction in the number of medicines in the intervention group (IRR 0.95, 95%CI; 0.89–0.99, p=0.03). The adjusted odds of having at least one PIP in the intervention versus control group is 0.32 (95%CI; 0.11–0.94, p=0.04), though interpretation of this measure is limited by the low numbers with no PIP, and an inconclusive effect on secondary PIP measures.

Conclusions

Interim results suggest that the SPPiRE intervention is effective in reducing the number of medicines but the effect on PIP is unclear. Given the challenges recruiting, retaining and engaging this patient group, future similar studies should focus on patients who have moderate but not severe disease burden.

Disclosure: No significant relationships.

O003 / #1082

Topic: *2. Special groups of patients / 2.04 Multimorbidity*

ORAL PRESENTATIONS
ELDERLY and MULTIMORBIDITY
07-07-2021 10:30 AM - 12:00 PM

ACTIVITY OF A CHRONIC CARE TEAM DURING THE COVID PANDEMIC

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Background and purpose

The Chronicity Management Team of the SAP Baix Llobregat Center works to guarantee comprehensive care for complex chronic patients in their environment. During the COVID-19 pandemic, the face-to-face activity of this team has been diminished, however a notable intensity of care has been maintained.

Methods

This team is made up of: two doctors and thirteen case management nurses (CG), in collaboration with professionals from the Primary Care Teams (PCT). The activity on complex chronic patients from the agendas of the population attended, with associated pathologies and socio-demographic data, has been collected from its own computer system. From March 2020 to December 2020 both included.

Results

For an assigned population close to 425,000 inhabitants, 10,051 were identified as complex chronic patients (5,746 women, 57%), with a mean age of 81 years. During this period 2393 people died, of which 552 attributable to COVID. Of the total, 723 were under close monitoring by the CGs of this team, of which 142 CRP + was detected for COVID in this period, of which 16 died. In total there were 64 were deaths. Of the total of complex chronic patients, 56,126 home visits were made (of which the CGs made 6,312, 12%) and 130,847 telephone calls (of which the CGs made 21,430, 16%). Hospital visits were reduced by 30% compared to the same period of the previous year.

Conclusions

The chronic care team, which represents 3.7% of all health professionals in this territory, has performed four times the amount of work on complex chronic patients, with a significant decrease in hospital pressure.

Disclosure: No significant relationships.

O004 / #1224

Topic: *2. Special groups of patients / 2.03 Elderly*

ORAL PRESENTATIONS
ELDERLY and MULTIMORBIDITY
07-07-2021 10:30 AM - 12:00 PM

PROTEIN SUPPLEMENTATION IN FRAIL ELDERLY PEOPLE: WHAT THE EVIDENCE AS AN EFFECTIVE STRATEGY?

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Introduction: Frailty is a medical syndrome with multiple causes and that is characterized by diminished strength, endurance and reduced physiologic function, that increases an individual's vulnerability for developing increased dependency and/or death. It is very important to be able to correctly identify frailty because it might be reversible or attenuated by specific interventions, such as protein-energy supplementation. The purpose of this review is to highlight the recent evidence on the benefits of protein supplementation in frail elderly people.

Methods: We searched two electronic databases: PubMed and Web of Science. We included studies carried out on frailty people aged 65 or above. We included 7 randomized controlled trials and 1 observational study. Eligible studies were those which assessed association between nutritional and/or functional status and effects of nutritional supplementation.

Results: Recent studies have shown that clinical outcomes (nutritional and functional status) for frail elderly people can be improved using dietary protein supplementation, but no interventions have been developed to specifically reverse the syndrome of frailty.

Conclusion: Despite variables outcomes, protein supplementation should be considered as an important option for frail elderly people, but it´s necessary focus on the amount and on timing of the protein supplementation intake as well distribution over the main meals or between meals, safety of protein supplements, its satiety effects and its commercial availability. If the intervention with protein supplements proves to be safe and effective, it can be implemented easily in primary and community care, to help prevention in frail elderly people.

Disclosure: No significant relationships.

O005 / #1159

Topic: *2. Special groups of patients / 2.03 Elderly*

ORAL PRESENTATIONS
ELDERLY and MULTIMORBIDITY
07-07-2021 10:30 AM - 12:00 PM

PRE-FRAIL 80 FOLLOW UP

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Background:

Delaying frailty has important benefits in the elderly. Some studies show the effectivity of a multifactorial intervention in the fragile and pre-fragile elders, but only a few assess their long-term effectivity.

Frailty and its consequences have shown an increase in the usage of sanitary resources, resulting in higher costs.

Aim and learning objectives:

To evaluate the persistence, 36 months after, of the effects of a multifactorial community intervention in pre-fragile elders, using the available resources in primary care, as well as analysing the sanitary resources used and their costs.

Methods and timetable:

Randomized clinical trial in a Barcelona primary healthcare centre. We included 200 community-dwelling subjects aged ≥ 80 years meeting Fried pre-frailty criteria. Participants were randomized to intervention(IG) and control groups(CG). Follow-up was done after 24 and 36 months.

A socioeconomic analysis and evaluation of CRG were done.

(Proposed) Results / Conclusions:

135(67,5%) were evaluated, mean age 88,5 years and 64,4% women. At 36 months, fragile patients were higher in CG (22,1% IG vs 32,8% CG).

In CG there's a greater percentage of fragile patients(32,8%), after 36 months, without an increment in robust patients(1,5%). However, in IG robust patients at 12 months(14,7%) stay the same at 36 months and transition to fragile is much lower(22,1% IG vs 32,8% CG).

Sanitary costs during follow-up time was 3.110,00€ in CG and 2679,00€ in IG(p=0,554). Complexity in CG shows 5,8% and IG 6%, p=0,438.

An interdisciplinar multifactorial intervention realized by primary care professionals prevents development of frailty in pre-fragile elders and is sustainable. No significative difference in average costs neither CRG.

Disclosure: No significant relationships.

O006 / #1091

Topic: *1. Clinical topics / 1.05 Genitourinary*

ORAL PRESENTATIONS
SPECIAL GROUPS OF PATIENTS
07-07-2021 10:30 AM - 12:00 PM

UNWANTED PREGNANCY: GREATER INSIGHT IN REPRODUCTIVE and PSYCHOSOCIAL CARE NEEDS OF WOMEN BY ANALYSING REGISTRATION DATA OF GENERAL PRACTITIONERS

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Background: One in five Dutch women experience an unplanned pregnancy (UP) in their lifetime, of which two third are unwanted (UWP). Information on annual incidence of UWP is limited and insight into the need for psychosocial (after) care is lacking. The general practitioner (GP) plays a prominent role in the care for women with an UWP. The data GP's register about UWP and the care trajectories can be used to create more insight into care needs and the improvement of (after) care.

Aim(s): To create an overview of the prevalence of UWP and the reproductive and psychosocial care needs of woman with an UWP in The Netherlands.

Methods: Data were extracted from 36 general practices located in northern part of the Netherlands, in the period 2015 – 2019. Patient files were checked for the registration of International Classification of Primary care (ICPC) and Anatomical Therapeutic Chemical (ATC)-codes concerning reproductive and psychosocial health. Chi-square and Fishers exact test were used to calculate differences between woman with an UWP and/or abortion and women with a wanted pregnancy (WP).

Preliminary results: In total 49.479 women were included in the analyses, in total 781 (1.6%) had an UWP and/or abortion whereas 5833 (11.8%) had a registered WP. Results on contraceptive use and psychosocial problems in both groups are available to present at the World Organization of Family Doctors (WONCA).

Conclusions: Data registered by GP's is a good source for more knowledge about UWP in the Netherlands and the need for reproductive and psychosocial (after) care. It offers insights in areas to improve care.

Disclosure: No significant relationships.

O007 / #290

Topic: *2. Special groups of patients / 2.01 Children and adolescents*

ORAL PRESENTATIONS
SPECIAL GROUPS OF PATIENTS
07-07-2021 10:30 AM - 12:00 PM

THE MANAGEMENT OF CHILDREN WITH DAYTIME URINARY INCONTINENCE: SURVEY AMONG DUTCH GENERAL PRACTITIONERS

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Background and purpose

General practitioners (GPs) are the first physician to be consulted by parents with a child with daytime urinary incontinence (DUI). Because a guideline for DUI is lacking, GPs plan treatment without clear guidance. This also includes referral to urologists or pediatricians. We explored the GPs approach of children with DUI, including referrals.

Methods

We invited GPs who referred one or more children aged 4-18 years with DUI between January 2018 and September 2019 to a secondary care hospital, to complete a questionnaire, which consisted of patient-specific questions about the referred child, general questions about the management of DUI, and questions about the GPs themselves.

Results

Out of 244 questionnaires, 118 (48.4%) were returned by 94 different GPs. The main reasons for referral were the explicit wish of the child/parents (44.9%), and persistent symptoms despite treatment by the GP (39.0%). Most GPs took a history and performed any form of diagnostics before referral, with urine tests (61.0%) and physical examinations (49.2%) being most common. Treatment consisted mostly of life style advices; medication was started in 17.8% of cases. Most children were referred to the pediatrician (n=99, 83.9%). GPs stated they only refer to the urologist in specific situations.

Conclusions

Children with DUI are most often referred to a pediatrician, following diagnostics performed by the GP, but often without any treatment provided. The explicit wish of the child and/or parents is the most common reason for referral.

Disclosure: This work was supported by the Isala Innovation and Science fund.

O008 / #419

Topic: *2. Special groups of patients / 2.02 Women and men issues*

ORAL PRESENTATIONS
SPECIAL GROUPS OF PATIENTS
07-07-2021 10:30 AM - 12:00 PM

AN ITALIAN STUDY ASSESSING THE POPULATION PREVALENCE OF SELF-REPORTED GLUTEN SENSITIVITY IN PRIMARY CARE

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BACKGROUND and PURPOSE:

Reports suggest that gluten sensitivity exists in the absence of coeliac disease (CD). This clinical entity has been termed non-coeliac gluten sensitivity (NCGS). No data are available in primary care.

To determine the population prevalence of self-reported NCGS in primary care.

METHODS:

A population-based questionnaire screened for NCGS and related symptoms was administered to 18.624 patients of 14 General Practitioners' clinics, aged >6 years living in the area of Bari. The questionnaire was self administered and blinded.

RESULTS:

2301 out of the total of 4500 (51%) questionnaires were recovered. Overall, 275 patients (8,4%; F:59%; mean age: 49 years referred a gluten related symptoms (mainly GI related) with a rapid onset after meals (39% of cases within six hours) and lasting from 6 months (74% of cases). First suspicion of gluten-related syntoms was placed from GPs (48%),45% self-diagnosis. 67% consulted a specialist: the majority ask an opinion to dieticians (33%), while 31% to the general doctors. 23% had diagnosed CD, 1% WA, 13% NCGS and 66% nothing. 55% underwent blood tests,42% endoscopy. 60% patients followed a gluten free diet (GFD): 24% continued it with benefit.

CONCLUSIONS:

Self-reported NCGS is commonly reported in primary care mainly in female adults, with symptoms suggesting irritable bowel syndrome. GFD is often initiated without specialist consultation. This data stress the need to define a well defined informative campaign and diagnostic protocol to counsel patients of GPs.

Disclosure: No significant relationships.

O009 / #915

Topic: *2. Special groups of patients / 2.02 Women and men issues*

ORAL PRESENTATIONS
SPECIAL GROUPS OF PATIENTS
07-07-2021 10:30 AM - 12:00 PM

ASSESSMENT and QUALITY IMPROVEMENT ON DIAGNOSIS OF POSTPARTUM DEPRESSION

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Background and purpose: Pospartum depression (PPD) leads to an increased vulnerability to the development of mood disorders. In our Family Health Unit (FHU), we verify a reduced and non-systematized utilization of instruments that support the diagnosis of PPD. We aim to improve professionals' knowledge of postpartum depression, to improve postpartum care, with a greater focus on PPD and, finally, to develop a structured approach to PPD.

Methods: Study realized between December 2020 and May 2021. A training session was held for doctors and nurses in the FHU. It was prepared a patient information leaflet and a therapeutic guide for professionals. Family Planning (FP) appointments were scheduled 8 weeks after delivery. Here, the family doctor gives the woman the Edinburgh Posnatal Depression Scale (EPDS) questionnaire and scores the questionnaire and assesses the risk of PPD. If the score is ≥ 12, the possibility of PPD must be assessed and the patient must be referred to a Psychiatry Appointment at the referral hospital. The need to initiate therapy should be assessed.

Results: So far, 5 Family planning appointments have been carried out at 8 weeks after delivery. Of these, two patients had an increased risk of postpartum depression.

Conclusion: Early detection and treatment of PPD have been neglected in clinical practice. Increased efforts are needed to improve perinatal mental health care. Primary health care, as the first place of contact with the health system, constitutes an unique opportunity for timely detection of women at risk of PPD.

Disclosure: No significant relationships.

O010 / #272

Topic: *2. Special groups of patients / 2.06 Minorities*

ORAL PRESENTATIONS
SPECIAL GROUPS OF PATIENTS
07-07-2021 10:30 AM - 12:00 PM

HEALTH CARE FOR LGBTQIA+ POPULATION: TEAM INITIATIVES OF PRIMARY CARE IN THE CITY OF RIO DE JANEIRO

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Background and purpose: LGBTQIA+ population has been victimized by prejudice making it difficult to access their rights to integral health despite the advances in the elaboration of programs and public policies towards this group.The goal of this study is analyzing the initiatives developed by the teams of Primary Care towards the LGBTQIA+ population in Rio de Janeiro, and checking how those measurements are able to provide care to them. Methods: It's a quantitative study that uses an online questionnaire to identify such activities and semi structured interviews analyzed by Birdin content analysis method and discussed by the light of dimensions of care management of Luiz Carlos Cecílio. Results: We identified that most activities were group activities. Several actions have been interrupted in the latest years due to difficulties of conciliation with other activities and little workforce available. The little understanding about the health needs of such users has been pointed as a barrier to the access and to the integrality of care. It became clear that the services are little prepared to provide care to LGBTQIA+ people.The following analysis categorization: access to service and care; integrality of care; attachment to the health team; and qualification of the service provided were identify by the analyses of the interviews Conclusion: The potentiality of the studied activities are more related to individual initiatives from the professionals than to a systematic governmental political action. Getting over such difficulties require the development of institutional actions for the qualification of health services in dealing with the LGBTQIA+ population issues, as predicted in public politics.

Disclosure: No significant relationships.

O011 / #1079

Topic: *1. Clinical topics / 1.09 COVID-19*

ORAL PRESENTATIONS
INNOVATION and FUTURE TRENDS I
07-07-2021 5:30 PM - 7:00 PM

TELEMATIC MONITORING OF COVID 19 PATIENTS DURING THE PANDEMIC IN A PRIMARY CARE CENTER

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Background and purpose: COVID-19 pandemic has had a great impact and has changed the way of working, especially in primary care, where telephone assistance has been used in the management of mild-moderate patients who did not require admission. The objective of our study was to know the usefulness of the telephone assistance during the covid-19 pandemic period.

Methods: Descriptive study of patients monitored by telephone for COVID-19 at the CAP of Canet de Mar from 03/16/20 to 05/29/20. An anonymous Excel database was created, collecting data of sociodemographic characteristics, COVID symptoms, COVID tests results, and clinical evolution. For the data analysis, the R student program was used. For the descriptive analysis of the qualitative variables, the frequency and the percentage are shown, for the quantitative variables the mean and standard deviation are shown if the variable has a normal distribution or the median and the interquartile range otherwise.

Results: We included 416 patients, 1141 phone calls made, women (56%), mean age 45.31 (interquartile range between 36 and 56). Men had a higher average age. Diagnosis more observed was “Covid case”(31%) and “Covid contact”(31%). Most of avaluation was telematic, only 1% hospitalizated and exitus was 1%. Hospitalization was greater in men and in advanced age. Mortality was higher in women.

Conclusions: Telephone assistance during the pandemic is useful for the control of mild to moderate patients.

Disclosure: No significant relationships.

O012 / #521

Topic: *2. Special groups of patients / 2.06 Minorities*

ORAL PRESENTATIONS
INNOVATION and FUTURE TRENDS I
07-07-2021 5:30 PM - 7:00 PM

ENGAGING MIGRANTS WITH INFECTIOUS DISEASE SCREENING and CATCH-UP VACCINATION IN PRIMARY CARE: INNOVATIONS and NOVEL APPROACHES.

Jessica Carter[1], Felicity Ann Elizabeth Knights[2], Anna Deal[2], Ana Requena-Mendez[3], Sally Hargreaves[1]
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Background

Migration in Europe has risen substantially. Data shows that migrants face disproportionate burden of infections (tuberculosis, HIV, hepatitis, parasitic-infection) which go undiagnosed with potentially fatal complications. This population are also under-immunised, with migrants involved in outbreaks of vaccine-preventable-diseases.

There are major shortfalls in migrant infectious disease screening and catch-up vaccination. The ECDC recently called for innovative implementation strategies within primary-care.

This interactive session draws together research and innovation from across primary-care in Europe, to provide opportunities for discussion and sharing of challenges and solutions.

Aims:

Deepen understanding of infectious disease burden faced by migrants and understand scale of underdiagnosis and under-vaccination identified in recent European research.

Review successes and challenges of policies adopted by European countries.

Share examples of best practice/innovation

Critique 2 novel primary-care approaches from Spain and UK.

Reflect on how workshop will change practice

Timetable:

1 X 20 min-minute presentation drawing together recent research on infectious disease burden and under-vaccination of migrants in Europe and summarising current European policies successes and failures. (20 mins)

Interactive critique exercise of 2 novel screening and vaccination interventions (40mins)

Small-group discussion of barriers and facilitators to screening and catch-up vaccination in primary-care context with attendees to give examples of local innovation. (20 mins)

Whole-group summary of session with take-home solutions. (10 mins)

Conclusion:

This workshop aims to present evidence of high burden of infectious disease faced by migrants, to share examples of international innovation/best practice, provide a platform to discuss practical solutions and barriers to implementation of infectious disease screening and catch-up vaccination within primary-care settings and generate take home solutions

Disclosure: No significant relationships.

O013 / #398

Topic: *3. Overarching topics / 3.01 Personalised care*

ORAL PRESENTATIONS
INNOVATION and FUTURE TRENDS I
07-07-2021 5:30 PM - 7:00 PM

GENETIC RISK ASSESSMENT BASED ON A THREE-GENERATION FAMILY HISTORY: PRELIMINARY RESULTS FROM SLOVENIA

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Background and purpose

Well-validated tools for collecting family history can enable risk assessment for specific disease groups.

The purpose of this study was to determine high genetic risk for monogenetic and multifactorial diseases with an important genetic component in a population of people without medically proven chronic diseases, solely by an algorithm developed for this purpose.

Methods

A cross-sectional study in 40 Slovenian purposively sampled family medicine practices (FMPs) was carried-out in 2019. The participants came to FMPs for a preventive examination (30 for each FMP) and completed a questionnaire covering the basic demographic data. An algorithm using a Three-generation family history on monogenetic and complex genetic diseases was developed for genetic risk assessment, risk was categorised as average, moderate or high.

Results

There were 1,041 participants in this study, aged 42.7 ± 8.4 years; of all, 366 (35.2%) were males.

High genetic risk for any of studied disease was detected in 183 (17.6%) participants. High genetic risk for cancer, familiar hypercholesterolemia, and/or cardiovascular disease were assessed most often. However, these patients were previously not detected through common clinical management.

Conclusions

Our study offered prevalence data on genetic risk based on Three-generational family history for most of the diseases with a genetic component. The tool, which was developed in this study, showed potential for a great clinical usefulness; further validations will prove its efficiency and contribution in a patient-centered healthcare.

Disclosure: No significant relationships.

O014 / #557

Topic: *4. Education / 4.03 Professional education and development*

ORAL PRESENTATIONS
INNOVATION and FUTURE TRENDS I
07-07-2021 5:30 PM - 7:00 PM

TRAVEL FROM HOME? VIRTUAL EXCHANGES - ARE VIRTUAL EXCHANGES THE FUTURE OF INTERNATIONAL GENERAL PRACTICE EXPOSURE?

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Background

International GP exchanges are a highly valued way to share and experience different knowledge, skills and values. They are a mutually enriching method of learning from global health experience. Life commitments, cost, and current restrictions mean that physical travel to another country may not always be possible or convenient. This risks lost opportunities for learning, networking and personal development.

Aim

We aim to provide an evidence based overview of virtual practice exchanges, exploring what this might look like in different national contexts.

Methods/timetable

The session will consist of:

A brief interactive introduction to practice exchanges (5 min)

Presentation of the findings from a structured scoping review on virtual clinical exchanges (10 min)

Participants will then be able to take part in an abbreviated virtual exchange to a GP practice within the UK (15 min)

This will be followed by Q+A with UK GPs (10 min)

Case studies and lessons learned from virtual VdGM practice exchanges including the WONCA Berlin and Waynakay preconferences will be presented (10 min)

Participants will split into breakout groups to discuss what a virtual practice exchange might look like in their national context (20 min)

The session will close with open questions, answers and discussion to hosts and participants of previous virtual practice exchanges (15 min)

Conclusions

Participants will have an understanding of the definition and theory of a virtual practice exchange. This will be complemented by experiencing an exchange, hearing the practicalities of exchange organisation, and considering how a virtual exchange might work in their national context.

Disclosure: No significant relationships.

O015 / #186

Topic: *5. Research and innovation / 5.07 Future trends*

ORAL PRESENTATIONS
INNOVATION and FUTURE TRENDS I
07-07-2021 5:30 PM - 7:00 PM

DEFENSIVE MEDICINE and ITS PERCEPTION IN PRIMARY HEALTHCARE

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Defensive Medicine and its perception in Primary Healthcare

Background and purpose

Defensive medicine (DM) is defined as a deviation from standard medical practice for fear of medical malpractice claims and has serious consequences for patients, doctors and public funds. Our aim is to understand the perception of the practice of DM in Primary Health Care, specifically in the Health Centers Group of West Lisbon and Oeiras (HCG WLO).

Methods

We conducted a cross-sectional study between May 2019 and September 2020, including all 182 physicians working at HCG WLO. Each participant received a questionnaire to answer within two months and the results were analysed through SPSS® version 27.

Results

We included 138 questionnaires (11 excluded and 33 not answered). 61% of physicians consider DM a moderate problem and 92.2% have already practiced DM, which includes ordering additional exams (93,7%), referring more to secondary care (53,2%) and scheduling further appointments (34,9%). The main reasons for DM are the need for more information to make safer decisions (63,8%) and patient insistence on performing extra procedures (55,9%). 68.3% believe that practicing DM reduces malpractice claims.

Conclusions

Most physicians practice DM, although they consider it a problem and recognise its elevated costs. They believe that protocol development, legal support improvement, consultation time adjustment and health literacy promotion may diminish the problem. It was not possible to establish a statistical association between workplace, medical category, and DM practice due to the low number of participants. The research team aims to apply this protocol nationwide for more valid results and to promote new policies.

Disclosure: No significant relationships.

O016 / #1207

Topic: *5. Research and innovation / 5.07 Future trends*

ORAL PRESENTATIONS
INNOVATION and FUTURE TRENDS I
07-07-2021 5:30 PM - 7:00 PM

ENVIRONMENTAL IMPACT OF PHARMACEUTICALS IN GUIDELINES

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Introduction

In general practice, the greatest CO_2 emission (49%) is caused by pharmaceuticals. Also, pharmaceutical residues in effluents can lead to ecotoxicity. Adding sustainability as an extra criterium to achieve advices of good quality in guidelines is therefore urgently needed. Many doctors are motivated to work more sustainable, but are hindered by lack of knowledge. Our goal was to give information on environmental impact of pharmaceuticals in two Dutch guidelines: 'Asthma in adults' and 'Anaemia'.

Methods

During the development of both guidelines, we collected published data on environmental impact of pharmaceuticals, information on pharmaceutical ingredients and additives from the Summary of Product Characteristics (SMPC) of each registered drug and used information on environmental impact from the Swedish website www.fass.se. We consulted an expert on environmental impact of greenhouse gases used in MDI's for the treatment of asthma. For the impact of residues of iron supplements on water we consulted a toxicologist and pharmacist.

Results

Sustainability was used as one of the criteria for therapeutical advice in both updated guidelines. We added information on the negative impact of MDI's when choosing an inhaler for the treatment of asthma. We preferred ferrous fumarate tablets for the treatment of iron deficiency and advised against the use of ferrous sulfate slow release tablets that are not fully biodegradable.

Conclusion

Implementing environmental impact of pharmaceuticals in guidelines through a multidisciplinary approach, can be an effective way of increasing knowledge on sustainability of pharmaceuticals and can give doctors tools to prescribe more environmentally friendly.

Disclosure: No significant relationships.

O017 / #119

Topic: *3. Overarching topics / 3.02 Shared decision making and patient empowerment*

ORAL PRESENTATIONS
SHARED DECISION MAKING
07-07-2021 5:30 PM - 7:00 PM

WOMEN and PARTNERS FACING AN UNWANTED PREGNANCY NEED MORE COUNSELLING and SUPPORT IN THE DECISION-MAKING PROCESS and ANTENATAL, POST-PARTUM and POST ABORTION CARE: CONCLUSIONS FROM A SYSTEMATIC REVIEW

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Background and purpose: One in five Dutch women experience an unwanted pregnancy (UWP) in their lifetime. Over half of these women consult their general practitioner (GP) regarding the UWP. Despite the prominent role GPs play in the care for women and their partners, they have little experience in UWP-care. Both UWP-women and professionals working in abortion clinics have raised concerns about counselling and aftercare provided by GPs. Partners are underrepresented in literature and policy. The aims is to identify the experiences and needs of UWP-women and –men, to formulate recommendations to improve UWP-care.

Methods: The protocol was registered under PROSPERO number 196461. The search was performed in MEDLINE, PubMed, EMBASE, PsycINFO, CINAHL and Web of Science, using the keywords ‘Unwanted pregnancy’, ‘Decision-making’, ‘Counselling’, ‘Experience’ and ‘Needs’. In total 3,433 articles were screened for eligibility. After methodological quality appraisal 18 studies were included (from 6 countries, published between 2000 and 2019). Thematical analysis was performed.

Results: The results for UWP-women illustrate the need for accurate information, empowerment of decision ownership and sensitivity to their existential experiences. All three factors have been found to influence the mental wellbeing after termination of pregnancy. Influences on the wellbeing after carrying an UWP to term were not found. UWP-partners experiences are coloured by the level of involvement in the decision-making process and signify the need for organized support to aid for UWP-men.

Conclusions: The results indicate areas to improve UWP-care. Focus needs to be on the active support of women and partners by their health care providers, to improve the psychological outcome.

Disclosure: No significant relationships.

O018 / #132

Topic: *3. Overarching topics / 3.02 Shared decision making and patient empowerment*

ORAL PRESENTATIONS
SHARED DECISION MAKING
07-07-2021 5:30 PM - 7:00 PM

DEVELOPING A TOOL FOR PATIENT INVOLVEMENT IN GENERAL PRACTICE: THE PREPARING PATIENTS FOR ACTIVE INVOLVEMENT IN MEDICATION REVIEW (PREPAIR) TOOL

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Background and purpose: Active patient involvement can contribute to improved treatment outcomes and more patient-centered care. Yet, patient involvement remains a challenge in clinical practice. We aimed to develop a new tool, the PREparing Patients for Active Involvement in medication Review (PREPAIR) tool, to enhance systematic patient involvement in conversations about medication optimization in general practice.

Methods: A literature review was conducted and followed by co-producing activities: 1) a workshop with six GPs and 2) pilot testing including observations and interviews with 22 patients, three GPs and three staff members. During this process, continuous adaptations of the PREPAIR were made.

Results: The final tool included five questions: 1) satisfaction with current medications, 2) experience of taking too much medication, 3) major side effects, 4) experience of taking unnecessary medication, and 5) medication-related topics to discuss with the GP (open-ended question). The PREPAIR tool was completed by the patient before the GP consultation to encourage patient reflections on own medications. During the consultation, the GP's focus changed from the computer towards the patient, questionnaire responses were reviewed, and potential medication-related problems were discussed. The patients were empowered to speak, and the GPs improved their understanding of patient perspectives on medications. Although some GPs suggested a broader scope on health perspectives, the PREPAIR tool was received positively by both patients and GPs.

Conclusions: We developed a brief and useful tool to support systematic patient involvement in general practice. Future research should address whether the PREPAIR tool can contribute to improved patient outcomes and quality of care.

Disclosure: No significant relationships.

O019 / #194

Topic: *3. Overarching topics / 3.02 Shared decision making and patient empowerment*

ORAL PRESENTATIONS
SHARED DECISION MAKING
07-07-2021 5:30 PM - 7:00 PM

A SYSTEMATIC APPROACH TO IDENTIFY and PRIORITIZE OPTION TABLES FOR RECOMMENDATIONS IN NHG-GUIDELINES

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1. Background and purpose

The Dutch College of General Practitioners (NHG) has a longstanding comprehensive guideline programme including 135 clinical practice guidelines. In recent years, these guidelines are adapted to facilitate shared decision making, including the integration of decision support tools, such as option tables. To guide the development of option tables, we identified preference-sensitive recommendations within the clinical practice guidelines, for which option tables are most needed, as resources are limited.

2. Methods

We systematically analysed all 135 NHGs clinical practice guidelines and selected all preference-sensitive recommendations. Based on several criteria, we then assessed for which recommendations an option table can have added value. Recommendations for which an option table is not yet available or under development, were added to the longlist. In the upcoming months this longlist will undergo prioritization by several stakeholders such as general practitioners and patient(organisation)s.

3. Results

We identified 87 preference-sensitive recommendations for which an option table can have added value according to our criteria. For 10 recommendations, an option table is already available or under development in primary or multidisciplinary care. The remaining 77 recommendations will undergo prioritization. The results of this prioritization will be presented at WONCA, July 2021.

4. Conclusions

We systematically identified and prioritized preference-sensitive recommendations within NHGs clinical practice guidelines, for which an option table can have added value. This will guide us to make sensible choices for a programmatic approach of the development of option tables.

Disclosure: No significant relationships.

O020 / #213

Topic: *3. Overarching topics / 3.02 Shared decision making and patient empowerment*

ORAL PRESENTATIONS
SHARED DECISION MAKING
07-07-2021 5:30 PM - 7:00 PM

DUTCH GENERAL PRACTITIONERS' VIEWS ON AN (EARLY) DEMENTIA DIAGNOSTIC TRAJECTORY and IMPLEMENTATION OF SHARED DECISION-MAKING THEREIN: A QUALITATIVE INTERVIEW STUDY

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Background and purpose: Clinicians, researchers, and Alzheimer Societies, stress the importance of an early dementia diagnosis in a mild stage. However, whether this is an improvement in patients' health and well-being is still debated. Ideally, shared-decision making (SDM) is implemented to discuss the potential benefits and harms of an early diagnosis and disclosure with patients. This study explores experiences and considerations of GPs regarding an (early) diagnostic trajectory for dementia and implementation of SDM therein.

Methods: In this qualitative study, GPs and practice-based nurses were interviewed. Topics included views concerning early dementia diagnosis, the decision-making process for starting a diagnostic trajectory, and views on the implementation of SDM in this regard.

Results: 16 GPs and practice-based nurses in the Netherlands were interviewed. Several considerations concerning the timing of a dementia diagnosis were identified including; (1) decrease in patients' quality of life (QoL) due to an (early) diagnosis, (2) potential advantages of an early diagnosis for patients and their significant others (3) the possibility of a misdiagnosis (4) experiences related to a dementia diagnosis in a late disease stage.

Several patient and dyad related factors were identified that could hinder or facilitate the implementation of SDM in general practice.

Conclusions: Most GPs were in favour of a timely (instead of an early) diagnostic trajectory (i.e. initiated at the right time for patients and significant others to meet their needs and expectations) and emphasized the importance of their patients' QoL. GPs favour patient involvement in deciding on an (early) diagnostic trajectory, but several barriers and facilitators (e.g. patients' expectations regarding treatment) affect SDM.

Disclosure: No significant relationships.

O021 / #549

Topic: *3. Overarching topics / 3.02 Shared decision making and patient empowerment*

ORAL PRESENTATIONS
SHARED DECISION MAKING
07-07-2021 5:30 PM - 7:00 PM

THE NATIONAL PROGRAM FOR PATIENTS' ONLINE ACCESS TO MEDICAL RECORDS IN THE NETHERLANDS – A MESSAGE FROM THE FLIGHT DECK

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Background and purpose

OPEN, the Dutch national program to help general practitioners with online access to medical records for patients, is two years into its 4 year duration. With an enrolment of 97% of GPs and a potential reach of the entire population, the impact on patient doctor relations, patient empowerment and shared decision making is substantial.

Closely monitoring the progress and course of OPEN via a data cockpit, the authors present first-hand information 'from the flight deck'.

Methods

Data on implementation by GPs and usage of online access by patients was collected in all 57 regions and 4745 GP-practices (of 4887) via quarterly measurements. A survey among staff enrolled in an eLearning (n = 24.994) measured attitude towards online access. Social Return on Investment Analysis provided insight in costs and benefits. Scientific research is conducted with the Universities of Nijmegen and Maastricht and the Netherlands Institute for Health Services Research.

Results

During the second half of 2020 almost 80% of practices implemented and 5% of the population aged over 15 used online access (0% to 24% of regional population). Significant regional (65-89%) and inter-staff (55-85%) variability in positive attitude towards online access were found prior to implementation in 2020. Positive attitude was higher than the 35% found by the national e-health monitor in 2018. As quarterly data-sets accumulate, insight is gained in the cause and background of these differences.

Conclusions

Monitoring and internationally comparing data of a national program for 'open notes' offers unprecedented insight in this major change in patient doctor relations and changing attitude of medical staff in the Netherlands.

Disclosure: No significant relationships.

O022 / #519

Topic: *4. Education / 4.01 Patient education*

ORAL PRESENTATIONS
SHARED DECISION MAKING
07-07-2021 5:30 PM - 7:00 PM

GPINFO.NL: SUPPORTING INTERNATIONAL PATIENTS and THEIR GENERAL PRACTITIONERS IN THE NETHERLANDS WITH INDEPENDENT and RELIABLE DIGITAL HEALTH INFORMATION IN ENGLISH

Freke Zuure[1], Patrick Jansen[1], Jantine Woudstra[1], Marjolein Van Lennep[1], Mariella Schreur[2], Johannes De Boer[3], Lidy Pols[1], Dirk Jan Frijling[4]
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Background and purpose

Foreign-born persons unfamiliar with Dutch health practices have less confidence in the Dutch healthcare system and the GP. Cultural and language barriers can impede good delivery of care. Thuisarts.nl, the patient information website of the Dutch College of General Practitioners, offers reliable and easy-accessible health information. Thuisarts.nl supports GPs with patient education and improves patient empowerment. We evaluated the usage and perceived usefulness of an English pilot-version (GPinfo.nl) among internationals (i.e., foreign-born persons living in the Netherlands for work or study) and GPs in the Netherlands.

Methods

GPinfo.nl offers a selection of medical (n=19) and Dutch-healthcare topics (n=15), 1:1 translated from Thuisarts.nl. Newsletters and the Healthcare for internationals (H4i.nl) network promoted GPinfo.nl among GPs. A limited-budget social-media and Google-Adwords campaign was setup to reach internationals. The website was monitored from September-December 2020 using web-statistics, an online exit-survey (n=148), interviews (n=6) among internationals, an online survey (n=68) and interviews (n=6) among GPs.

Results

GPinfo.nl had 20,342 visits. 79% (95%CI=72-85%) and 78% (95%CI=72-85%) of internationals perceived GPinfo.nl to be reliable and relevant, respectively. 70% (95%CI=59-81%) and 77% (95%CI=67-87%) of GPs indicated that GPinfo.nl improved their interaction with international patients and the efficiency of their consultations, respectively. Internationals and GPs encouraged the initiative. Their suggested improvements for more impact were: more healthcare-system-related information and explanation of Dutch medical practices, greater coverage of medical subjects, and incorporation of cross-cultural sensitivity.

Conclusions

This pilot confirmed the need for and potential impact of health(care) information in English for internationals and GPs. However, a 1:1 translation of Thuisarts.nl seems yet insufficient and adaptation is required.

Disclosure: No significant relationships.

O023 / #510

Topic: *1. Clinical topics / 1.01 Cardiovascular*

ORAL PRESENTATIONS
CARDIOVASCULAR
08-07-2021 5:30 PM - 7:00 PM

THE APPROPRAITNESS OF CARDIOVASCULAR MEDICATION IN OLDER ADULTS: A QUALITATIVE RAM-STUDY

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Background and purpose

With accumulation of diseases, limitations and approaching end of life, the question rises for whom cardiovascular preventive medication (CPM) is still appropriate. We aimed to assess how various clinical characteristics influence the appropriateness of cholesterol lowering treatment, blood pressure lowering treatment and platelet aggregation inhibitors in older adults.

Methods

With the RAND/ UCLA appropriateness Method (RAM) the appropriateness of CPM for adults ≥75 year was assessed, depending on cardiovascular history, complexity of health problems, age, side-effects and life expectancy. The RAM consists of a preparation phase and two rounds of individual ratings by panelists, with one face-to-face panel between these rounds. A treatment was considered appropriate when the expected benefits exceed the negative consequences by a sufficiently wide margin. The multidisciplinary panel consisted of eleven (medical) experts with diverse backgrounds and three older people.

Results

The panelists emphasized the importance of the individual context when deciding to start or stop CPM. However, different patterns of appropriateness judgments across the clinical scenarios and types of medication were found. In general, absence of cardiovascular disease, presence of complex health problems, a life-expectancy < 1 year, and hindering side-effects were important factors in decreasing the appropriateness of medication. Stopping CPM was judged differently than not starting.

Conclusions

In the final decision to start or stop CPM, the individual context was considered decisive. However, general trends of how clinical characteristics influence the appropriateness according to the panelists were identified. Also, stopping and not starting CPM appeared to be two distinct concepts.

Disclosure: No significant relationships.

O024 / #682

Topic: *1. Clinical topics / 1.01 Cardiovascular*

ORAL PRESENTATIONS
CARDIOVASCULAR
08-07-2021 5:30 PM - 7:00 PM

AF-REACT STUDY – ATRIAL FIBRILLATION MANAGEMENT STRATEGIES IN CLINICAL PRACTICE: RETROSPECTIVE LONGITUDINAL STUDY FROM REAL-WORLD DATA IN NORTHERN PORTUGAL

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Background and purpose

In Portugal in 2010, the FAMA study verified an overall prevalence of atrial fibrillation (AF) of 2.5% in a population sample older than 40 years and only 56.8% of patients with AF were prescribed adequate oral anticoagulation. The aim is to determine the prevalence of AF and to assess how these patients are being cared for: what anticoagulants are being prescribed and are they being prescribed as recommended?

Methods

Retrospective longitudinal study. This study was conducted in the Regional Health Administration of Northern Portugal and used a database that included 63,526 patients with code K78 of the International Classification of Primary Care between January 2016 and December 2018.

Results

The prevalence of AF among adults over 40 years in the northern region of Portugal was 2.3% in 2016, 2.8% in 2017, and 3% in 2018. From a total of 63,526 patients, 95.8% had an indication to receive anticoagulation therapy. Of these, 44,326 (72.9%) are being treated with anticoagulants: 17,936 (40.5%) were prescribed vitamin K antagonists and 26,390 (59.5%) were prescribed non-vitamin K antagonist anticoagulants. On the other hand, 2688 patients of the total (4.2%) had no indication to receive anticoagulation therapy. Of these 2688 patients, 1100 (40.9%) were receiving anticoagulants.

Conclusions

The prevalence of AF is 3%. Here, we report evidence of both undertreatment and overtreatment. Albeit having an indication, a considerable proportion of patients (27.1%) are not anticoagulated, and among AF patients without an indication to receive anticoagulation therapy, a considerable proportion (40.9%) are receiving anticoagulants.

Disclosure: No significant relationships.

O025 / #721

Topic: *1. Clinical topics / 1.01 Cardiovascular*

ORAL PRESENTATIONS
CARDIOVASCULAR
08-07-2021 5:30 PM - 7:00 PM

SEX DIFFERENCES IN CHARACTERISTICS, TRIAGE ASSESSMENT and CLINICAL OUTCOMES AMONG PATIENTS WITH CHEST PAIN IN URGENT PRIMARY CARE

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Background and purpose

Telephone triage is fully integrated in urgent primary care in the Netherlands. The underlying triage protocols do not consider possible differences between men and women. We aim to evaluate sex-specific differences for acute-onset chest pain, a key symptom in which adequate triage is pivotal.

Methods

A retrospective cohort study of consecutive patients who contacted a regional, urgent primary care facility in Alkmaar, the Netherlands in 2017. We performed descriptive analyses on sex differences in patient and symptom characteristics, triage assessment and subsequent outcomes.

Results

A total of 1,804 patients were included, the median age was 54 years and 57.5% were female. Women more frequently reported centrally located chest pain (32.2% vs 27.7%), nausea (23.4% vs 15.7%) and radiating pain to the back or jaw(s) (9.5% vs 5.9% and 5.8% vs 2.5% respectively).

Cardiovascular comorbidities were less common among women (47.5% vs 54.3%). Triage urgencies were comparable between men and women, with comparable ambulance activation rates. However, women were more often visited at home (10.9% vs 7.4%). At follow-up, women less often had an underlying cardiovascular condition (21.1% vs 29.7%), including acute coronary syndrome (5.3% vs 8.5%), when compared to men.

Conclusion

There are considerable differences between women and men who contact urgent primary care with chest pain. Notably, women have different symptom presentation, fewer cardiovascular risk factors, and lower risk of an underlying cardiovascular condition compared to men. Despite being at lower risk, ambulance activation is comparable between women and men.

Disclosure: No significant relationships.

O026 / #1109

Topic: *1. Clinical topics / 1.01 Cardiovascular*

ORAL PRESENTATIONS
CARDIOVASCULAR
08-07-2021 5:30 PM - 7:00 PM

ABDOMINAL AORTIC ANEURYSM and AORTIC ECTASIA PREVALENCE IN A POPULATION WITH RISK FACTORS FOR ARTERIOSCLEROSIS: THE ILERVAS PROJECT.

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1. Background and purpose

Ruptured Abdominal Aortic Aneurysm (AAA) early diagnosis reduces mortality. According to literature 50% of Aortic Ectasias (AE) evolves into AAA, thus an adequate control contributes to stop its progression.

The aim was to assess prevalences of AAA and AE in men above 50 years old in the Spanish province of Lleida and to describe risk factors.

2. Methods

Descriptive and longitudinal study using data from ILERVAS study[1].

Sample was described by calculating prevalences of AAA and EA plus conditioning to risk factors: Smoking, hypertension, dyslipidemia and obesity.

3. Results

Sample consisted in 1125 participants between the ages of 58 and 66. 18 of them have AAA and 62 AE. 31.1% of they were obese, 74.6% smokers, 52.2% hypertensive and 51.2% dyslipidemics.

AAA sample prevalence is 1.6% (CI95%: 0.867-2.33). For smokers and obese was found an estimation higher and significant: 2.1% (CI95%: 1.053-2.947) and 2.6% (CI95%: 0.933-4.267).

AE sample prevalence is 5.5% (CI95%: 4.168-6.832). Smokers and hypertensive throw higher and significant values: 5.8% (CI95%: 4.006-7.934) and 5.9% (CI95%: 4.079-7.921).

4. Conclusions

Prevalences of AAA and AE showed to be similar to those found in literature for Spain. Smoking seems to be a common risk factor for both.

Given the rate of evolution from AE to AAA mentioned, 31 participants with AE could develop AAA in 5 years if risk factors remain uncontrolled.

[1] Betriu, À. et al. Estudio de intervención aleatorizado para evaluar la prevalencia de enfermedad ateromatosa y renal ocultas y su impacto en la morbimortalidad: Proyecto ILERVAS. Nefrología 36, 389–396 (2016).

Disclosure: No significant relationships.

O027 / #401

Topic: *1. Clinical topics / 1.02 Diabetes mellitus*

ORAL PRESENTATIONS
CARDIOVASCULAR
08-07-2021 5:30 PM - 7:00 PM

ASSOCIATION OF TYPE 2 DIABETES REMISSION and RISK OF CARDIOVASCULAR DISEASE IN PRE-DEFINED SUBGROUPS

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Background: The extent to which remission of type 2 diabetes is associated with reduced cardiovascular disease (CVD) outcomes in key subgroups is unknown. We aimed to quantify the association between type 2 diabetes remission and 5-year incidence of CVD outcomes, overall and in pre-defined subgroups.

Methods: A retrospective cohort analysis of 65,347 adults with type 2 diabetes from the Care and Health Information Analytics (CHIA) database. Multivariable Cox models assessed the association between remission within the first two years of follow-up and incidence of CVD outcomes including events, microvascular and macrovascular complications at 7-year follow-up. Effect modification by age, sex, diabetes duration, pre-existing CVD, baseline body mass index (BMI) and HbA_{1c} level were assessed.

Results: 29,705 (46.0%) people achieved remission during the first two years of follow-up. Overall, remission was associated with lower risk of CVD outcomes. Remission was associated with reduced risk of CVD events and microvascular complications for younger age groups (aHR ranging from 0.51(0.38-0.69) to 0.85(0.76-0.96)) but not in those aged 85+ years (aHR: 0.74 (0.52-1.05) and aHR: 0.77 (0.60-1.00), respectively). People with no comorbidities had lowest risk of CVD events (aHR: 0.67(0.57-0.77), microvascular complications (aHR: 0.64(0.58-0.70)), macrovascular complications (aHR: 0.74(0.64-0.84)) compared to those with 1-2 or more than 3 comorbidities (aHR: 0.79 (0.67-0.93), aHR: 0.81(0.72-0.90), aHR: 0.83(0.73-0.95), respectively). There were no significant interactions in the remaining subgroups.

Conclusions: Achieving remission of type 2 diabetes is associated with a lower risk of CVD outcomes, particularly for younger groups and those with few comorbidities. Targeted interventions that focus on promoting remission in these groups may reduce the impact of CVD and associated health costs.

Disclosure: No significant relationships.

O028 / #131

Topic: *1. Clinical topics / 1.01 Cardiovascular*

ORAL PRESENTATIONS
CARDIOVASCULAR
08-07-2021 5:30 PM - 7:00 PM

SUDDEN DEATH IN GENERAL PRACTICE and GENETICS

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Background: There is a knowledge gap regarding etiology and potential genetic cause in sudden cardiac death (SCD) among individuals who appear healthy before the event in the general practice.

Purpose: To describe causes of SCD and the potential for a genetic association in apparently healthy patients in the general practice population in Leiden, the Netherlands.

Methods: Patients were recruited from the database of the Department of Pathology of the Leiden University Medical Centre from December 2008 to December 2018. A textual search was applied for “heart*”,” sudden”, *card*”, “OHCA”, “out of hospital”, “cardiac” and “arrest” in the autopsy reports. Of included cases the complete autopsy report was read, and cause of death retrieved. Cases with non-cardiac death or congenital heart disease were excluded. Cases were then analyzed by in-hospital (IHCA) or out-of-hospital cardiac arrest (OHCA) and further categorized to cardiomyopathy (CMP), coronary (CHD) or electric heart disease (EHD) or sudden unexplained cardiac death (SUD).

Results: Of 1177 cases, 96 (8%) cases with SCD were analyzed according to OHCA vs. IHCA; (67;70% vs. 29; 30%, p<0.001). Mean age was <50 yrs. (47.8 yrs. in OHCA vs. 49.7 yrs. in OHCA, respectively p=0.75). CHD was present in 31(46%) OHCA vs. 12(42%) IHCA cases (p=NS); CMP in 7 (10%) vs. 15 (52%), p<0.001; EHD 1(2%) vs. 1(3%), p=NS) and SUD 28 (42%) vs. 1 (3%), p<0.001). In SUD a genetic cause was suspected in 5/28 (18%) of cases.

Conclusion: SCD was more frequent in OHCA (p<0.001). In SUDs a genetic cause was suspected in 18% of cases.

Disclosure: No significant relationships.

O029 / #199

Topic: *1. Clinical topics / 1.01 Cardiovascular*

ORAL PRESENTATIONS
MENTAL HEALTH I
08-07-2021 5:30 PM - 7:00 PM

CARDIOVASCULAR RISK MANAGEMENT IN PATIENTS WITH SEVERE MENTAL ILLNESS OR TAKING ANTIPSYCHOTIC TREATMENTS: BARRIERS and FACILITATORS AMONG DUTCH GENERAL PRACTITIONERS

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Background and purpose

Patients with severe mental illness (SMI) or receiving treatment with antipsychotics (APs) have an increased risk of cardiovascular disease. Annual screening of their cardiovascular risk (CVR) increasingly depends on general practitioners (GPs) because of the shift of mental healthcare from secondary to primary care and the surge of off-label AP prescriptions. Nevertheless, the uptake of patients with SMI/APs in cardiovascular risk management programmes in Dutch primary care is low.

The purpose was to explore the barriers and facilitators perceived by GPs to perform CVR screening in patients with SMI or receiving APs.

Methods

A qualitative interview study among Dutch GPs. Barriers and facilitators were explored by individual in-depth, semi-structured interviews using a computer-generated list of eligible patients with SMI or APs but without annual CVR screening. Data were analysed thematically.

Results

The main barriers were: (i) underestimation of patient CVR and ambivalence to apply risk-lowering strategies such as smoking cessation, (ii) disproportionate burden on GPs in deprived areas, (iii) poor information exchange between GPs and psychiatrists, and (iv) scepticism about patient compliance, especially those with more complex conditions. The main facilitators included: (i) support of GPs through the use of a computer-generated list of eligible patients and (ii) involvement of family or carers.

Conclusions

This study indicates the preconditions required to facilitate GP inclusion of this specific population in primary care CVR management programmes, namely adequate recommendations in practice guidelines, improved consultation opportunities with psychiatrists, practical advice to support patient adherence, and incentives for practices in deprived areas.

Disclosure: No significant relationships.

O030 / #151

Topic: *1. Clinical topics / 1.07 Mental*

ORAL PRESENTATIONS
MENTAL HEALTH I
08-07-2021 5:30 PM - 7:00 PM

PHYSICAL ACTIVITY and MENTAL HEALTH: A PRIMARY CARE CONTEXT

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Background: Increased physical activity (PA) results in huge benefits to mental and physical health. Despite this, many GPs struggle to support people to become regularly and consistently active. Encouraging PA is a simple, cost-effective way to reduce morbidity and mortality, reduce prescribing and improve mental health. Behavioural, social, policy and environmental approaches have been suggested to support people to become physically active. This workshop aims to help GPs support patients to become physically active to improve their mental health.

Learning objectives:

1. To better understand the relationship between PA and mental health.
2. To understand ways that General Practitioners can support patients to become physically active.

Methods: The virtual workshop will involve a mixture of whole group teaching, interactive questions, a quiz and breakout rooms to share experiences and learn from each other. Videos and example consultations will be used.

Proposed timetable:

Minutes 0-10:
Introduction
Aims
Minutes 10-20:
Global picture: the most/least active nations – interactive quiz.
WHO guidance: PA and mental health
Minutes 20-30*:
Shared experiences of recommending PA for mental health.
Minutes 30-45:
Review of current evidence about PA and mental health
Strength of the evidence base
Relationship to clinical practice
Minutes 45-60:
Ways to encourage PA:
Social/behavioural approaches
Policy and environmental approaches
Motivational interviewing
Minutes 60-70*:
Case scenarios
Minutes 70-85:
Motivational Interviewing to encourage PA:
Basic concepts
Example consultation
Resources
Minutes 85-90:
Summary
*=Breakout session

Conclusions: After attending, GPs will be more confident to recommend PA to improve mental health, understand the evidence supporting PA and mental health and understand ways to support patients to become physically active.

Disclosure: No significant relationships.

O031 / #363

Topic: *3. Overarching topics / 3.07 Health promotion and prevention*

ORAL PRESENTATIONS
MENTAL HEALTH I
08-07-2021 5:30 PM - 7:00 PM

PERCEPTION OF PRIMARY HEALTH CARE RESPONSE CAPACITY BY PATIENTS SUFFERING MENTAL HEALTH PROBLEMS and WITHOUT THEM: QUALITATIVE STUDY.

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1.Background and purpose: Health Systems' Response Capacity (HSRC) is defined as the "ability of the health system to meet the population's legitimate expectations regarding their interaction with the health system, apart from expectations for improvements in health or wealth". HSRC is measured through eight domains which are dignity, confidentiality, communication, autonomy of individuals, prompt attention, basic quality of facilities, access to social support networks, and choice of care providers. The objective of this study is to deepen towards Primary Health Care Response Capacity by specifically using patients suffering from a mental disorder, and without these health problems.

2.Methods: Qualitative methodology. For this study, in-depth interviews were conducted with 28 patients with and without mental health disorders. An inductive thematic content analysis by pairs was performed using grounded theory in order to explore, develop and define the analysis.

3.Results: The fundamental domains for patients are dignity, communication, and rapid attention. People with mental health problems also highlight the domain of confidentiality as relevant, while patients who don't have a mental health problem prioritize the domain of autonomy. Patients with mental health disorders report a greater number of negative experiences in relation to the domain of dignity. The interrelationship between domains also appears in the discourses with there being mention of a relationship between clear communication, autonomy, dignity.

4.Conclusions: The prevalence of patients with mental illness who use primary care is quite high; therefore, it is necessary to determine the factors that influence its responsiveness, in order to plan the resources to be offered to this population at this early care level.

Disclosure: No significant relationships.

O032 / #88

Topic: *5. Research and innovation / 5.01 Research methodology*

ORAL PRESENTATIONS
MENTAL HEALTH I
08-07-2021 5:30 PM - 7:00 PM

FEASIBILITY STUDY FOR CONDUCTING A RANDOMIZED, CONTROLLED TRIAL OF THE ADJUNCTIVE USE OF MICRONUTRIENTS FOR PATIENTS WITH BIPOLAR DISORDER

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1. Background and purpose: Uncontrolled, non-randomized studies have shown pre-and post-intervention improvements in patient-reported symptoms for bipolar disorder in association with supplementation with micronutrients and fish oil. This feasibility study aimed to guide a larger randomized, controlled trial in a rural primary care residency training clinic in the northeastern United States.

2. Methods: Patients were recruited with a confirmed diagnosis of bipolar disorder, either type. Baseline questionnaires were administered. Patients were randomized to active or placebo conditions in a 3:2 ratio. They were begun on 2 capsules twice daily of a micronutrient formula with 35 ingredients (details at www.truehope.com) (or a placebo containing riboflavin to turn their urine yellow) plus Wylie's Alaskan Finest Fish Oil at a dose of 2.1 gm of eicosapentaenoic acid (EPA) acid daily (or olive oil placebo). The dose of micronutrients was increased monthly until a final dose of 8 capsules twice daily was achieved at the beginning of month 4. Questionnaires were administered monthly.

3. Results: One hundred twenty participants were randomized, and 50 continued for 4 months. Only 2 patients continued to 12 months. Of those who provided four months of data, statistically significant improvement occurred on the Clinical Global Impressions Scale (CGI) and the Basis-24 patient rating scale. On the My Medical Outcomes Profile version 2 (MYMOP2), treated patients reported greater improvement than untreated patients.

4. Conclusions: While patients improved when they took the supplements, patients were not able to continue to the one year mark. Future studies need patients' physicians to be more directly involved in supporting compliance with the protocol.

Disclosure: No significant relationships.

O033 / #825

Topic: *5. Research and innovation / 5.04 Big data research*

ORAL PRESENTATIONS
MENTAL HEALTH I
08-07-2021 5:30 PM - 7:00 PM

CHRONIC OBSTRUCTIVE PULMONARY DISEASE and MENTAL HEALTH IN MEN - A POPULATION-BASED STUDY

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Introduction: Chronic obstructive pulmonary disease (COPD) is a major cause of worldwide morbidity and mortality, being associated with high prevalence of mental disorders. Therefore, we analysed men with self-reported COPD regarding socio-demographic data and several dimensions of mental health.

Methods: We analysed data from a population-based survey with a representative sample of Portuguese men aged ≥40 years (n=5,707), in 2014. We performed an age- and education-adjusted comparison of the prevalence of depression diagnosis, use of mental health consultations and different dimensions of mental health disease according to self-reported COPD diagnosis. We estimated weighted prevalences with 95% confidence intervals (95%CI) and adjusted prevalence ratios (PR) using Poisson regression. This study was approved by ethics committee.

Results: The nationwide prevalence of COPD in men was 6.4% (95%CI: 5.5-7.2), increasing with age, with a prevalence of 13.7% (95%CI: 10.8-16.6) for ≥75-year-old men. Men with COPD had an adjusted higher prevalence of depression diagnosis [PR=2.07 (1.45-2.98)]. They also reported more commonly life insatisfaction [PR=1.57 (1.23-2.00)], perceiving health-status as bad [PR=1.76 (1.44-2.16)], indifference for daily activities [PR=1.68 (1.39-2.03)], depressed mood [PR=1.67 (1.40-1.98)], sleep disturbances [PR=1.40 (1.20-1.62)], fatigue [PR=1.63 (1.44-1.84)], feeling of worthlessness or guilt [PR=2.13 (1.71-2.66)] and difficulty in concentrating [PR=1.62 (1.23-2.19)].

Conclusion: These findings provide evidence that COPD is associated with mental health, namely depression, being a major component of the burden of this disease among men. The clinicians should be aware of this association in order to have a high level of suspicion to mental health disturbances when assessing men with COPD.

Disclosure: No significant relationships.

O034 / #328

Topic: *1. Clinical topics / 1.10 Others*

ORAL PRESENTATIONS
MENTAL HEALTH I
08-07-2021 5:30 PM - 7:00 PM

EXPERIENCES OF GPS EXPLAINING CENTRAL SENSITIZATION TO PATIENTS WITH PERSISTENT PHYSICAL SYMPTOMS

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Experiences of GPS explaining central sensitization to patients with persistent physical symptoms

Objective

It is important for patients with persistent physical symptoms (PPS) to get an acceptable explanation for their symptoms. Central sensitization (CS) is an explanatory model for PPS and chronic pain in, amongst others, physiotherapy and rehabilitation medicine, but until now it is not often used by general practitioners (GPs). We aimed to assess the role of CS as explanatory model both on GPs and on patients.

Methods

We trained 33 GPs with their mental health nurse practitioners and (psychosomatic) physiotherapists. We gave a short training in explaining CS. We provided training materials like videos, drawings, an educational paper and books. After 0.5-1.5 year applying the model, 26 GPs participated in focus groups and interviews to report and discuss their experiences with and thoughts on CS as explanatory model. Next to that, we organized a multidisciplinary focus group with experts. Audio recordings were transcribed and thematically analysed.

Results

The model provided tools and insight for both GP and patient. GPs concluded that the CS explanation was acceptable for patients and helped them to get motivated for treatment. They indicated that they were struggling with the fear to miss somatic pathology. Sometimes they considered explaining the model rather challenging. Experts reported positive effects of the explanation on patients and rated the model high.

Conclusion

Though the model is complex and the issue of diagnostic uncertainty remains, it offers tools and insight for both patient and GP. Furthermore, it increases motivation for accepting treatment in patients, possibly leading to reduction of symptoms.

Disclosure: No significant relationships.

O035 / #179

Topic: *3. Overarching topics / 3.01 Personalised care*

ORAL PRESENTATIONS
PERSONALISED CARE
09-07-2021 10:30 AM - 12:00 PM

FINDING MEANING IN THE CONSULTATION

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The ability to offer individualised care to patients remains a key component of general practice. This is more important now than ever, in the context of remote consulting. Many consultation frameworks address only generic skills and largely ignore the extent to which the clinician is able to establish a human connection, to understand what an illness means to their patient and to help them navigate through it, particularly when there is uncertainty and complexity within the consultation. We therefore introduce a new four domain model whose aim is to encourage consultations that are individualised and create meaning for both patient and clinician.

Aim and Objectives

We plan an interactive session where we use case studies (anonymised but based on real life scenarios), to invite delegates to consider questions such as:

Is continuity of care still practical and important?

Do I feel comfortable in using myself as part of the treatment for my patients (doctor as drug)?

What are the limitations of 'Ideas, Concerns, Expectations' ?

Do we need something more to help us understand our patients' experiences and help them to make sense of their situation?

How can we have better interactions and promote individualised care?

We go on to describe a new four domain consultation model, which incorporates the hermeneutic window where assumptions, meanings and roles are interpreted in a way which is particular to the individual. Our article, 'Finding Meaning in the Consultation' which introduced this new model was published in the British Journal of General Practice in 2020.

Disclosure: No significant relationships.

O036 / #383

Topic: *3. Overarching topics / 3.01 Personalised care*

ORAL PRESENTATIONS
PERSONALISED CARE
09-07-2021 10:30 AM - 12:00 PM

OPTIMA FORMA – TOWARDS A PATIENT-CENTRED MULTIMORBIDITY APPROACH FOR CHRONIC DISEASE MANAGEMENT IN PRIMARY CARE

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Background:

To reduce the burden of chronic diseases on society and individuals, European countries implemented disease management programmes (DMPs) that focus on a single chronic disease. However, (i) the scientific evidence that these DMPs reduce the burden of a chronic disease in terms of health-related quality of life is not convincing, (ii) patients with multimorbidity may receive overlapping or conflicting treatment advice, and (iii) the single disease approach conflicts with the core competencies of primary care, i.e. medical generalistic, person-centred, and continuous care. The aim of this study was to develop a holistic, person-centred and integrated approach for the management of patients with chronic diseases and multimorbidity in primary care.

Methods:

A mixed-methods study was conducted in the Netherlands from January 2019 to December 2020. First, we performed a scoping review to construct a theoretical model. Second, 57 healthcare professionals commented on the model in online qualitative questionnaires. Third, 9 patients with chronic conditions were interviewed on the model by phone. Finally, the model was presented to 3 local primary care cooperatives and finalized after their comments.

Results:

A stepwise software-supported approach was developed, including (i) assessing patient's integral health status using (web-based) questionnaires and physical measurements; (ii) discussing the results with a case-manager, after which (iii) treatment goals are formulated, suitable interventions in the primary care network are selected and an evaluation is planned.

Conclusion:

We developed a holistic, person-centred, integrated approach for the management of patients with chronic diseases and multimorbidity in primary care. This approach will be tested in a pilot study in 2021 to establish its feasibility and potential effects.

Disclosure: No significant relationships.

O037 / #417

Topic: *3. Overarching topics / 3.01 Personalised care*

ORAL PRESENTATIONS
PERSONALISED CARE
09-07-2021 10:30 AM - 12:00 PM

CONTINUITY OF RELATIONAL CARE IMPROVES HEALTH: NATIONAL INTERVENTION RESULTS and A TOOLKIT TO HELP YOU IN YOUR OWN PRACTICE

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Background

Evidence shows seeing the same clinician over time reduces morbidity, mortality, and the use of health resources. It's beneficial for both patient and clinician. The Health Foundation funded five UK sites, covering 0.5 million patients, (between 2019 and 2021) to explore how to improve levels of continuity of care and to assess the impact. In this presentation, we share the learning. It includes a comprehensive Toolkit providing clear, practical advice from healthcare colleagues and patients

Aims and learning objectives

To increase awareness of the link between continuity of care and positive outcomes for both patients and clinicians

To share the outcomes of the Health Foundation continuity programme.

To present the Toolkit to enable participants to support both practice staff and patients with their continuity of care improvement journey.

Methods and timetable

We propose to:

Review the evidence that relational continuity improves healthcare (15 minutes)

Outline the findings from the Health Foundation Programme. (15 minutes)

Host an Interactive Session including a demonstration of the Toolkit (60 minutes)

We will take participants through sections of the Toolkit and using the chat function and polls enable reflections and questions on their own practice.

Participants can try the Toolkit prior to its national launch with the UK Royal College of General Practitioners in Summer 2021.

Results/Conclusions

Participants will learn why and when continuity of care is important to both patient and clinician wellbeing. Using the learning from the Health Foundation Programme and access to the new national Toolkit we will equip them to embark on improving continuity of care in their practice.

Disclosure: Mark Rickenbach is funded by the Health Foundation as a Clinical Champion for Continuity of Care from 2019 to 2021. Jo Martin and Julia Martineau are employed by GP Federations using the Health Foundation programme funding from 2019 to 2021.

O038 / #463

Topic: *3. Overarching topics / 3.01 Personalised care*

ORAL PRESENTATIONS
PERSONALISED CARE
09-07-2021 10:30 AM - 12:00 PM

PERSON-CENTRED CARE IN PRIMARY CARE: WHAT WORKS FOR WHOM, HOW, and IN WHAT CIRCUMSTANCES?

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Background and purpose

Person-centred care (PCC) is the corner stone of primary care. However, insights into when PCC does (not) work, for whom, why and how, are lacking. In this study the objective is to identify the relationships between the context, the mechanisms, and the outcomes resulting from this interaction by means of rapid realist review (RRR).

Methods

Peer-reviewed and non-peer-reviewed literature reporting on PCC in primary care were included. Selection and appraisal of documents was based on relevance and rigour according to the Realist and Meta-Review Evidence Synthesis: Evolving Standards (RAMESES) guidelines. Data on context, mechanisms, and outcomes (CMO) were extracted. CMO-configurations were set up to establish a programme theory (PT).

Results

The PT demonstrates interaction of multiple context items, such as addressing PCC (including (low) health literacy) in the care policy, patients having a social support network, and training of healthcare providers (HCPs). Information technology optimization is needed to tailor patient information, make it available, and to integrate information for HCPs. Mechanisms include taking into account the patient preferences and social/cultural differences, involving patient groups in the organization of care and the development of (new) tools, building strong collaborations between HCPs and patients to stimulate shared decision-making, and offering tailored communication and self-management support. The interaction between context and mechanisms lead to outcomes: higher compliance, better health outcomes, and provision of tailored care.

Conclusion

Embedding all factors within their mutual coherence is necessary for effective PCC in primary care. In doing so, this study proposes a PT.

Disclosure: No significant relationships.

O039 / #1071

Topic: *3. Overarching topics / 3.01 Personalised care*

ORAL PRESENTATIONS
PERSONALISED CARE
09-07-2021 10:30 AM - 12:00 PM

HOW IS "CENTREDNESS" CONCEPTUALISED IN PEER-REVIEWED HEALTH LITERATURE? A SCOPING REVIEW

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Background and purpose

Patient-centredness is recognised as a core principle of primary care. Yet, the definitions of patient-centredness, including whether the preceding word is rightly patient-, person-, client-, or family, vary considerably. This review synthesises the concept of centredness across healthcare settings, disciplines, and nations to provide further conceptual clarity.

Methods

Scoping review following the JBI methodology to include literature about centredness within healthcare in five databases explicitly using "centredness" and "concept" within the search string. The method was prospectively uploaded to OSF. Articles were included if the concept of centredness was clearly detailed, and excluded if they focused solely on implementation. Extraction items were guided by LeMoigne's Systemic Theory. The initial centredness coding tree was based on Mead and Bower's framework. The coding tree was iteratively enriched as new concepts arose during two-weekly team meetings.

Results

23 004 studies were screened, 467 full text articles were reviewed, 157 studies met inclusion criteria. Preliminary concepts include: Sharing power; Sharing responsibility; Relationship; Seen as a person; Biopsychosocial; Provider as a person; Co-ordinated care; Access; Continuity of care. Few papers included the patient voice. Most justified the focus on centredness for efficiency and improved health outcomes; values of respect, equity and autonomy were common.

Conclusions

Our review includes all health disciplines and brings contextual understanding to centredness across different levels of the healthcare system. Beyond the variability in terminology, values may offer some consistency across disciplines. Our synthesis can assist clinicians, researchers and policy makers to understand centredness from a variety of perspectives across healthcare settings.

Disclosure: No significant relationships.

O040 / #1073

Topic: *3. Overarching topics / 3.01 Personalised care*

ORAL PRESENTATIONS
PERSONALISED CARE
09-07-2021 10:30 AM - 12:00 PM

HOW TO PROVIDE PERSON-CENTERED CARE WITH A COMPUTER DECISION SUPPORT SYSTEM DURING TELEPHONE TRIAGE IN OUT-OF-HOURS PRIMARY CARE.

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Background:

Practicing person-centered care can be challenging for triage nurses during telephone triage at out-of-hours services in primary care (OHS-PC). In the Netherlands triage nurses use a computer decision support system (CDSS) called the Netherlands Triage Standard (NTS), which is intended to support clinical reasoning and decision making of triage nurses. Yet, this CDSS may also trigger interactional workability dilemmas if there is incongruence between the tool and the triage nurses' decision making. Furthermore, the CDSS can give rise to interactional difficulties due to inefficient use of multiple choice either/or-questions by triage nurses.

Aim and learning objectives:

This workshop will provide insight into the difficulties of working with a CDSS while at the same time trying to provide person-centered care during telephone triage.

The learning objectives of this workshop are:

(i) Awareness on the occurrence of interactional workability dilemmas;

(ii) Knowledge of adaptive work strategies applied by triage nurses;

(iii) Awareness of undesirable implications of either/or-questions on the interaction.

Methods and timetable:

Results of an audio-stimulated recall interview study with 24 triage nurses, and a conversation analysis of 68 triage conversations will be presented (±30min). Based on these results, we will interactively discuss the similarities and differences in triagists' working strategies among various countries when applying a CDSS (±30min), and brainstorm about possible solutions aiming at increasing person-centered care (±30min).

Conclusions:

This workshop focuses on struggles with CDSS when providing person-centered care, and will interactively discuss possible solutions for improvement of telephone triage at OHS-PC.

Disclosure: No significant relationships.

O041 / #504

Topic: *3. Overarching topics / 3.07 Health promotion and prevention*

ORAL PRESENTATIONS
INNOVATION and FUTURE TRENDS II
09-07-2021 10:30 AM - 12:00 PM

ARE COMMUNICABLE DISEASES BECOMING THE GREATEST THREAT TO GLOBAL HEALTH?

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Omran's widely acclaimed and equally widely critiqued theory of epidemiological transition postulates that economic development and technological progress improve overall health outcomes for populations and eradicate communicable diseases, shifting the burden of mortality and morbidity to non-communicable diseases (NCDs). However, the COVID-19 pandemic has been ravaging across the world for a year and a half and has arguable made devastating impact on peoples' lives, health and economies beyond any other disease across Global North and Global South. So is this the last nail in the coffin of Omran's theory? Is the double burden of CDs and NCDs expanding from Global South into Global North? Do we need a new theory of epidemiological transition to explain global trends? Does the risk of other communicable diseases like COVID-19 remain? Do healthcare systems and pharmaceutical industries need to be reorientated to combat potential future outbreaks?

The aim of this interactive workshop is to explore the importance of communicable and non-communicable diseases and priorities for health systems around the world. The main objective is to learn lessons from a global response to the pandemic and share views about the role of family doctors in combatting the spread of communicable diseases while providing care to patients with NCDs and increasing multimorbidity.

Methods and timetable: the workshop will involve a short 10min initial presentation to set the scene, to be followed by Mentimeter polls and WhiteBoard collaborations for the audience, including an interactive discussions and sharing views on the questions mentioned above.

Consensus or divergence of participant views on these questions will constitute the results and conclusions.

Disclosure: No significant relationships.

O042 / #222

Topic: *3. Overarching topics / 3.09 Health care management and policy*

ORAL PRESENTATIONS
INNOVATION and FUTURE TRENDS II
09-07-2021 10:30 AM - 12:00 PM

PRIMARY CARE and PANDEMIC POLITICS

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Background. National responses to the pandemic varied in the degree to which a strong primary health care approach, which coordinates primary care with public health functions as espoused in the Astana Declaration of 2018, was stressed.

Aim and learning objectives. To understand and compare pandemic responses and exchange lessons learned across countries. The Workshop will enlighten participants on the experiences discovered through the survey findings and will facilitate a discourse on how primary care may be better integrated with public health functions.

Methods and timetable. An international survey of primary care experts, conducted in April and May 2020, solicited perceptions of their respective countries' primary care strength, pandemic plan implementation, public health measures, and policy decision-making. The responses were then correlated against COVID-19 mortality rates. Bivariate analyses were conducted on 38 countries with five or more responses and qualitative analysis on open text responses.

Results / Conclusions. The outcomes of the pandemic are still being revealed, however, the lack of implementing a coordinated primary health care approach in most countries has already been made clear. Having a strong primary care system, as in the United Kingdom or Italy, did not contribute to a strong response. In other countries, such as Germany and Cyprus, transparent communication and leadership were key to enlisting the population to make necessary personal sacrifices. In addition, technological innovations such as e-consultations were viewed as having a positive impact in most countries. Overall, our findings underscore the challenge of determining specific drivers of success in mitigating the pandemic.

Disclosure: No significant relationships.

O043 / #157

Topic: *5. Research and innovation / 5.01 Research methodology*

ORAL PRESENTATIONS
INNOVATION and FUTURE TRENDS II
09-07-2021 10:30 AM - 12:00 PM

TELECONSULTATION, A TOOL FOR THE FUTURE? - THE PORTUGUESE FAMILY DOCTORS' PERSPECTIVE

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Background and purpose - In the context of 2020 SARS-CoV-2 pandemic, healthcare services had to get reorganized and resorted to teleconsultation in their clinical practice. This study's main goal is to know the portuguese Family Doctors' perspective over the utility of teleconsultation in their future clinical practice. Secondarily, it also sought to recognize advantages and disadvantages of teleconsultation, identify possible difficulties and under what circumstances it may represent an added value.

Methods - A cross-sectional study was realized between September 2020 and January 2021 through the application of an online questionnaire. The target population were Family Medicine physicians and residents, who worked in primary healthcare belonging to portuguese National Health Service.

Results - 377 responses were received. 83,6% of participants consider that teleconsultation represents a valuable asset to the future of medicine. The main identified advantage was the greater accessibility by patients to healthcare (68,7%) and the main disadvantage was the impossibility to perform a proper physical examination (81,2%). The lack of appropriate resources, like phone line, camera, internet connection and suitable software was considered the major barrier (70%). 47,8% of the participants answered that the relative time needed for a teleconsultation should be the same as for an usual consultation of the same typology. The type of consultation considered to be the most appropriate to telemedicine was Adult Health (68,7%).

Conclusions - In the portuguese Family Doctors' perspective, teleconsultation will become essential to the future of Primary Care, even though a long way has to go in order to understand its best applicability.

Disclosure: No significant relationships.

O044 / #550

Topic: *5. Research and innovation / 5.03 Precision medicine*

ORAL PRESENTATIONS
INNOVATION and FUTURE TRENDS II
09-07-2021 10:30 AM - 12:00 PM

ARTIFICIAL INTELLIGENCE USES IN MEDICINE OF THE NOT-SO-DISTANT FUTURE.

Elena Klusova Noguiná[1], Ismael Said-Criado[2], Miriam Rey Seoane[3], Rabee Kazan[4], Maria João Nobre[5], Inês Silva Pereira[6], Karolina Rajewicz[7], Ana Luís Pereira[8]
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Background:

The future of clinical care will be shaped by the introduction of artificial intelligence (AI) into the workflow of general practitioners (GPs). Digital competencies will be fundamental to develop an Exponential Medicine that could help to improve care quality and patient safety. Understanding the importance of clinical data management and its applications could enhance medical performance.

Aim and learning objectives:

To learn the overview of the application of AI in clinical practice, introducing concepts and specific terms related to this topic.

Methods and timetable:

60 minutes version:

5 min: Team presentation.

25 min: Introduction to eHealth and Artificial Intelligence. Concepts: data quality. Interoperability. Medical ontologies. BigData analysis. Clinical Decisions Support Systems. Exponential and Personalized Medicine. Bioethics, challenges and opportunities of AI for healthcare. Clinical research in times of AI.

25 min: Interactive exercises. Brainstorming. Digital competencies for physicians in times of AI.

5 min: Take-Home messages.

The 90-minute version is possible by dedicating 30 minutes to degreasing the topics of "Bioethics, challenges and opportunities of AI for healthcare" and "Clinical research in times of AI", 15 minutes each.

Proposed results:

To develop digital competencies and skills of Family Doctors.

To understand the role of AI in different steps of clinical care and clinical research.

To raise awareness of the importance of AI-based tools to power clinical care.

To inspire innovation based on AI-based tools to improve clinical care.

Disclosure: No significant relationships.

O045 / #264

Topic: *5. Research and innovation / 5.06 Medical informatics*

ORAL PRESENTATIONS
INNOVATION and FUTURE TRENDS II
09-07-2021 10:30 AM - 12:00 PM

IDENTIFYING PERSISTENT SOMATIC SYMPTOMS IN ELECTRONIC HEALTH RECORDS: EXPLORING MULTIPLE THEORY-DRIVEN METHODS OF IDENTIFICATION.

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Background and purpose: Persistent somatic symptoms (PSS) are highly prevalent in primary care and are a burden to both the patient and healthcare. Data-based identification of patients with PSS could foster various improvements in care. However, identification is currently hampered by unambiguous registration of PSS. The present study aims to explore different theory-driven methods for data-based identification of patients with PSS.

Methods: A cross-sectional study was performed on routine primary care data from 169,138 patients in the Netherlands. Identification of PSS was based on (A) PSS-related syndrome codes, (B) PSS-related terminology, (C) PSS-related symptom codes, and (D) 4-dimensional symptom questionnaire (4DSQ) scores. Sample size, demographics, chronic conditions, and health care utilization (HCU) as extracted via the four methods were explored. Sensitivity between methods was examined.

Results: The percentage of cases identified varied between 0.3% and 7.0% across the methods. Over 58.1% of cases had comorbid chronic physical condition(s) and over 33.8% had comorbid chronic mental condition(s). HCU was generally higher for cases selected by any method compared to the total cohort. HCU was relatively higher for method B compared to the other methods. In 26.7% of cases, cases were selected by multiple methods. Sensitivity between methods was generally low.

Conclusions: The different methods yielded different patient samples within our cohort. Therefore, for the most comprehensive data-based selection of PSS cases, a combination of methods A, C, and D would be recommended. Additionally, advanced (data-driven) methods are needed to create a more sensitive algorithm for identifying the full spectrum of PSS.

Disclosure: No significant relationships.

O046 / #219

Topic: *5. Research and innovation / 5.08 Others*

ORAL PRESENTATIONS
INNOVATION and FUTURE TRENDS II
09-07-2021 10:30 AM - 12:00 PM

USER ACCEPTANCE and USABILITY OF AN EHEALTH INTERVENTION FOR PROLONGED GRIEF IN LATER LIFE – RESULTS OF A PILOT STUDY

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Background and purpose: Loss experiences are common in later life and have been associated with negative effects on mental health. Older adults and their needs seem to be underserved both in the non-digital and in the digital sector of mental health care. The objective of the pilot study was to assess usability and acceptability of an internet-based self-management intervention for older adults with prolonged grief symptoms.

Methods: The pilot study comprised a survey with N=15 older adults (60+) with loss experiences. Participants were recruited through health care providers and support groups. Participants received login data to access the eHealth intervention (trauer@ktiv.de), which has been developed at the University of Leipzig by mental health care professionals. Data were collected at baseline (before access to the intervention). At two months follow-up still N=12 persons took part in the study (response rate 80%).

Results: Participants were on average 66.5 years old and predominantly female (86.7%). Loss experiences comprised mostly the loss of a spouse (57%) or other relatives (28.5%). Overall, nine out of 12 participants at follow-up (75%) accessed the eHealth intervention. Participants rated the intervention as satisfactory or very satisfactory. The intervention achieved good/excellent usability with a score of 82% (USE-Questionnaire).

Conclusions: Results show good usability and high user acceptance for the eHealth intervention targeting older adults with grief symptoms. Recruitment of the target group and uptake of the intervention need age- and symptom-specific approaches. The pilot study precedes a randomized controlled trial assessing the effectiveness of the intervention.

Disclosure: No significant relationships.

O047 / #1021

Topic: *1. Clinical topics / 1.05 Genitourinary*

ORAL PRESENTATIONS
QUALITY, SAFETY and HEALTH POLICY
09-07-2021 4:00 PM - 5:30 PM

CONSULTATIONS and ANTIBIOTIC TREATMENT FOR URINARY TRACT INFECTIONS IN NORWEGIAN PRIMARY CARE 2006 - 2015, A REGISTRY-BASED STUDY

Lars Emil Aga Haugom[1], Sabine Ruths[1,2], Knut Erik Emberland[1,2], Knut Eirik Ringheim Eliassen[2], Guri Rortveit[1,2], Knut-Arne Wensaas[1]
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Background

Extensive use of antibiotics and antimicrobial resistance is a major concern globally. In Norway, 82% of antibiotics is prescribed in primary care and one in four prescriptions are issued for the treatment of urinary tract infections (UTI). This study investigated time trends in antibiotic treatment following consultations for UTI in primary care.

Methods

Registry-based study using linked data on all patient consultations for cystitis and pyelonephritis in general practice and out-of-hours (OOH) services, and all dispensed prescriptions of antibiotics in Norway, 2006-2015.

Results

Of the 2,426,643 UTI consultations, 94.5% were for cystitis and 5.5% for pyelonephritis; 79.4 % were conducted in general practice and 20.6% in OOH services. From 2006 to 2015, annual numbers of cystitis and pyelonephritis consultations increased by 33.9% and 14.0%. Proportion of UTI consultations resulting in antibiotic prescription increased gradually for cystitis (36.6% to 65.7%) and pyelonephritis (35.3% to 50.7%). Cystitis was mainly treated with pivmecillinam (53.9%), and trimethoprim (20.8%) and pyelonephritis with pivmecillinam (43.0%), ciprofloxacin (20.5%) and sulfamethoxazole-trimethoprim (16.3%). For cystitis, the use of pivmecillinam increased the most (46.1% to 56.6%), and for pyelonephritis, the use of sulfamethoxazole-trimethoprim (11.4% to 25.5%) and ciprofloxacin (from 18.2% to 23.1%).

Conclusions

During the 10-year study period there was a considerable increase in UTI consultations resulting in antibiotic treatment. Treatment trend for pyelonephritis was characterized by more use of broader-spectrum antibiotics. These trends, indicative of enduring changes in consultation and treatment patterns for UTIs, will have implications for future antibiotic stewardship measures and policy.

Disclosure: No significant relationships.

O048 / #781

Topic: *3. Overarching topics / 3.08 Quality and safety of care*

ORAL PRESENTATIONS
QUALITY, SAFETY and HEALTH POLICY
09-07-2021 4:00 PM - 5:30 PM

QUALITY OF CARE IN PRACTICE: LEARNING and IMPROVING TOGETHER

Jan Jansen, Paulien Schuttinga, Kristel Van Dijk, Miesje Nijs, Sabine Van Logtestijn, Marieke Van Den Ham
NHG - Dutch College of General Practitioners, Quality In Practice, Utrecht, Netherlands

Background

In 2019, Dutch organisations for general practitioners formulated a joint vision on quality policy in general practice. This vision focuses on “Learning together”, representing a paradigm shift from a more traditional ‘checklist’ quality policy towards one that focusses on teamwise professional development based on sharing and reflection/groupwise learning.

The Dutch College of GPs (NHG) would like to start a conversation on ‘Quality of care in practice’ with colleagues within Europe, in addition to the participance in WONCA-interest group ‘EQUIP’ and the attribution to position papers on quality and safety subjects.

Aim and learning objectives

An interactive workshop offers an ideal opportunity to start a conversation with our colleagues throughout Europe.

Through discussions, exchange of experiences and sharing best practices about quality policy, we may develop new ideas and educate ourselves.

Methods

Questions that we address during the workshop:

- What means ‘quality policy in practice’ to you and your co-workers?

- How do you get yourself and your team motivated to work on quality policy in your general practice?

- How do you approach the slogan ‘Learning together and improving together’ in quality policy?

Results and conclusions

The workshop gives new insights and different approaches in working and learning together on quality policy in practice. We hope to initiate new actions on sharing knowledge between countries regarding the new vision on quality policy in general practice.

Working on quality starts when your patient begins his “journey” through the practice. A general practice should be accessible for every patient. Only authorised and competent staff members should be working in general practices, general practitioners use guidelines for patient care and patient safety and patient experience should be considered. Working on quality relates to all facets in a healthy general practice!

Disclosure: No significant relationships.

O049 / #917

Topic: *3. Overarching topics / 3.09 Health care management and policy*

ORAL PRESENTATIONS
QUALITY, SAFETY and HEALTH POLICY
09-07-2021 4:00 PM - 5:30 PM

IMPLEMENTING HIGH QUALITY PRIMARY CARE—IS THE US NATIONAL ACADEMY OF SCIENCES, ENGINEERING and MEDICINE REPORT A BRIDGE TO ASTANA?

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Background

The 1996 US Institute of Medicine report, Primary Care: America's Health in a New Era, summarized the evidence for primary care's beneficial effects and a definition commonly used since. The Astana Declaration inspired a new National Academies' primary care study revisiting its understanding of primary care. The report planning committee included WONCA and global UHC/PHC representatives.

This report's underlying charge is to advise on how to strengthen primary care services in the US, especially for underserved populations, and to inform primary care systems around the world.

Aim and learning objectives

The workshop aims are to introduce WONCA Europe to the primary care study, to look for areas of alignment with global UHC/PHC efforts and to learn how PHC efforts and policies could support US goals.

Learning objectives:

To understand the reframed primary care definition

To discern which recommendations are supportive of global PHC goals

To recognize policy and governance restructuring that may be useful in a European context.

Methods and timetable

The report is a consensus committee included twenty multidisciplinary members supplemented by commissioned papers on payment, revelations of the COVID19 pandemic, and generalism. A patient perspective panel also offered guidance on what patients value in primary care. The study began January 2020 and will be released April 2021.

(Proposed) Results / Conclusions

The workshop will help identify how the National Academies' report can be a bridge for US and global primary care interests.

Disclosure: No significant relationships.

O050 / #1252

Topic: *3. Overarching topics / 3.09 Health care management and policy*

ORAL PRESENTATIONS
QUALITY, SAFETY and HEALTH POLICY
09-07-2021 4:00 PM - 5:30 PM

GENERAL PRACTITIONERS' VIEWS ON THE INFLUENCE OF LONG-TERM CARE REFORMS ON INTEGRATED ELDERLY CARE IN THE NETHERLANDS

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Background and purpose

This study explores the long-term care (LTC) reform in the Netherlands and its relation to the day-to-day integrated care for frail elderly people, from the perspective of general practitioners (GPs). We assessed GP perspectives regarding which elements of the LTC reform have promoted and hindered the provision of person-centred, integrated care for elderly people in the Netherlands.

Methods

We performed case studies conducted by semi-structured interviews, using the Healthy Alliances (HALL) framework as a framework for thematic analysis.

Results

GPs reported that the ideals of the LTC reform (self-reliance) were largely achievable and listed a number of positive effects, including increased healthcare professional engagement and the improved integration of the medical and social domains through the close involvement of social support teams. The reported negative implications were a lack of co-ordination in the implementation of the reforms by the municipality, insufficient funding for multidisciplinary team meetings and the reinforced fragmentation of home care. In particular, the implementation of the system reforms took place with little regard for the local context.

Conclusions

We suggest that the implementation of national care reforms should be aligned with factors operating at the micro level and make the following recommendations: use one central location for primary health and social services, integrate regional ICT structures to improve the exchange of patient information, and reduce fragmentation in home care.

Disclosure: No significant relationships.

O051 / #691

Topic: *5. Research and innovation / 5.08 Others*

ORAL PRESENTATIONS
QUALITY, SAFETY and HEALTH POLICY
09-07-2021 4:00 PM - 5:30 PM

PATIENT COMPLAINTS AS A SOURCE FOR IMPROVING PATIENT SAFETY IN PRIMARY CARE FACILITIES

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Primary care professionals (PCP) in Spain have a very low rate of reporting patient safety incidents (PSI). Care pressure and reporting burden are disincentives. Patients' complaints at primary care facilities regarding their care can be used as a source of PSI. The purpose is to analyze patient complaints (PC) in 4 health areas of Aragon Health Care Service (Spain) - covering 958,000 inhabitants- and identify those related to patient safety issues.

Methods: A simple random sampling was performed regarding all the claims issued in 2017 for primary care facilities. Total sample: 324 claims. Peer review was made with a checklist to identify PSI considering: sex and age of the patient, nature of PSI, professional involved, place of healthcare, severity, and avoidability of harm. Claims were reviewed by two researchers (kappa concordance test 0.94) and a third independent reviewer for disagreements. The three were family doctors.

Results: 24.3% (84/324) of claims are due to PSI. Family Doctors received 44.9% of claims. Among the PSI detected (84), 52.3% were due to problems in the healthcare process and 23.5% to coordination between care levels and waiting times. Regarding causal factors, 51 % involved diagnosis and 24.9 % management and communication issues. A total of 39/84 were PSI with harm of whom 4/84 (6%) were moderate and 2/84 serious harm. A total of 2.6% (1/39 PSI) were unavoidable while 97.4% (38/39 complaints with PSI) could have been avoided.

Conclusion: Patients' claims content PSI. The analysis and follow-up of claims regarding PSI can be considered as a source of information to improve PS in primary care.

Disclosure: No significant relationships.

O052 / #426

Topic: *3. Overarching topics / 3.08 Quality and safety of care*

ORAL PRESENTATIONS
QUALITY, SAFETY and HEALTH POLICY
09-07-2021 4:00 PM - 5:30 PM

COMPARISON OF SPOKEN and DOCUMENTED SAFETY-NETTING ADVICE IN ADULT UK GP CONSULTATIONS and AN EXPLORATION OF FACTORS AFFECTING DOCUMENTATION

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Background and purpose: Safety-netting advice (SNA) is ‘information shared with a patient or their carer designed to help them identify the need to seek further medical help if their condition fails to improve, changes, or if they have concerns about their health.’[1] We currently know very little about how UK general practitioners (GPs) document this information and what factors might influence whether SNA is recorded in the medical records or not.

Methods: Coding of existing dataset of video / audio recorded consultations and medical records for 295 adults with 516 problems seeing 23 UK GPs. Descriptive statistics and logistic regression models were used to test associations.

Results: SNA was given to patients in two-thirds of consultations (192/295) with regard to almost half of all problems discussed (242/516). SNA was documented in one-third (94/295) of consultations and for one-fifth of problems (105/506). Individual GP practice varied from no documentation of SNA they had given to 86.7%. GPs more frequently documented SNA they had given for problems that were first presentations (p=0.045), when only one problem was discussed in the consultation (p=0.044), and when the GP had given specific, rather than generic SNA (p=0.007). In consultations where more than one problem was discussed, the frequency of SNA delivered and documented decreased the later a problem was assessed by the GP (p=0.011 and p=0.022, respectively).

Conclusion: GPs often do not document SNA they have given which may have serious medico-legal implications. The frequency of SNA is influenced by problem, GP and consultation factors.

1. https://doi.org/10.3399/bjgp19X706589

Disclosure: No significant relationships.

O053 / #579

Topic: *4. Education / 4.04 Professional skills and communication*

ORAL PRESENTATIONS
PROFESSIONAL EDUCATION and DEVELOPMENT
09-07-2021 4:00 PM - 5:30 PM

DEVELOPMENT OF NARRATIVE PROFILES FOR CONSULTATION PERFORMANCE TO SUPPORT LEARNING and ASSESSMENT IN FAMILY MEDICINE RESIDENCY TRAINING

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Background and purpose: Learning and assessing skilled communication requires considering contextual factors in clinical encounters. Purpose is to develop narrative profiles describing behavioural patterns of consultation performance of trainees in Family Medicine (FM) and identify challenges for future learning.

Methods: A qualitative study was conducted in FM residency training consisting of three phases: 1. From year 1 (N=6) and year 3 (N=7) trainees, in total 81 videotaped consultations were observed and overall trainee consultation performance classified in one of four-pre-existing typologies, 2. During an individual interview, FM supervisors (N=20) observed four selected consultations mirroring each of these typologies and reflected on trainee behaviours, 3. Development of four narrative profiles based on template analysis of the interviews and a content comparison with the typologies. (1)

Results: Four narrative profiles describing trainee attitude, patterns of consultation behaviours and challenges for future learning, align with the pre-existing typologies. There is a shared frame of reference between supervisors when identifying behavioural patterns mirroring proficiency in doctor patient interaction. Learning challenges focus on balancing patient-centeredness with effectively working on clinical tasks, while outlining the developmental route for contextual adaptation.

Discussion: Narrative profiles support meaningful and tailored feedback on consultation performance and stimulate monitoring of individual competence development integrating learning and assessment during workplace based learning. The value of using the narrative profiles in workplace-based learning needs further exploration in future studies.

1. Oerlemans M, et al. Should we assess clinical performance in single patient encounters or consistent behaviors of clinical performance over a series of encounters? A qualitative exploration of narrative trainee profiles. Medical Teacher. 2017;39(3):300-7.

Disclosure: No significant relationships.

O054 / #505

Topic: *4. Education / 4.03 Professional education and development*

ORAL PRESENTATIONS
PROFESSIONAL EDUCATION and DEVELOPMENT
09-07-2021 4:00 PM - 5:30 PM

NOMINAL GROUP CONSENSUS BY GPS and ALLIED HEALTH PROFESSIONALS ON CORE GP COMPETENCIES REGARDING INTERPROFESSIONAL PRACTICE

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Background and purpose:
As demands on collaboration is progressively increasing in the primary care setting, effective interprofessional teamwork between GPs and allied health professionals is crucial. The need for more training in interprofessional collaboration competencies is widely recognised. However, existing competency frameworks are not specific enough to guide learning in medical specialty training for GPs. Purpose of this study is a consensus among GPs and allied health professionals on competencies to be learned by GP trainees to fulfil their role in interprofessional collaborative practice.

Methods:
Three nominal group sessions were held with experts of primary care and interprofessional collaboration, each resulting in its own group consensus on interprofessional collaboration competencies. The researchers conducted a content analysis to merge and thematise the three consensuses of prioritised competencies into one list. The merged list was presented to the participants for the final ranking of the competencies. The final ranking was regarded as consensus on core GP competencies regarding interprofessional practice.

Results:
The content analysis resulted in 31 competencies of which fourteen competencies were prioritised by the experts in the final ranking into three main themes: 1. Professional identity and role definition of the GP. (3 competencies); 2. Developing and executing shared care plans for individual patients (6); 3. Setting up and maintaining interprofessional collaborative partnerships (5).

Conclusions:
An interprofessional group of experts reached consensus on 14 competencies within 3 themes. This framework provides a steppingstone for future GPs to focus their interprofessional development.

Disclosure: No significant relationships.

O055 / #560

Topic: *4. Education / 4.03 Professional education and development*

ORAL PRESENTATIONS
PROFESSIONAL EDUCATION and DEVELOPMENT
09-07-2021 4:00 PM - 5:30 PM

STRENGTHENING PRIMARY HEALTH CARE THROUGH MOOC- A CROSS-SECTIONAL STUDY

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Background and purpose: The spread of the disease during the pandemic damaged the economic resources of countries as well as deteriorating the health of communities. Many sectors played a role in the management of the pandemic, but the most significant was played by the health sector, by providing preparedness and appropriate response. Since the outbreak of the COVID-19 pandemic, meeting the health needs of the affected individuals, families, and communities was the top priority. After the increased number of COVID-19 positive patients, a plateau-phase and a decrease in the numbers are expected, followed by a second-phase which could lead to an increased health system workload. The importance of training well-educated and qualified healthcare professionals (HPs) was reconsidered again. The rapid spread of the epidemic revealed the limitations of traditional method education. Massive online courses (MOOCs) were offered as a solution to keep the information up-to-date and accessible. The aim of our study is to evaluate the perceptions and experiences of healthcare professionals on strengthening the health system during the COVID-19 pandemic.

Methods: In this descriptive cross-sectional study, an online survey is applying to HPs between February-May 2021. A sample size of at least 30 HPs from each country (it is aimed to be done in 7 countries) is envisaged, reaching our goal of 210 HPs. Due to international participation, the survey will be conducted in English. Ethical approval has been obtained from the Ethics Committee of IUE. Participation is based on volunteerism.

Results: This is an ongoing study. Results will be presented at the congress.

Disclosure: No significant relationships.

O056 / #948

Topic: *4. Education / 4.03 Professional education and development*

ORAL PRESENTATIONS
PROFESSIONAL EDUCATION and DEVELOPMENT
09-07-2021 4:00 PM - 5:30 PM

TO EDUCATE PERSON CENTRED CARE IN PRIMARY HEALTHCARE TEAM

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Background: In supporting better healthcare for person centred care, it is expected that physicians increasingly take the role of Health Advocacy (HA). Despite the evident value and need of HA in primary care, incorporating this remains challenging. That is why it is also difficult to educate future General Practitioners as Healthcare Advocates at the workplace. Central to this workshop is the struggle professionals within primary healthcare teams have with learning and practicing HA.

Aim: to identify practical situations in order to make the education of the HA role more explicit. HA is a mindset but also a set of knowledge and skills. (Boroumand 2020) A competent HA professional in a primary healthcare team understands factors as health inequities and influences of health policy on the patient population, but also mobilizes resources for personal centred care. (Hubinette 2014, 2017)

The resuts are 1) to express the developments of HA competence and the importance of HA for primary healthcare, 2) to reflect on opportunities and threats of developing HA within practice and training, and 3) to share best-practice and formulate suggestions for individual and (interprofessional) team activities to develop HA activities and education.

Method and timetable: We start the workshop with sharing images of the HA in 2025 in breakout rooms (20'). After that we present the evidence and discuss our research of HA (20'). We share and collect best practices with HA in participant's experience (20') and formulate individual and plenary conclusions to stimulate (education in) HA in primary healthcare teams (30').

Disclosure: No significant relationships.

O057 / #404

Topic: *4. Education / 4.04 Professional skills and communication*

ORAL PRESENTATIONS
PROFESSIONAL EDUCATION and DEVELOPMENT
09-07-2021 4:00 PM - 5:30 PM

FROM LANGUAGE BROKERS TO MULTILINGUAL HEALTHCARE STAFF WITH CULTURE-SENSITIVE INTERPRETING SKILLS

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Background and purpose

Language barriers between physicians and citizens with limited German proficiency are challenging. Oftentimes, bilingual staff members help out by interpreting. However, these language brokers do not necessarily comply with professional standards of interpreting, which can affect quality of care. In Germany, there is no systematic approach to train bilingual staff members in ambulatory settings.

Methods

We evaluated a course for medical assistants (MAs) co-taught by bilingual communication experts and medical experts following a structured curriculum: initial oral language assessment, weekend courses with practical training of culture-sensitive interpreting skills, coaching, and final assessment. The intervention involved eight bilingual Turkish-German MAs. Using a pre-post design, participants self-assessed their interpreting skills from 1 (very good) to 5 (poor) as well as other perceived changes and attitudes towards the training (agree / disagree). Protocols of the coaching sessions and final interviews were summarized and evaluated.

Results

MAs reported an increase in general interpreting skills (ΔMpre-Mpost=.63; 95%-CI: 0.19-1.06). A majority felt more confident in patient contact (n=5) and would recommend the training (n=7). In the coaching and interviews, MAs reported that they now prefer the strategy of interpreting literally, take more time to interpret accurately, pay more attention to their spatial positioning and separate their interpreter role from their role as an MA.

Conclusions

A systematic approach to training interpreting skills of bilingual staff in ambulatory settings was perceived as valuable by the MAs. It might be an important contribution to the improvement of quality in healthcare for a potentially vulnerable group.

Disclosure: No significant relationships.

O058 / #475

Topic: *4. Education / 4.03 Professional education and development*

ORAL PRESENTATIONS
PROFESSIONAL EDUCATION and DEVELOPMENT
09-07-2021 4:00 PM - 5:30 PM

DEVELOPMENT and IMPLEMENTATION OF A FREE, ACCREDITED NEXTGENU.ORG COURSE: LIFESTYLE MEDICINE FOR PRIMARY CARE PHYSICIANS

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Background

Lifestyle medicine (LM) has become an integral component of Family Medicine. However, most physicians report insufficient confidence, clinical knowledge, and skills as major barriers to counseling patients about lifestyle. A free online LM course was created using the NextGenU.org platform to bridge the gap. This research evaluates its implementation.

Methods

We developed a 30-hour, competency-based course, 10 modules consisting of readings, videos, quizzes, and peer/mentored activities. All course components (like all NextGenU.org courses/training) are free, including registration, learning, testing, and a certificate of completion. The course has been offered online since 2017 (updated in 2020) for independent use and as part of a freely-available Master's in Public Health.

Results.

Among students, 636 began and 114 completed the course; 100 took the final exam (15.7%), 94 passed. Positive feedback was received from students, including easy accessibility, high quality of educational resources, and the importance of issues. Heavy reading requirements were reported as a challenge (particularly by non-native-English-speakers), which led to a revision of the course in 2020 to include more concise readings and presentation recordings of the lessons.

Conclusion

This online LM course shows great promise to provide affordable, quality LM education to a global audience, particularly now during current pandemic challenges. Continued research is needed to assess knowledge and skill gains, and long-term impact on LM counseling among family physicians and other health professionals.

Disclosure: No significant relationships.

O059 / #162

Topic: *4. Education / 4.02 Medical student education and residency training*

ORAL PRESENTATIONS
MEDICAL STUDENT EDUCATION and RESIDENCY TRAINING
09-07-2021 6:00 PM - 7:30 PM

BLENDED LEARNING EVALUATION IN FAMILY MEDICINE RESIDENCY DURING THE COVID-19 EPIDEMIC and ITS RELATIONSHIP WITH THE LEARNERS' PERSONAL RESILIENCE.

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Background - The Covid-19 epidemic imposed a rapid shift in medical education and caused an immediate transfer from face to face learning to virtual learning experience. Blended learning is a combination of face to face and synchronic or a synchronic e- learning. Resilience is the human ability to cope and overcome an objective crisis. The continuous medical education program for family medicine residence in the Technion, Israel, endorsed the blended learning method during the covid-19 epidemic. The program includes 115 residents, divided to 4 academic years. In this study we aspire to evaluate the blended learning quality and experience (cognitive, emotional, social, behavioral and technological) as described by the residents and find its' relation to the residents resilience as reported in a valid questioner.

Methods - A mixed methods research which combines the qualitative and quantitative evaluation methods. A questioner composed of 5 parts: 1. Demographics 2. Personal resilience questioner 3. 2 statement regarding residents contentment from the program 4. 19 statements regarding blended learning and remote learning which are rated through likert scale (1-5) 5. 2 open questions regarding the learning experience throughout this area and the possible association to the sense of resilience.

Results - 91 questioner were completed. The overall satisfaction from the medical education program was 70%. 44% of the learner were satisfied with the blended learning method. The overall learner's resilience score is 3.8/5 +/-. A qualitative analysis should be preformed.

Conclusion - We found a great variation among the learners experiences and learning evaluation. Final analysis should be preformed.

Disclosure: No significant relationships.

O060 / #280

Topic: *4. Education / 4.02 Medical student education and residency training*

ORAL PRESENTATIONS
MEDICAL STUDENT EDUCATION and RESIDENCY TRAINING
09-07-2021 6:00 PM - 7:30 PM

ATTITUDES ON THE ROLE OF NUTRITION IN PRIMARY CARE: GP TRAINEE and PROGRAMME DIRECTOR SURVEY

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Background and purpose: Nutrition is the leading cause of chronic disease globally, yet the nutritional component of medical education remains insufficient. In the context of Irish General Practice it is unknown how much nutritional education GP trainees receive and how well equipped they feel to manage the nutritional aspect of chronic disease. The purpose was to identify GP trainee attitudes to the nutritional component of chronic disease in GP training and to compare with the programme directors who deliver this training.

Methods: A multicentre online survey questionnaire of 542 GP trainees in Ireland and 63 GP training scheme programme directors.All 14 Irish GP training schemes in Ireland were invited to have their trainees and programme directors answer an online survey over a 2 week period in September 2019.

Results: 93 trainees (16%) and 9 programme directors (14%) answered. There was consensus and agreement for the following; it is the role of the GP to promote a healthy diet; there are barriers to providing optimal nutritional management; and there would be interest in further training. Barriers identified included a lack of access to dietitians and inadequate education. ANOVA analysis found that there was agreement in the assertion that nutritional education to date is not adequate.

Conclusions: There is agreement between GP trainees and their programme directors that the nutritional educational component of GP training is currently an unmet need. This study highlights the need for an improvement in nutritional education to maximise the management of chronic disease in Irish general practice.

Disclosure: No significant relationships.

O061 / #289

Topic: *4. Education / 4.02 Medical student education and residency training*

ORAL PRESENTATIONS
MEDICAL STUDENT EDUCATION and RESIDENCY TRAINING
09-07-2021 6:00 PM - 7:30 PM

AN ALTERNATIVE IN MENSES MANAGEMENT: A CROSS-SECTIONAL STUDY ABOUT THE KNOWLEDGE OF THE MENSTRUAL CUP AMONG FMUL MEDICAL STUDENTS

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Background/purpose: The menstrual cup (MC) is an alternative in the management of menstruation, being little known. This study aim was to answer the question “do medical students of the Lisbon School of Medicine (FMUL) know the menstrual cup?”.

Methods: In the first phase of the study, a bibliographic review was carried out and a questionnaire was structured and tested in a pilot population. The second phase started after approval by the Ethics Committee and consisted on giving the questionnaire to all medical students of FMUL.

Results: Of the 2169 students who received the questionnaire, were obtained 970 valid responses. The majority of the participants heard of the MC (93.8%) mainly from social networks, friends and media and less frequently from classes, medical appointments and scientific events. Most of them were familiar with the functions of the MC, although they had some misconceptions about it. Of the 755 women, 108 already used the MC, being more recently used. Most women (39.6%) considered its use, with those with average to heavy menstrual flow and those who use tampons being the most susceptible to use it.

Conclusions: Although FMUL medical students have already heard about the MC, there is still a lack of knowledge of all its potentialities. Due to this, it is necessary to provide information about it in academic/scientific events and healthcare centers. Finally, there should be a bigger investment in the medical curriculum regarding menses management, allowing future doctors to be able and comfortable to handle with this theme.

Disclosure: No significant relationships.

O062 / #384

Topic: *4. Education / 4.02 Medical student education and residency training*

ORAL PRESENTATIONS
MEDICAL STUDENT EDUCATION and RESIDENCY TRAINING
09-07-2021 6:00 PM - 7:30 PM

A REALIST EVALUATION OF UNDERGRADUATE MEDICAL TEACHING WITH REMOTE (TELEPHONE and VIDEO) CONSULTATIONS IN PRIMARY CARE

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Background and purpose

The Covid-19 pandemic has resulted in a rapid and significant increase in the number of remote medical consultations (over telephone or video). Coupled with social distancing rules, this has had a profound effect on undergraduate medical education. Medical students on their general practice placements now experience consultations predominantly remotely. Current evidence demonstrates effectiveness of remote consultations for clinicians and patients but highlights a paucity of guidance to facilitate this teaching modality. This study aims to evaluate the use of remote consultations to teach medical students in this setting.

Methods

The study uses a realist evaluation, an approach used to evaluate interventions which are not yet well understood. It is used to explore features of the teaching intervention that lead to success or failure. Participants will include medical students and GP tutors who have experienced teaching or learning through remote consultations in primary care. Participants' experiences will be gathered using a questionnaire and semi-structured interviews

Results

Initial programme theory identified multiple contextual drivers for optimum teaching and learning outcomes. These are broadly categorised into five themes; engagement, motivation, perception, preparation and experience. These theories will be explored and tested in the second phase of data collection within a realist evaluation, which is under way.

Conclusions

With a shortfall in students choosing a career in general practice, fostering a positive learning experience is important, particularly in the current climate where learning is significantly disrupted. It is intended that managing the identified facilitators and barriers to learning with remote consultations will help to improve experiences for medical students and GP tutors.

Disclosure: No significant relationships.

O063 / #486

Topic: *4. Education / 4.02 Medical student education and residency training*

ORAL PRESENTATIONS
MEDICAL STUDENT EDUCATION and RESIDENCY TRAINING
09-07-2021 6:00 PM - 7:30 PM

PORTFOLIO USE IN THE GENERAL PRACTITIONER SPECIALITY TRAINING: WHAT ARE THE EXPERIENCES, FEELINGS and COGNITIONS CONCERNING SELF-REGULATED LEARNING?

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Background and purpose

Portfolios can be deployed to support Self-Regulated Learning (SRL). While there is theoretical ground for the utility of portfolios for SRL, current research – mainly consisting of quantitative questionnaires - shows mixed results. Since questionnaires mostly consider user opinions instead of the feelings, cognitions and behaviour on which those opinions are based, it remains unclear which factors are responsible for these results. Our research question therefore was: What are the experiences, feelings and cognitions of portfolio users concerning SRL?

Methods

We organized nine focus groups with trainees, supervisors and Faculty of the Dutch General Practitioner speciality training. The transcripts of the focus groups were analysed with the use of template analysis.

Results

Trainees experienced little flexibility or autonomy to shape their e-portfolio according to their own learning needs, as faculty (in)directly requested them to provide a comprehensive overview of tasks, responsibilities and skills. Faculty aimed for such an overview, as they used the e-portfolio to monitor and assess progress of trainees. While trainees and faculty expected supervisors to actively engage with the e-portfolio, supervisors did not consider themselves to be a relevant stakeholder in the e-portfolio process. Functionality factors, e.g. user-friendliness, were mentioned by all groups to limit value and use of the e-portfolio.

Conclusions

Functionality issues and differing views concerning purpose and division of roles impair a portfolio's worth for the support of SRL. A clear purpose and proper instructions and training might mitigate these impairments when implementing portfolios to support SRL.

Disclosure: No significant relationships.

O064 / #680

Topic: *4. Education / 4.02 Medical student education and residency training*

ORAL PRESENTATIONS
MEDICAL STUDENT EDUCATION and RESIDENCY TRAINING
09-07-2021 6:00 PM - 7:30 PM

IMPACT OF SELF-AWARENESS IN STRESS, BURNOUT, SELF-COMPASSION and COMPASSION IN MEDICAL STUDENTS - CONTROLLED CLINICAL TRIAL

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Background and purpose: Several studies revealed the impact of stress and burnout among the medical students' community, with repercussions on students' quality of life and their levels of compassion and self-compassion. Thus, the aim of this work is to study whether the promotion of self-knowledge based on the Enneagram of Personalities has an impact on the levels of these variables, promoting the awareness of its importance and possible application in medical schools.

Methods: A sample of 48 medical students, before and after an intervention, answered an online questionnaire with 6 scales - Perceived Quality of Life (EQ-VAS), Perceived Stress (PSS), Burnout (MBI-SS), Self-Compassion (SELFCS), Compassion (CS), and Self-Reflection and Insight (SRIS). The intervention group, consisting of 24 volunteer participants, held a self-knowledge and communication course using the Enneagram of Personalities. The control group (24 volunteers) was recruited by matching sociodemographic variables with the intervention group. The data obtained was subjected to descriptive and inferential statistical analysis using the Wilcoxon and Mann-Whitney U tests, and to qualitative analysis of content analysis.

Results: There was a significant beneficial effect of this intervention in the Perceived Quality of Life ($p=0.002$), Perceived Stress ($p=0.001$), Self-Compassion ($p=0.030$) and its 2 subscales Isolation ($p=0.016$) and Overidentification ($p=0.010$), in the intervention group.

Conclusion: The results obtained in the present clinical trial suggest the beneficial effect of a self-knowledge intervention on quality of life, stress, burnout, self-compassion and compassion in medical students. Thus, this course could be a strategy to promote and maintain the mental health of medical students.

Disclosure: No significant relationships.

O065 / #160

Topic: *1. Clinical topics / 1.09 COVID-19*

ORAL PRESENTATIONS
COVID-19 I
09-07-2021 6:00 PM - 7:30 PM

CLINICAL and EPIDEMIOLOGICAL CHARACTERISTICS OF SARS-COV-2 INFECTION IN SPANISH FAMILY PHYSICIANS

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Background and purpose: Healthcare workers are exposed to a high risk of contagion by the SARS-CoV-2. The aim of this cross-sectional study was to identify the sociodemographic, clinical and epidemiological characteristics associated with the SARS-CoV-2 infection in family physicians (GPs) who carry out their work in Primary Care or in Emergency Departments.

Methods: GPs who underwent an RT-PCR test (real-time polymerase chain reaction) for the detection of the SARSCoV-2 were included. Sociodemographic and work variables were collected, as well as contact with COVID-19 patients, symptoms presented during the process, previous chronic morbidities and smoking, through an ad-hoc online questionnaire (Google form). Odds Ratios (OR) were estimated to measure the magnitude of the association between those variables and the presence of SARS-CoV-2 infection (logistic regression).

Results: 133 out of 969 FPs were PCR positive (13.7%; 95% CI: 11.6-16.0%). The most frequently declared symptoms were fatigue/tiredness (69.2%; 95% CI: 60.9-77.4%), cough (56.4%, 95% CI: 47.6-65.2 %) and headache (55.6%, 95% CI: 46.8-64.4%). The variables independently associated with SARS-CoV-2 infection were previous contact with a COVID-19 patient (OR: 2.3; 95% CI: 1.2-4.2), fatigue/tiredness (OR: 2.2; 95% CI: 1.2-3.9), olfactory dysfunction (4.6, 95% CI: 1.7-12.5), gustatory dysfunction (OR: 32.0; 95% CI: 9.6-106.8), cough (OR: 3.0; 95% CI: 1.7-5.3) and fever (OR: 6.1; 95% CI: 3, 2-11.4).

Conclusions: Early detection of selected symptoms could help to suspect COVID-19 disease in GPs, mainly if a previous contact with a COVID-19 patient has been documented.

Disclosure: No significant relationships.

O066 / #362

Topic: *1. Clinical topics / 1.09 COVID-19*

ORAL PRESENTATIONS
COVID-19 I
09-07-2021 6:00 PM - 7:30 PM

REMOTE PATIENT MONITORING FOR COVID-19: IMPACT ON HEALTHCARE UTILIZATION

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Background and Purpose: In March 2020, MHealth Fairview System (12 hospitals and 60 clinics) deployed a remote patient monitoring (RPM) technology to increase access to care for patients with COVID-19 and reduce strain on in-person services. University of Minnesota Medical School faculty, residents and students served as the team monitoring patients and delivering care. We studied the effect of this RPM solution on health care utilization by patients with presumptive COVID-19.

Methods: We conducted a retrospective study comparing health care utilization by patients enrolled in the RPM program (n=4435) and those who declined enrollment (n=2742). Primary outcomes were ER visits, hospital and ICU admissions, and death. We used logistic regression to adjust for known risk factors of COVID-19 severity.

Results: Adjusted for COVID-19 risk factors, there was a significant decrease in the risk of death for the group enrolled in the RPM: aOR:0.50 (95%CI:0.30,0.83). There were no significant associations between enrollment and the other primary outcomes. Increasing number of interactions with the RPM was associated with fewer hospital admissions: aOR:0.92 (95%CI:0.88,0.95).

Conclusions: The COVID-19 pandemic strained health care systems and led to dramatic shifts in health care systems delivery in an attempt to alleviate this strain. The RPM was associated with reductions in hospitalization, ICU admissions and most notably in death. More research is needed to determine if these technologies provide added benefit to traditional health care systems.

Disclosure: No significant relationships.

O067 / #598

Topic: *1. Clinical topics / 1.09 COVID-19*

ORAL PRESENTATIONS
COVID-19 I
09-07-2021 6:00 PM - 7:30 PM

THE EXPERIENCES OF GENERAL PRACTITIONERS DURING THE COVID-19 PANDEMIC: A QUALITATIVE STUDY

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Background and purpose: General practitioners (GPs) play a significant role in providing medical care to patients with COVID-19. They have to deal with the risks and consequences of the pandemic in both their professional and personal life. In this qualitative study we investigated GPs' experiences of the COVID-19-pandemic using semi-structured interviews.

Methods: This qualitative study is part of a cross-sectional study with a mixed methods design, involving GPs in four federal states of Germany. Overall, 22 GPs participated in semi-structured interviews by telephone. We analyzed data according to Udo Kuckartz' method of content analysis and used MAXQDA (version 2020).

Results: First results show that GPs rapidly reorganized their practice management and implemented new treatment strategies. GPs reported that continuity of care was ensured, however, they expressed their worries about how their social distancing practice may affect the relationship with their patients. GPs perceived a responsibility for their patients' health, and therefore, they did not want to risk becoming infected and passing on the virus onto others. Facing several new challenges at work, the majority of respondents experienced psychological distress. Different solutions for improving primary care during the pandemic were suggested, such as facilitating cooperation and access to sources for advice and that administrative departments should provide clear information and consistent guidance.

Conclusions: This study provides insight into GPs' experiences and perceptions of the current pandemic situation and can indicate potential ways on how to strengthen primary care in future disease outbreaks.

Disclosure: No significant relationships.

O068 / #850

Topic: *1. Clinical topics / 1.09 COVID-19*

ORAL PRESENTATIONS
COVID-19 I
09-07-2021 6:00 PM - 7:30 PM

IMPACT OF THE COVID-19 PANDEMIC ON ANTIBIOTIC PRESCRIBING FOR RESPIRATORY TRACT INFECTIONS IN DUTCH PRIMARY CARE: AN OBSERVATIONAL COHORT STUDY

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1) In 2020, the COVID-19 pandemic impacted the frequency of (antibiotically treated) respiratory tract infections (RTIs) in primary care. We aimed to assess the frequency of general practitioner consultations and antibiotic prescribing for common infections, particularly RTIs, per week during the first wave.

2) Routine health care data from the Julius General Practitioners' Network were collected from March - May 2019 (n=389,708) and March - May 2020 (n=405,688 registered patients). Data on consultations for respiratory/ear, urinary, gastrointestinal and skin infections were collected. The numbers of infectious disease episodes (total and those treated with antibiotics), were calculated and compared.

3) Fewer RTI episodes were observed during the pandemic (RR 0.90 [CI 0.88-0.92]) and fewer RTI episodes were treated with antibiotics (RR 0.54 [CI 0.52-0.58]). The antibiotic prescription rate declined (21% to 13%). The decline in RTI episodes and antibiotic prescribing took place during weeks 15-19, mid-COVID-19 wave, after an initial peak in week 11, the first week of lock-down. Decreases in number of RTI episodes were most notable in the youngest and oldest age categories (RR 0.61 [CI 0.58-0.64] and RR 0.82 [CI 0.78-0.86], respectively). The antibiotic prescription rate decreased in all age categories. We found no evidence of an increase in complications (pneumonia, mastoiditis).

4) Our findings indicate that the frequency of RTI episodes and antibiotic prescribing decreased in the weeks 15-19, mid-way through the first wave of the COVID-19 pandemic, after an initial peak the first week of lock-down. Decreases in the number of RTI episodes were most notable in the youngest and oldest patients.

Disclosure: No significant relationships.

O069 / #1205

Topic: *1. Clinical topics / 1.09 COVID-19*

ORAL PRESENTATIONS
COVID-19 I
09-07-2021 6:00 PM - 7:30 PM

ASSESSING THE ANXIETY OF PRIMARY HEALTHCARE PROFESSIONALS IN THE EARLY COVID-19 PANDEMIC

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Background and purpose: The COVID-19 pandemic led to the adoption of measures to detect infection and prevent its spread, causing anxiety in the population as a collateral damage. Health professionals have been considered one of the groups most at risk for mental health problems, as observed in previous epidemics. The present study aimed to assess the anxiety in primary healthcare professionals during the COVID-19 pandemic and identify the factors that influence it.

Methods: This is a cross-sectional study performed through Google Forms platform between March 29 and April 5 2020 to primary healthcare professionals in mainland Portugal. Anxiety levels were obtained applying the Beck Anxiety Inventory, which was related to other variables.

Results: the study included 696 participants, of which 61.9% were physicians, 84.8% were women and 43.8% had mild to severe levels of anxiety. Factors such as personal history of previous mental health disorders, having a family member with risk factors for COVID-19 complications and being an administrative assistant, showed to be related with higher levels of anxiety. Moreover, the existence of a workspace contingency plan was associated with lower anxiety levels; nevertheless, 6.9% considered it inadequate, mainly due to inadequate protective equipment for professionals (79.6%).

Conclusion: The study highlights a baseline high prevalence of anxiety among health professionals even at the early beginning of COVID-19 pandemic and reinforces the need, in future pandemics, to take adequate measures to protect their mental health safeguarding the quality of patient care.

Disclosure: No significant relationships.

O070 / #1227

Topic: *1. Clinical topics / 1.09 COVID-19*

ORAL PRESENTATIONS
COVID-19 I
09-07-2021 6:00 PM - 7:30 PM

HAVE WE NEGLECTED OUR PATIENTS DURING CORONAVIRUS LOCKDOWN? WHAT SHOULD WE CHANGE DURING LONG COVID?

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BACKGROUND

In 2020, a considerable change affected our family practices, priorities and the interactions with our patients. As a big part of patient-doctor contacts has gone online, and valuable was reduced to correspondence via e-mail, phone calls, video conferences. Clinical specialists expressed a concern due to the noticeable reduction of the number of referrals of patients to the secondary level, in the United Kingdom the reduction was up to 80%. Inevitably the question arises: have we neglected patients with other diseases due to combating COVID-19? Some scientific evidence concerning this topic will be presented.

AIMS and LEARNING OBJECTIVES

To understand the continuous demand of healthcare during COVID-19

Facilitate exchange of best practices concerning organisational approach of FP/GP during COVID-19 epidemics.

Attempt to develop one health concept-preparing for long COVID

METHODS and TIMETABLE

The following methods will be implemented: a short plenary presentation (25 minutes); a discussion in small groups about the experiences in different environments (25 minutes); formulating and listing proposals for organisational changes/adaptations of the FP/GP practices; by returning to plenary, a moderated discussion with the goal od formulating an outline/framework compliant with long COVID

CONCLUSIONS

Take-home messages, including practical tools for dealing with long COVID in primary care, will be presented in conclusion of the workshop.

Disclosure: No significant relationships.

O071 / #90

Topic: *2. Special groups of patients / 2.06 Minorities*

ORAL PRESENTATIONS
MINORITIES
10-07-2021 12:30 PM - 2:00 PM

PREVENTION OF HEMOGLOBINOPATHIES IN PRIMARY CARE: ASSESSING THE PROBLEMS and NEEDS OF PATIENTS and GENERAL PRACTITIONERS

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Background: The prevalence of hemoglobinopathies is increasing in The Netherlands due to migration, as in most North-European countries. The treatment options are limited and patients suffer from a severe chronic disease. If carriers were detected, couples at risk can make informed reproductive choices, such as termination of affected pregnancies or pre-implantation diagnosis.

Method: A mixed-method design was used to both evaluate the prevalence of hemoglobinopathies in the region of The Hague and explore the needs and wishes of patients, carriers and general practitioners. The quantitative part included patient and carrier registries from the hospital, laboratory and general practitioners. The qualitative part contained telephone interviews with ten of each general practitioners, patients and carriers. The interviews were audio-recorded, transcribed verbatim and analysed using content analysis to identify recurring themes.

Results: The highest prevalence of hemoglobinopathy coincided with immigrant neighborhoods in The Hague. This study revealed a gap between the estimated carrier prevalence and the registration of carriers. Three themes emerged illustrating the need for prevention of hemoglobinopathy in daily practice: (1) the need for more knowledge about hemoglobinopathy, (2) the need for indications when to refer for analyses and (3) insight into the organization and roles in hemoglobinopathy care. These themes reflect the need for more education for general practitioners to increase awareness for hemoglobinopathies.

Conclusion: Even though more research is needed to define which requirements are needed in our healthcare system, this study clearly shows the urgency of the problem and the need for action to increase informed reproductive decision making for the population at risk.

Disclosure: No significant relationships.

O072 / #279

Topic: *2. Special groups of patients / 2.06 Minorities*

ORAL PRESENTATIONS
MINORITIES
10-07-2021 12:30 PM - 2:00 PM

CURRENT GUIDANCE FOR COMMUNICATING WITH REFUGEE and ASYLUM SEEKER PATIENTS: AN ENVIRONMENTAL SCAN OF ONLINE RESOURCES

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Background

Primary healthcare practitioners (PHPs) are the first point of care for refugee and asylum seekers in Australia. Communication plays a vital role in their care and developing the PHP-patient relationship. This environmental scan identifies, appraises and synthesises online resources to improve communication during consultations with these patients.

Methods

A systematic environmental scan of online Australian resources, using Google search engine was conducted. The content of the resources was appraised, and they were evaluated for understandability and actionability, purpose and content.

Results

A total of 32 unique resources were identified. The identified resources on average scored better on understandability domains (mean 64%) than actionability (mean 49%). The resources each had between 2-5 purposes taxonomy types and the content relevant to communication with refugee and asylum seekers ranged from 5-100%.

Conclusions

Australian PHPs looking for resources to help guide their communication during consultations with refugee and asylum seeker patients have multiple options available to them. This scan synthesises the online resources with practical suggestions for implementation into practice. Markers of quality and usefulness of the various resources have yet to be established, which makes it difficult to assess the value and uptake of these resources in clinical practice.

Disclosure: No significant relationships.

O073 / #793

Topic: *2. Special groups of patients / 2.06 Minorities*

ORAL PRESENTATIONS
MINORITIES
10-07-2021 12:30 PM - 2:00 PM

LONELINESS IN GERMANY DURING SOCIAL DISTANCING MEASURES IN RESPONSE TO COVID-19 PANDEMIC

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1. Background and purpose

During the COVID-19 pandemic, social distancing measures to prevent transmission of the virus have been implemented in most countries. The effect of these measures on loneliness and depressive symptoms especially for vulnerable groups remained unclear. Research questions: How are levels of loneliness and depressive symptoms during the COVID-19 pandemic measures in Germany? Do lesbian, gay, bisexual, trans, inter and asexual (LGBTIA) persons show higher levels of loneliness as compared to the cis-heterosexual persons?

2. Methods

We conducted an online survey in two waves (March/April 2020 and January/February 2021). Loneliness was measured by the De Jong Gierveld short scale. The survey contained additionally self-categorizations regarding sexual orientation and identity, questions on social contacts, depressive symptoms and health care. Descriptive and regression analysis was conducted using R.

3. Results

2641 participants from across Germany took part in first wave of the survey and 4143 participants in the second wave. The proportion of lonely people increased from the first to the second wave. Risk factors for loneliness were being without partner, living alone, not working and being LGBTIA. Especially, asexual, trans and non-binary persons had a strongly increased risk for loneliness (52% resp. 49% resp. 48%). Loneliness was associated with depressive symptoms.

4. Conclusions

The results are in line with minority stress models, however, it remains unclear if loneliness in asexual and trans person is in general increased or due to the measures. GPs should be aware of the sexual orientation and gender identity of their patients. GPs should not hesitate to ask patients from risk groups for loneliness.

Disclosure: No significant relationships.

O074 / #799

Topic: *2. Special groups of patients / 2.06 Minorities*

ORAL PRESENTATIONS
MINORITIES
10-07-2021 12:30 PM - 2:00 PM

HEALTH CARE REIMBURSEMENT IN SEGREGATED COLONIES: NATIONWIDE CROSS-SECTIONAL STUDY IN HUNGARY

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Background and purpose

Segregation is a known risk factor for health. In Hungary, 332,658 inhabitants are living in the segregated colonies of 937 settlements. The number of people living in these settlements' non-segregated parts (complementary areas) is 7,370,949. This study investigated the effect of segregation on healthcare use.

Methods

A cross-sectional study included all Hungarian settlements with segregated colonies. Data on health care services usage in 2019 (on the frequency of GP visits, outpatient services' usage, and hospital admissions) was provided by the National Health Insurance Fund. Dissimilarity index (DI) was computed for each settlement as the ratio of age, sex, and eligibility for exemption certificate standardized service delivery frequency for colony and complementary areas. The effect of settlement-level social environment (education, employment, income, crowdedness of households, ethnicity, and county by the last census of 2011) on healthcare usage was evaluated by multivariate linear regression.

Results

Dissimilarity index aggregated for the whole country was DI=1.27 for GP visits, DI=0.95 for outpatient services, and DI=1.21 for hospital admission. Settlement-level DI was positively associated with proportion of Roma for frequency of GP visit (b=0.160, p=0.002), outpatient care (b=0.155, p=0.004), and hospital admission (b=0.183, p=0.001) Higher level of employment raised the DI for GP visits (b=0.198, p=0.008) and hospital visits (b=0.308, p<0.001). Moreover, rise in income increased the DI for GP visits (b=0.214, p=0.007) and outpatient services' use (b=0.176, p=0.037).

Conclusion:

Living in segregated colonies is a strong influencing factor for healthcare service use, which is partly determined significantly by the local socio-economic environment.

Disclosure: No significant relationships.

O075 / #844

Topic: *2. Special groups of patients / 2.06 Minorities*

ORAL PRESENTATIONS
MINORITIES
10-07-2021 12:30 PM - 2:00 PM

IMPROVING MENTAL HEALTH IN REFUGEE FAMILIES WITH YOUNG CHILDREN - DESIGN OF A RANDOMISED CONTROLLED STUDY

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Backround and purpose: Some 50% of refugees in Germany are affected by depression, anxiety or post-traumatic stress disorder as a result of their experience. Especially young children are impaired in their development. In this study we evaluate the impact of a psychological intervention performed by general practitioners (GP) to support the mental health problems (MHP) of this patient group.

Methods: 375 Arabic speaking parents in Germany with young children are included in a controlled trial, and randomly assigned to intervention or control group, rsp. The intervention group receives four 30 minutes sessions over a period of ten weeks, delivered by trained GPs, and an established online parenting program to improve mental health and parenting of the parents, whereas the control group is treated as usual. Data are collected of the parents and children before, directly after and six/twelve months after the intervention. Primary outcome are MHP of parents and children as indicated by using methods like the clinician severity rating, PSOC, Mini- or Infant–DIPS and CSR-P/ -C. Severity Ratings will be performed by blinded trained raters. All interventions and measurements were translated into Arabic and piloted to their cultural sensitivity. Cost-effectiveness analyses and culturally sensitive assessments will also be investigated next to guided qualitative expert interviews of GPs to analyze barriers of treatment.

Conclusion: Based on the outcome of our study we anticipate a potential for improvement in the primary care of refugee families, and a potential to support GPs to deal with cultural and language barriers with these patients.

Disclosure: No significant relationships.

O076 / #1329

Topic: *2. Special groups of patients / 2.06 Minorities*

ORAL PRESENTATIONS
MINORITIES
10-07-2021 12:30 PM - 2:00 PM

SYMPTOMS and PREDICTORS OF DEPRESSION AMONG SYRIAN REFUGEES ONE-YEAR POST ARRIVAL IN CANADA

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Background and Aim: The civil war in Syria forced millions of people to seek refuge in other regions. In 2015, Canada launched the Syrian Refugee Resettlement Initiative and resettled over 40,000 refugees. This study examined data collected for the Syrian Refugee Integration and Long-term Health Outcomes in Canada study (SyRIA.lth). The primary aim was to evaluate the prevalence of depression-level symptoms at baseline and one-year post-resettlement and analyze its predictors. Methods: Through a variety of community-based strategies, 1924 Syrian refugees were recruited. Structured interviews were administered in Arabic in 2017 and 2018. Depression symptoms were measured using Patient Health Questionnaire 9 (PHQ-9). Analysis for associated factors was executed using multinomial logistic regression. Results: Mean age was 38.5 years (SD 13.8). Sample included 49% males and 51% females settled in Ontario (48%), Quebec (36%) and British Columbia (16%). Over 74% always needed an interpreter, and only 23% were in employment. Prevalence of depression-level symptoms (i.e. PHQ-9 >/= 10) was 15% at baseline and 18% in year-2 ($p<0.001$). Out of 1519 participants who did not have depression-level symptoms at baseline (i.e. PHQ-9 < 10) and their measurements for year-2 were available, 185 (12.2%) changed to depression-level symptoms at year-2. Significant predictors of depression-level symptoms at year-2 were baseline depression, sponsorship program (government, private, blended visa), province, poor language skills, lack of satisfaction with housing conditions and with health services, lower perceived control, lower perceived social support and longer stay in Canada. Conclusion: Increase in depression-level symptoms deserves attention through focusing on identified predictors particularly baseline depression scores, social support, perceived control and language ability.

Disclosure: No significant relationships.

O077 / #452

Topic: *1. Clinical topics / 1.10 Others*

ORAL PRESENTATIONS
OVERARCHING TOPICS
10-07-2021 12:30 PM - 2:00 PM

ASSOCIATIONS OF CHRONIC MEDICATIONS ADHERENCE WITH EMERGENCY ROOM VISITS and HOSPITALIZATIONS

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Background and purpose

Good medication adherence is associated with decreased healthcare expenditure; however, adherence is usually assessed for single medications. We explored associations of adherence to 23 chronic medications with emergency room (ER) visits and hospitalizations.

Methods

Individuals aged 50-74 years, with a diagnosis of diabetes mellitus or hypertension, treated with at least one antihypertensive or antidiabetic medication during 2017 were included. We determined personal adherence rates by calculating the mean adherence rates of the medications prescribed each individual. Adherence rates were stratified by quintiles. We retrieved information about all the ER visits, and hospitalizations in internal medicine and surgery wards during 2016-2018.

Results

Of 268,792 persons included, 50.6% were men. The mean age was 63.7 years. Hypertension was recorded for 217,953 (81.1%); diabetes for 160,082 (59.5%); and both diabetes and hypertension for 109,225 (40.6%). The mean number of antihypertensive and antidiabetic medications used was 2.2±1.1. In total, 51,301 (19.1%) of the cohort visited the ER at least once during 2017; 21,740 (8.1%) were hospitalized in internal medicine wards; and 10,167 (3.8%) in surgery wards during 2017. Comparing the highest adherence quintile to the lowest, odds ratios were 0.64 (0.61, 0.67) for ER visits, 0.56 (0.52, 0.60) for hospitalization in internal wards; and 0.63 (0.57, 0.70) for hospitalization in surgery wards. Odds ratios were similar for the three consecutive years 2016-2018.

Conclusion

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

Disclosure: No significant relationships.

O078 / #21

Topic: *3. Overarching topics / 3.06 GP and professional health*

ORAL PRESENTATIONS
OVERARCHING TOPICS
10-07-2021 12:30 PM - 2:00 PM

SEDENTARY BEHAVIOUR AMONG GENERAL PRACTITIONERS; DO WE PRACTICE WHAT WE PREACH?

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Background and purpose:

Excessive sedentary behaviour is associated with a number of adverse health outcomes and increased all-cause mortality. This study gained quantitative data on levels of sedentary behaviour among GPs.

Methods

A multi-item sedentary behaviour questionnaire survey was disseminated to GPs in Northern Ireland. Subsequently, a purposive, maximally varied sample of 20 participants were recruited to wear thigh-worn accelerometers and complete a sleep/work log. This allowed comparison of subjective, self-reported data with objective, accelerometer data.

Results

Out of 1999 GPs in Northern Ireland, the questionnaire received 352 valid responses (response rate of 18%). Overall mean workday sedentary time for GPs was 10 hours 20 minutes. Overall mean non-workday sedentary time was 4 hrs 47 minutes. Only 6% of GPs had access to an active workstation, such as a standing desk, however 61% of those who didn't have an active workstation would consider using one. 81% of GPs reported they are spending more time sitting in work now than prior to the COVID-19 pandemic. 87% of GPs would prefer less time sitting in work.

Conclusions

Sedentary behaviour among GPs has increased since the onset of the COVID-19 pandemic, with the vast majority of GPs exceeding the recommended daily levels of sedentary behaviour. GPs who are more physically active are more likely to recommend physical activity to their patients. Further research is therefore required to identify ways of reducing sedentary behaviour and increase physical activity among GPs.

Disclosure: No significant relationships.

O079 / #38

Topic: *3. Overarching topics / 3.06 GP and professional health*

ORAL PRESENTATIONS
OVERARCHING TOPICS
10-07-2021 12:30 PM - 2:00 PM

EXPLORING THE DIVERSE CAREER TRAJECTORIES OF GENERAL PRACTICE GRADUATES: AN INTERVIEW STUDY

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Background Several European countries are facing a shortage of general practitioners (GPs). This shortage is in part linked to GP attrition. This study aimed to examine the career trajectories and multiple underlying decisions of general practice graduates. Methods We conducted semi-structured interviews of early to mid-career general practice graduates having completed training in Belgian French-speaking universities between 1999 and 2013. We sampled participants from three categories: full-time GPs, part-time GPs, no longer working as GPs. We analysed each participant's career trajectory and broke it down into major phases. We performed thematic analysis of the factors influencing participants' trajectories. We compared and contrasted trajectories to develop a typology of career trajectories. Results We identified 6 main types of career trajectories: 'stable' (graduates who had never considered leaving general practice), 'reaffirmed (graduates who had considered leaving but opted to make substantial changes to their practice whilst remaining), 'reactional reorientations' (graduates who had left to escape the challenges of general practice), 'inspired reorientations' (graduates who had left to pursue a different job rather than to escape), 'reorientations out of loyalty' (graduates who had never wanted to practise as GPs and who had remained true to their original professional aspirations) and 'mobiles' (graduates who valued change and did not want to set-up practice). Conclusion Reasons GPs leave the profession are multiple. The typology that emerged indicates that only some of the career trajectories would benefit from interventions to reduce attrition such as improving working conditions and providing psychological support for GPs.

Disclosure: No significant relationships.

O080 / #170

Topic: *3. Overarching topics / 3.07 Health promotion and prevention*

ORAL PRESENTATIONS
OVERARCHING TOPICS
10-07-2021 12:30 PM - 2:00 PM

HOW DO GENERAL PRACTITIONERS HANDLE COUPLE RELATIONSHIP PROBLEMS? A FOCUS-GROUP STUDY FROM NORWAY.

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Background and purpose

Couple relationship satisfaction is related to physical and mental health and longevity. In a Norwegian study from 2020, one of four patients reported that they had talked about their couple relationship with their general practitioner (GP). The purpose of this study was to explore how GPs' experience couple relationship problems and how they identify patients with couple relationship problems.

Methods

This is an exploratory qualitative study. In 2020, we conducted three semi-structured focus group interviews with eighteen GPs. We developed a semi-structured interview guide and used systematic text condensation for the inductive analyses.

Results

All participating GPs reported an abundance of experiences handling couple relationship problems in their practice. These issues both served as explanation to relevant clinical problems and were important in a holistic approach to the patients and their families. The GPs had different amounts of training in psychotherapy. Some emphasized that in medical education, doctors learn communication skills useful for individual consultations, but do not develop skills for dyadic counselling. The most experienced GPs felt qualified to support patients with couple relationship problems, though none of the participants could see themselves as couples therapists. Some wanted specific tools for the GP to use when this issue is brought up.

Conclusions

Experienced GPs are comfortable having supportive conversations with individual patients regarding couple relationship problems. GPs could need more skills coping with patients' relational problems and dyadic counselling. A first-aid-kit for GPs facing patients with couple relationship problems might be useful.

Disclosure: No significant relationships.

O081 / #211

Topic: *3. Overarching topics / 3.07 Health promotion and prevention*

ORAL PRESENTATIONS
OVERARCHING TOPICS
10-07-2021 12:30 PM - 2:00 PM

OVERVIEW OF NATIONAL VACCINATION GUIDELINES OR RECOMMENDATIONS FOR THE ADJUVANTED RECOMBINANT ZOSTER VACCINE (RZV)

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Background: First licensed in 2017 and currently approved in >30 countries, RZV (GSK) has demonstrated high and persistent efficacy against herpes zoster (HZ) with a clinically-acceptable safety profile. We reviewed available national guidelines/recommendations on RZV vaccination to identify the similarities and differences and highlight any potential gaps.

Methods: For each country where RZV is licensed, we searched their national health authority's and/or vaccination committee's website between May-October 2020. RZV recommendations were summarized under 7 topics: HZ vaccine preference, age-group recommendation, use in special populations, medical history prior to RZV vaccination, dose schedule, co-administration with other vaccines and vaccine safety profile.

Results: National guidelines/recommendations were identified in 9 countries: Austria, Canada, the Czech Republic, Germany, Ireland, Spain, the Netherlands, the United Kingdom and the United States. In 7/9 countries RZV is the preferred (or the only recommended) HZ vaccine. RZV vaccination is recommended at ≥50 or ≥60 years of age for the general population in 8/9 countries, and at a lower age for high-risk groups, in 3/9 countries. Several guidelines provide recommendation for RZV vaccination in individuals following a prior HZ episode or receipt of live attenuated zoster vaccine; however, variations exist on timing of RZV administration following these. RZV's dose schedule, co-administration with other vaccines, reactogenicity and safety profile are also highlighted by some guidelines/recommendations.

Conclusions: In several countries, the high and persistent efficacy of RZV and its anticipated public health impact led to broadening the national HZ vaccination recommendations to additional sections of the general population or to individuals previously not included in those recommendations.

Funding: GlaxoSmithKline Biologicals SA

Disclosure: I am employed by the GSK group of companies and hold shares in the GSK group of companies as part of my remuneration. I declare no other financial and non-financial relationships and activities.

O082 / #791

Topic: *2. Special groups of patients / 2.04 Multimorbidity*

ORAL PRESENTATIONS
OVERARCHING TOPICS
10-07-2021 12:30 PM - 2:00 PM

PROMOTING SUSTAINABLE WORK PARTICIPATION FOR WORKERS WITH DEPRESSION THROUGH IMPROVED COLLABORATION IN DEPRESSION CARE: A FOCUS GROUP STUDY

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Background and purpose

Long term sickness absence is a common risk for workers with depression and poses significant individual and societal challenges. Most people with depression are cared for by general practitioners (GPs). Still, collaboration with secondary mental care, social workers, and the workplace is often required. The purpose of this study is to explore involved professionals' experiences with collaboration in depression care and how such collaboration may promote sustainable work participation.

Methods

We conducted seven geographically spread focus group interviews with GPs, clinical psychologists and psychiatrists, social welfare workers from the Norwegian Labor and Welfare Administration (NAV), and personnel managers from local workplaces in Norway. The interviews were audio-recorded, transcribed, and analyzed thematically, with a resource-oriented salutogenic approach, inferring a focus on factors for improving health and well-being.

Preliminary results

First theme illustrated participants' experiences with interprofessional collaboration as sub-optimal. Fragmented systems for follow-up of sick-listed workers with depression were viewed as barriers, exemplified by poor interprofessional information flow, etc. However, access to informal communication through electronic dialogue messages was experienced as facilitative. Second theme emphasized how improved collaboration could promote sustainable work participation. Personnel managers' role and early collaborative interventions were viewed as vital. Moreover, increased use of existing collaborative tools, such as GPs suggesting proper work adjustments for depressed workers via sick-leave certifications, could promote sustainable work participation.

Conclusion

Our findings suggest a need for integrated health- and welfare systems for following up sick-listed workers with depression to improve interprofessional collaboration and to promote sustainable work participation.

Disclosure: No significant relationships.

Case Presentation

CP001 / #512

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.01 Cardiovascular*

ACHENBACH SYNDROME

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Background and purpose

Paroxysmal hematoma of the fingers refers to a clinical picture where patients suffer sudden episodes of pain and edema of one or more fingers with subsequent appearance of predominantly hematomas in the palmar region of the proximal phalanges. It is a rare and benign process of unknown etiology. The first symptoms are severe pain, tingling and itching prior to the change in skin color. There is self-limited subdermal bleeding that disappears in the following days. The diagnosis is clinical with normal complementary tests. The main differential diagnosis is with acute ischemic processes because they have a similar presentation. Its evolution is benign and resolves without leaving sequel.

Methods and results

A 64-year-old female patient,without allergies, non-smoker, with a history of hypertension, dyslipidemia and anxiety. Current treatment, alprazolam 0.25mg/8 hours, bisoprolol 5mg/24 hours, hydrosalurethyl 50mg/24 hours, simvastatin 20mg/24 hours.

Consulting for sudden and very intense pain with subsequent appearance of hematoma in the palmar region of the fourth finger of the right hand. At the time of the examination, she had no pain with correct mobility,we observed hematoma at proximal phalanx and the middle of the fourth finger. Good distal capillary filling, radial and ulnar pulse present. Analytical non-coagulation alterations rule out autoimmune diseases. Arterial echo Doppler of the upper limb without alterations. Evolutionary control in 5 days shows process in resolution.

Conclusion

Although it´s a rare entity to see in the consultory,it´s necessary for the general practitioner to be aware of it in order to be able to advise the patient correctly and avoid unnecessary complementary studies.

Disclosure: No significant relationships.

CP002 / #615

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.01 Cardiovascular*

ABDOMINAL AORTIC ANEURYSM, A SILENT DISEASE

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Background and purpose

Abdominal aortic aneurysm (AAA) is the pathologic dilation of the abdominal aorta and is often asymptomatic but has high susceptibility to rupture.

Reported mortality rates for patients with a ruptured AAA are considerably higher than those for patients undergoing elective AAA repair, so it is imperative to diagnose AAA before rupture.

Major risk factors for AAA are age older than 65 years, male gender, smoking habits and family history.

Methods

A 66-year-old man presented to the health care center with a few months history of abdominal pain located in the periumbilical region. He had medical history of hypertension, hyperlipidemia, peripheral arterial disease and a 43 pack-year history of tobacco use.

Results of his physical examination included a soft mild distended abdomen with generalized tympanic sounds, except for the periumbilical region that presented with muffled sounds. Palpation was painless, no masses or organomegalies were palpated, although it seemed to present a “thickening” of the periumbilical region.

Results

The abdominal ultrasound revealed an aneurysmatic dilation of the juxtarenal abdominal aorta with an extension of 83mm and a diameter of 55 mm, showing a parietal thrombus with approximately 29mm.

The patient was proposed for surgery that underwent without any complications.

Conclusions

Since AAA are typically asymptomatic, screening with ultrasound is extremely important in the early detection of unknown AAA, specially in the elderly and those with risk factors.

Bearing this in mind, the adoption of screening programs plays an essential role in providing a beneficial outcome for these patients.

Disclosure: No significant relationships.

CP003 / #37

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.01 Cardiovascular*

CONGESTIVE HEART FAILURE AS A WAY OF PRESENTATION OF DILATED ENOLIC CARDIOMYOPATHY

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BACKGROUND and PURPOSE:

Dilated cardiomyopathy (DCM) is a clinical diagnosis characterised by left ventricular or biventricular dilation and impaired contraction that isn't explained by abnormal loading conditions (e.g., hypertension and valvular heart disease) or coronary artery disease. The heterogeneous aetiology includes both genetical and non genetical causes (such as viral infections, drugs/toxins/allergens exposure and systemic endocrine or autoimmune diseases); and clinical presentation of DCM make a correct and timely diagnosis challenging. By presenting this case report we aim to highlight the importance of primary prevention and our role as general practitioners/family doctors.

METHODS:

Review of a patient clinical record through ECAP (electronic health record)

RESULTS:

44–year-old man without personal pathological antecedents, homeless, smoker, with an alcohol daily consumption of 9 Standard Drink Units. He was attended at the emergency ward of our primary health care centre due to malaise, oedema, dyspnoea, paroxysmal nocturnal dyspnoea and abdominal pain. Physical examination showed hypertension, bradypsychia, jaundice, ascites and signs of biventricular failure. EKG showed signs of left ventricular hypertrophy. He was referred to the hospital for further examination and treatment. Following supplementary exams, he was diagnosed with congestive heart failure due to enolic cardiomyopathy. After discharge he received regular check-ups both at the primary health care centre and hospital with an improvement of his condition, though later he didn't retun.

CONCLUSIONS:

Alcohol and substance abuse is major public health issue. DCM and congestive heart failure are probable outcomes, both associated with high mortality/morbidity rates. As primary health care providers, primary prevention, early diagnosis/treatment and an holistic and longitudinal perspective are keywords for our job.

Disclosure: No significant relationships.

CP004 / #773

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.01 Cardiovascular*

WATCH OUT FOR YOUR NECK – A CLINICAL CASE

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Background

Carotid artery dissection is a cause of stroke, particularly in young adults, but may occur at any age. There seems to be a slightly higher incidence in males vs females. Common causes of arterial dissection include trauma or spontaneous events, with underlying predispositions in some cases. Most dissections occur spontaneously or after minor or trivial injury. Dissection most often results in ischemic stroke or transient ischemic attack, usually associated with local symptoms such as neck pain or headache, Horner syndrome, cranial and cervical neuropathies, and pulsatile tinnitus.

Methods

A 55-year-old male was admitted to an appointment in a health care center. The patient presented with temporal right headache for 6 days, blurred vision and photophobia in the right eye, dysarthria and tongue movement limitation to the right side. He denied cervical trauma, although he reported a chiropractic session 2 weeks before for cervical radiculopathy. He was referred to the emergency department and admitted to Neurology ward on suspicion of carotid artery dissection.

Results

The patient underwent Computed Tomography Angiography that showed carotid artery stenosis of 55%, probably due to a carotid dissection. These findings were then confirmed by MRI, which excluded ischemic stroke. He was discharged on antiplatelet therapy and was referred to speech therapy. To the present date, there was an overall improvement without symptoms recurrence.

Conclusions

The clinical diagnosis of carotid artery dissection can be challenging. It’s important for primary care physicians to be aware of this condition, since they are often the first sought by patients.

Disclosure: No significant relationships.

CP005 / #629

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.01 Cardiovascular*

MAL PERFORANTE PLANTAR / ISCHEMIC FOOT ULCER

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Background and Purpose:

Peripheral neuropathy usually affects the extremities and the most frequent cause is diabetic peripheral neuropathy. Other causes include shingles (post-herpetic neuralgia), B12 deficiency, alcoholism, etc. Most neuropathic ulcerations occur on the lower extremities and affect prominent different areas of the feet such as the heel and metatarsal heads, or areas of high friction that are prone to callus formation.

Methods: Case report

Results:

An alcoholic 55 year-old male with lower-limb alcoholic neuropathy went to the primary care center on numerous occasions due to an ulcer on the right foot-sole. The patient was being treated with antibiotics, cleaning of the wound and the use of medical insole. However, the ulcer did not improve and evolved to produce intense pain and a strong smell. During the conservative treatment with diferent antibiotics and analgesia, the evolution was bad and the ulcer developed in osteomielitis.

The patient was referred to different departments (dermatology, traumatology, internal medicine) to obtain a proper diagnosis. After biopsies, computerized axial tomography and magnetic resonance, the patient was diagnosed of Neuropathic Ulcer. A surgical procedure together with a stronger antibiotic regime was required to close the ulcer, which has not relapsed until now.

Conclusion:

A neuropathic ulcer has a high probability to evolve to osteomyelitis if it is not properly treated. General practitioners must not underestimate the chance of a non-diabetic person to suffer from severe pathologies usually associated to diabetes, as these need a very early diagnosis and treatment to enable their survival and recovery.

Disclosure: No significant relationships.

CP006 / #809

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.01 Cardiovascular*

MEDICAL CARE ON TIME SAVES LIVES CARDIAC ARREST IN PRIMARY CARE: DURING COVID-19 PANDEMIC OUT-OF-HOSPITAL CARDIAC ARREST (OHCA)

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Background and purpose

Emergency cardiac problems arise suddenly and If not treated immediately, sudden cardiac arrest can lead to death. Survival rates are low in out-of-hospital cardiac arrests. Such cases sometimes refer to Family Health Centers (FHCs).

Case

On 12.02.2021 at lunch-time, a patient's relative came to FHC and said that his father couldn't breathe at home and was standing still on the ground. The patient's home was reached at once.

The patient was 62 years old, male, had no known illness, didn't use drugs, was a heavy smoker, had chest pain but didn't consult a physician. Cardio-pulmonary resuscitation (CPR) was performed (at 12:53) because the pulse couldn't be found. The ambulance team arrived at the 5th minute's of the CPR.

Tracheal intubation was performed. 1 mg adrenaline IV pulse and 0.9% NaCl solution was applied. The patient was asystole. At 13:12, the femoral pulse was palpated and the rhythm was found to be ventricular fibrillation and a 200 joule shock was applied with a defibrillator. The patient returned to sinus rhythm and was transferred to the emergency department. In coronary angiography, there was occlusion in coronary arteries. The patient, whose clinical condition is stable, continues to be treated in intensive care.

Discussion

Emergency health care is also included within the scope of primary health care services. The family physician has the responsibility of being ready for emergencies at all times, providing comprehensive care for all those need medical care and coordinating other healthcare personnel when necessary, acting within the framework of the core competencies of the family medicine discipline.

Disclosure: No significant relationships.

CP007 / #883

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.01 Cardiovascular*

AN UNCOMMON CASE OF ANGINA

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Introduction: Vasospastic or Prinzmetal angina is characterized by episodes of rest angina associated with transitory ST segment elevation on ECG, that are caused by a focal or diffuse epicardial coronary artery spasm. Smoking is a major risk factor; other possible triggers are alcohol and drug consumption. The prognosis depends on the presence and extent of fixed atherosclerotic lesions. Patients with vasospastic angina and normal coronary arteries have in most cases good prognosis. The authors present one case of Vasospastic angina.

Case Report: A 54-year-old man smoking 20 cigarettes, with moderate alcohol consumption and dyslipidemia, reported recurrent episodes of syncope and mild chest pain at rest which spontaneously ceased after a few minutes. Of the diagnostic tests performed, ECG was normal, echocardiogram also normal, with good ventricular systolic function and cardiac stress test without symptoms and any ST-T alterations. Holter showed 5-minute duration periods of supra ST at night, without symptoms, compatible with Prinzmetal Angina. The patient was medicated with a calcium channel antagonist and a nitrate and underwent cardiac catheterization, which showed angiographically normal coronary arteries. He remained asymptomatic since then.

Conclusion: Vasospastic angina remains highly challenging to diagnose, but has important symptomatic and prognostic implications. Management includes cessation of smoking and pharmacologic therapy. When not associated with heart disease, long-term prognosis is good, particularly those receiving medical therapy, thus coronary vasospasm does not by itself result in a significant increase in mortality, although patients who present with syncope may be at greater risk.

Disclosure: No significant relationships.

CP008 / #832

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.01 Cardiovascular*

WHEN HYPOTENSION HIDES A RARE DIAGNOSIS

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Peripheral arterial disease (PAD) affects about 3 to 10% of general population and 15 to 20% of individuals over 70 years (NORGREN, L. et al, 2007). PAD results in most cases of atherosclerotic obstruction of the arterial lumen.

Despite the fact that the lower limbs are the most common location, and for this reason are most frequently researched and diagnosed, it is important to be aware of other clinical manifestations of PAD. Subclavian artery stenosis, mainly on left side, occurs in about 2% of general population and in 15% of patients over the age of 70 (Shannon Caesar-Peterson 2020). Its diagnosis is essential to avoid the associated complications that range from limb claudication, to cerebral hypoperfusion and stroke.

Our case reports a 73-year-old man chronic smoker with a medical history of gastric ulcer and psoriasis, whose chief complaint was several episodes of hypotension, associated with daily dizziness, hyposthesia of the left upper limb and chest pain. After a careful cardiovascular examination, a blood pressure differential was detected between the upper limbs and the subsequent imaging study revealed the presence of left subclavian artery stenosis. The patient was subsequently referred to vascular surgery and was submitted to left subclavian artery stenting.

This case highlights a rare cause of hypotension so that subclavian artery stenosis is a diagnosis which family doctors have to be aware of.

Disclosure: No significant relationships.

CP009 / #1127

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.01 Cardiovascular*

RESPIRATORY SYMPTOMS BEYOND THE PANDEMIC

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Background and purpose

Worldwide, Auricular Fibrillation (AF) is the most common sustained cardiac arrhythmia in adults, and it can present with similar symptoms as COVID-19, as dyspnea and fatigue.

Case Report

M., female, 81 y/o, requests an urgent appointment with her GP with complaints of dyspnea, fatigue and bilateral leg swelling for the last 2 weeks. She denies syncope, chest pain, dizziness, headache, fever, cough, myalgia, anosmia or dysgeusia. She lives alone and has had no contact with any other person on the last 3 weeks.

Past medical history: Congestive Heart Failure, Essential Arterial Hypertension, Dyslipidemia, Obesity (BMI 34 kg/m^2), Depressive Disorder, Hypothyroidism, Bilateral total hip replacement.

Medications: Amlodipine/Olmesartan 5/20mg, Furosemide 40mg id, Bisoprolol 2.5mg id, Simvastatin 20mg id, Amitriptyline 25mg id, Levothyroxine 0.075mg id, Clebopride 0.5mg id. She denies smoking.

Clinical findings: awake, responsive, tachypneic, SpO2 94%, HR 109bpm, BP 94/72mmHg; irregular pulse; irregular rhythm on auscultation, no other heart murmurs; no abnormal lung sounds; bilateral and symmetric leg edema with positive Godet sign. No other abnormal findings on physical examination.

ECG: Atrial Fibrillation with Rapid Ventricular Response, HR 153bpm.

The patient was referred to the Emergency Department with the activation of the Pre-Hospital Medical Emergency Services. She was immediately admitted with the diagnosis of Decompensated Congestive Heart Failure and de novo Atrial Fibrillation.

Discussion

As we sail through this pandemic, we need to keep in mind that there are urgent diagnosis with respiratory symptoms other than COVID19. Excluding epidemiologic context of COVID19 infection is essential to not delay urgent care to these patients.

Disclosure: No significant relationships.

CP010 / #1327

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.10 Others*

BEHIND DEPRESSIVE SYMPTOMS

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Introduction: Fatigue is a common, nonspecific symptom with a broad range of etiologies including acute and chronic medical disorders, psychological conditions, medication toxicity, and substance use.

Case report: A 26-year-old woman resorts to the Health Unit with feelings of anguish, sadness, fatigue, crying spells and terminal insomnia with 2 months of evolution. In addition to concerns about her 8-year-old brother with cerebral palsy, she reported her parents were divorcing. She didn't intend to start medication. She returns 3 weeks later with an analytical study that had no relevant findings. She agreed to start antidepressants. After 6 weeks only sleep had improve. The patient additionally reports that she was followed in adolescence by a thyroid nodule. The dosage of the antidepressant was titrated, and a thyroid ultrasound was requested. Two months later, there was an improvement in the mood complaints, but maintained fatigue. The ultrasound revealed a "solid nodular formation, hypoechoic, lobulated or two nodular formations". A biopsy of the thyroid nodule was requested. Due to the suspicion of parathyroid adenoma, a measurement of serum calcium and PTH was requested, and both were elevated, favoring this last hypothesis. A general surgery appointment was requested, and the patient underwent a parathyroidectomy, leading to a resolution of the symptoms, namely asthenia.

Discussion: Fatigue is a non-specific symptom, which requires a careful etiological investigation. In this case, although it could have been a result of her mood disorder, there was an organic justification for her asthenia. The Family Physician must be watchful, trying to make a assertive differential diagnosis in cases with symptoms refractory to treatment.

Disclosure: No significant relationships.

CP011 / #1100

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.10 Others*

ACQUIRED HEMOPHILIA A - A CURIOUS CASE OF BLEEDING DISORDER

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Background and purpose

Acquired hemophilia A (AHA) is a rare bleeding disorder caused by autoantibodies against coagulation factor VIII (FVIII). The hallmark of this condition is spontaneous mucocutaneous or soft tissue hemorrhage in patients with no previous history of bleeding. AHA occurs more frequently in the elderly and about half of the cases are idiopathic.

Methods

In the beginning of 2020, an 82 year old male with multiple comorbidities and polymedicated, developed an atypical and exuberant stasis dermatitis of the lower legs with superficial hemorrhagic lesions difficult to heal even after therapeutic adjustment. Posteriorly, he presented spontaneous gingival bleeding and subsequent episode of macroscopic hematuria, which led to multiple visits to his family physician (FP) and to the emergency room.

Results

Lab evaluation showed a progressive and isolated prolonged activated partial thromboplastin time (aPTT) and an extremely low FVIII activity (<0.1%), suggesting the presence of an inhibitor. In this context, the patient was admitted in order to investigate a possible underlying condition, and the diagnosis of AHA was confirmed. Therapy with prothrombin complex concentrate and oral corticosteroids was initiated, with progressive decrease in aPTT and clinical resolution.

Conclusions

AHA is a complex and heterogeneous disease. Early recognition and prompt initiation of treatment can be life-saving. As the first contact with health care system, the FP has a crucial role in recognizing clinical manifestations and framing them into a possible diagnosis, to an appropriate approach. This report highlights the need of different specialties' knowledge and contribution for a better management of daily practice challenges.

Disclosure: No significant relationships.

CP012 / #1027

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.10 Others*

CHIKUNGUNYA VIRUS PRESENTED WITH CHRONIC ARTHRITIS

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Chikungunya is an arbovirus that causes high fever, headache, joint pains and muscle aches three to seven days after a mosquito bite. Most patients tend to find themselves better the next days or weeks, but some of them can develop joint chronic pain. Description of a clinical case diagnosed in primary health care.

The patient is a 30 years old man born in India who has lived in Girona (Spain) for five years. The last three months suffered with generalized arthralgia predominate in both wrists accompanied by morning swelling and morning stiffness of more than thirty minutes. The blood test showed a VSG discretely elevated, low PCR, negative rheumatic factors. Normal wrist X-rays.

First line treatment with NSAID drugs showed not improvement of the clinic symptoms reason why we switched treatment with prednisone presenting a positive symptomatic response. After asking again, the patient manifested that last December, simultaneously with the beginning of the clinic, he travelled to India to visit his family. He had high fever (39ºC), headache, arthralgia and a rash that lasted a week. He also remembered history of mosquito bites.To confirm the diagnosis we perform detection of IgM ang IgG antibodies against chikungunya virus with both results being positive.

It is important to include Chikungunya virus infection in the differential diagnosis of arthritis if there is a history of travelling to countries with circulating viruses. There is the need to strengthen training of emerging viruses to primary healthcare professionals. Stress the importance of community health education and outreach aimed to travellers and VFR by primary healthcare professionals.

Disclosure: No significant relationships.

CP013 / #852

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.10 Others*

CHRONIC INFLAMMATORY DEMYELINATING POLYNEUROPATHY, AN ATYPICAL CASE

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Background: Chronic inflammatory demyelinating polyneuropathy (CIDP) is an imuno-mediated acquired, neuropathy that targets the peripheral nerves and nervous roots. It is characterized by a progressive or relapse-remitting course, electrodiagnostic or pathologic features of demyelination and glucocorticoid responsiveness. It has multiple variants who share the same pathophysiology of inflammatory demyelination.

Case: This case refers to an 83 year old male who progressively develops symptoms of lower limbs parestesia and hyposthesia with associated balance deficits. His neurological examination revealed mild proprioceptive hyposthesia and hipopalesthesia aswell as sensitive ataxia of the lower limbs. He also showed a positive romberg test and at a later stage diminished reflexes of the lower limbs. Cerebrospinal fluid analysis revealed elevated protein levels, normal white cell count and one band imunofixation as well as slightly elevated Imunoglobulin levels. The head CT scan did not had any remarkable findings and the outpatient electromiography was compatible with demyelinating motor-sensitive peripheral neuropathy. A later hospital electromiography revealed acentuated CIDP.

Discussion: Although it is still necessary to rule out the presence of other immune-mediated neuropathy such as IgM gammopathy Neuropathy, we hereby present an interesting case of a possible rare type of CIDP, the distal and sensory-predominant variant. This variant has a more indolent course characterized by sensory disfunction of the lower extremities, absent reflexes and may even present with ataxia in addition to autonomic symptoms.

Conclusion: Despite being a rare entity, the diagnosis of CIDP is important and must be taken into account in the diagnosis of a polyneuropathy specially due to its responsiveness to immunomodulatory therapies.

Disclosure: No significant relationships.

CP014 / #1098

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.10 Others*

IMPORTED EOSINOPHILIA IN PRIMARY HEALTH CARE: A ONE CASE REPORT

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Background and purpose: Eosinophilia is a common finding on asymptomatic patients in Primary health care. It usually relates to diseases that could have high-rate morbidity. Eosinophils have an important role on destroying foreign substances, like parasitic infections, and regulating inflammatory processes, such as allergic reactions. The most prevalent cause of eosinophilia on migrants or tropical travelers is parasitic diseases. Eosinophil count depends on host organism, parasite load and period of disease. High eosinophil count translates into tissue damage and amplification of inflammatory cascade, which in rare cases results into hypereosinophilic syndrome.

Methods: A 40-year-old Gambian man who lived in Girona (Spain) for the past 16-years presents with low eosinophilia on analysis since 2007. Reported a long history of intermittent asthma and is an untreated carrier of Hepatitis B. He visits origin country every 3-4 years. Last trip was 2 months ago. He presents with abdominal pain and distension. No fever, diarrhea, nausea or vomiting. We ordered blood analysis, serologic test and coproculture.

Results: Blood analysis revealed alanine aminotransferase (ALT) of 190U/L and HBV viral load of 877U/ml. Enzyme immunoassay revealed Strongyloides stercoralis. Coproculture revealed cysts of Entamoeba coli and trophozoites of Entamoeba histolytica dispar. Treatment was initiated with Metronidazole and Albendazole, resulting in significant improvement on abdominal pain and resolution of eosinophilia. Coproculture post-treatment was negative.

Conclusions: International travelling has increased transmission of infectious diseases. Primary health care should improve its knowledge around imported eosinophilia, alongside other imported diseases, in order to provide accurate diagnosis and treatment.

Disclosure: No significant relationships.

CP015 / #525

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.02 Diabetes mellitus*

CONSEQUENCES OF SUBOPTIMAL METABOLIC CONTROL ON THE EVOLUTION OF DIABETIC FOOT PATHOLOGY IN TYPE 2 DIABETES MELLITUS

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Background and purpose

Diabetic foot pathology (DFP) is one of the most common consequences of metabolic decontrol in type 2 Diabetes Mellitus (T2DM). The treatment is based on the management of the diabetic pathology following healthy habits to ensure metabolic control and checking periodically diabetic foot sensitiveness to detect neurovascular pathology.

Methods

Describe the consequences of suboptimal metabolic control on DFP based on a clinical case with photo report of a 66-year-old patient with pathological background including: T2DM, HTA, obesity and smoking.

Results

The patient arrived in June 2018 to our Primary Health Centre (PHC) with a recent right fifth toe amputation and a bad metabolic control (9.4% Glycated Hemoglobin (HbA1c)). He managed to reduce his HbA1c until 6.2% in September 2018 following our T2DM control guidelines. During the first months of 2020 his adherence to healthy habits declined. By March, his HbA1c increased to 9.8% and consequently suffered a DFP worsening; a new diabetic foot ulcer appeared which needed a first toe amputation. In June 2020, the patient improved his metabolic control, reducing HbA1c values to 7.6%. However, six months later his HbA1c increased again to 9.7% and the DFP worsened requiring a transmetatarsal amputation.

Conclusions

While the patient had an optimal metabolic control, the progression of his DFP diminished. However, as soon as the patient changed his healthy lifestyle, his DFP suffered a significant worsening. Unhealthy habits, therefore, metabolic decontrol have a direct consequence on DFP deterioration.

Disclosure: No significant relationships.

CP016 / #999

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.06 Musculoskeletal*

WHEN COVID-19 CONFUSES IDEAS: A RARE CASE OF POLYMYOSITIS.

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Background

Covid-19 infection poses a serious challenge for immune-compromised patients with inflammatory autoimmune systemic diseases.We present a case which occurred during the covid-19 pandemic,in which an infection of Sars-Cov-2 has an impact on the diagnostic hypothesis.

Case Description

A 63 years old female patient with history of allergic rhinitis and asthma,began with dyspnoea,cough,nausea and fatigue in April 2020.Due to worsening of her clinical condition,she was admitted to the hospital.She presented lymphopenia.SarsCov2 swab with a negative result. The lung computed tomography(CT) described aspects of bronchopneumonic infectious process suggestive of sar-cov-2 infection. She started hydroxychloroquine therapy and she repeated the SarsCov2 swab with negative result. In May 2020 she went to the emergency department presenting with fever and musculoskeletal symptoms with migrant arthralgia associated with edema of hands and legs. She presented elevated serum creatine kinase(CK),aspartate aminotransferase(AST),alanine aminotransferase(ALT),and was discharged with diagnostic hypothesis of Arthritis/Reactive Myositis of unclear aetiology, and treated with anti-inflammatory therapy. Due to maintenance of the clinical situation with myalgia, arthralgia, persistent fatigue and dyspnoea for small efforts, she was admitted to the hospital a month later.She needed a supplementary supply of O2 during hospitalization. At the electromyography and magnetic resonance of the pelvis the result was compatible with an inflammatory myopathy.The lung CT described worsening of multifocal opacities configuring geographic areas of peribronovascular and subpleural ground glass. A muscle biopsy was performed and the diagnosis was definitive: Autoimmune polymyositis with positive antiJo1 and antiSSA with interstitial lung disease.The patient began corticotherapy with symptomatic improvement.

Results/Conclusions

This case alerts the physicians about autoimmune diseases which can mimic COVID-19 infection.

Disclosure: No significant relationships.

CP017 / #477

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.06 Musculoskeletal*

DOCTOR, I CAN'T STAND THIS PAIN! – A CASE REPORT ABOUT COMPLEX REGIONAL PAIN SYNDROME (CRPS)

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BACKGROUND and PURPOSE: CRPS is a chronic pain condition accompanied by autonomic, inflammatory, sensory, and vasomotor symptoms. CRPS type II involves peripheral nerve injury. Diagnosis is based on the Budapest Criteria, however, its pathophysiology and treatment are not fully defined. The objective of this report is to raise awareness to the correct diagnosis and to the possibility of conservative treatment.

METHODS: Information about patient's clinical data was obtained through consultation of clinical records. Complementary information was collected by researching databases on this matter.

RESULTS: A 76-year man, diagnosed with Herpes Zoster five months before, presented with swelling, stiffness, erythema, paraesthesia and pain 10/10 of the 2nd finger of the left hand. The symptoms had been present for several weeks. Daily activities such as buttoning buttons were difficult. On examination, left hand was globally swollen, with emphasis on his 2nd finger. There was allodynic and hyperalgesic pain response to any palpation. He revealed global mobility loss, with restriction of active and passive movement and tremor. Investigation was performed, no leucocytosis was found, and C-reactive protein (CRP) and sedimentation rate (SR) were negative. The hand X-ray evidenced osteoarthrosis of interphalangeal joints and the ultrasound edema as well as hyperecogeneity of the subcutaneous adipose tissue. Budapest criteria were fulfilled and the diagnose of CRPS was made. He started gabapentin 900mg/day, amitriptyline 10mg/day and physical therapy.

CONCLUSIONS: Chronic pain is among the top complaints in patients who visit primary care. Fast diagnosis, rehabilitation and maximizing quality of life are essential to family doctors' practice.

Disclosure: No significant relationships.

CP018 / #1169

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.10 Others*

AXILLARY TRICHOMYCOSIS

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Background and aim

Axillary trichomycosis, also called trichobacteriosis, is a skin infection caused by bacteria of the genus Corynebacterium spp., especially by C. flavescens. It affects the hair of the armpits, also of the pubis and perianal region and, exceptionally, of the scalp.

Its prevalence is higher in tropical countries, with humid and warm climates. Excess sweating, inadequate hygiene and not shaving favor its appearance. It affects young adults, and more in men than women.

The suspected diagnosis is established by clinical findings, complementary techniques such as Wood's light, direct vision under the microscope, and dermoscopy.

Case summary

23-year-old man with no relevant history, non-smoker. Refers that for two months the armpit hair has a yellowish coloration, thicker texture and increased body odor. Denies itching, or lesions in another part of the body.

On examination, mucoid sheaths adhered to the hair shaft, thick and irregular, some covering all the hair. The root and the skin are not affected. There is a bad smell. Visualization with dermoscopy: white-yellowish masses with a waxy appearance, adhered to the hair. Rest of exploration without relevance.

Hygiene of the area, shaving and application of topical antibiotic ointment for 10 days was recommended.

Conclusion

Axillary trichomycosis is an underdiagnosed entity in primary care clinics. The general practitioner must know the use of dermoscopy since it is a useful, fast and cheap technique to support the clinical diagnosis, by identifying characteristic signs of this entity.

Disclosure: No significant relationships.

CP019 / #89

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.10 Others*

THE SUSPECTED IMPORTANCE OF INFRECUENT PATHOLOGY: BACK PAIN

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Backgrounds and purpose:

Multiple myeloma, although a rare disease, is the second most common hematologic malignancy and represents 1% of all cancers. The average age of presentation is around 65 years, being exceptional in those under 30 years. Bone pain is the most frequent symptom on multiple myeloma, being the initial manifestation in 60-80% of cases, predominantly in the spine. It usually manifests as a mechanical pain, which respects the night's rest.

Case presentation

We describe the case of a 52-year-old male with no relevant medical history who presents to the emergency department complaining of nonradiating mechanical low back pain since two weeks, with good night rest and without improvement despite of the use of opioids. Physical examination was unremarkable except for tenderness of the lower lumbar vertebrae.

After x-ray evidence of vertebral fracture of L1 and L3 and, in the absence of medical history that could justify these findings, we decided to extend the study, finding severe bycitopenia and lytic lesions on vertebrae, ribs and sternum on CT scan. These results progressively guided to the final diagnosis of Multiple Myeloma.

Conclusion

In reference to this case, low back pain was the initial symptom and the reason for consultation, with the typical characteristics described above. Multiple Myeloma is also associated with a significant morbidity due to its end-organ destruction. Therefore, this pathology must be part of the differential diagnosis of lower back pain, always supported by an adequate clinical assessment.

Disclosure: No significant relationships.

CP020 / #698

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.10 Others*

SUSPICIOUS MUSHROOMS - A CASE REPORT

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Background and Purpose: Flagellated dermatitis (FLD) is characterized by pruritic papules, papulovesicles or plaques that occur in an erythematous flagellated pattern that most commonly affects the trunk. One of the major causes of FLD is the consumption of raw or undercooked shiitake mushrooms (SM). Even though it is a common occurrence in Asia (local delicacy) it is rare in Western countries.

Methods: Case Report.

Results: 74-year-old man with a personal history of Hypertension, Type 2 Diabetes and Dyslipidemia treated with Indapamide, Metformin and Atorvastatin. Presented with a dorsal rash associated with intense itching with 3 days of evolution that appeared spontaneously, denying other signs or symptoms. A history of changes in usual medication, sun exposure or possible allergens was also denied. After further investigation, he revealed having ingested SM 4 days before. On objective examination, bullous erythematous lesions were observed with linear stretches in a flagellated pattern in the region of the back, shoulders and arms. He was medicated with topical corticosteroids and oral antihistamine with complete resolution of the condition.

Conclusions: This case demonstrates the multiplicity of entities that the Family Doctor (FD) deals with in its daily practice. Although FLD by SM is not a common occurrence, a detailed clinical history combined with its characteristic presentation leads to the diagnosis. In an increasingly globalized world, food consumption of another regions is becoming more common and it is important that the FD recognizes this type of pathologies that can be treated and oriented in the primary health care services.

Disclosure: No significant relationships.

CP021 / #798

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.10 Others*

WHEN DEMENTIA PROGRESSES QUICKLY – A CASE OF RAPIDLY PROGRESSIVE DEMENTIA IN PRIMARY CARE

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Background and purpose: Rapidly progressive dementias are a heterogeneous group of diseases that present with cognitive, behavioural and/or motor disturbance. A detailed workup is essential since there are treatable causes.

Methods: Descriptive case presentation

Clinical Case: A previously healthy 58-year-old woman presented with episodes of confusion, disorientation and forgetfulness, with a progressive worsening in the previous 6 months. In the past month, she had persecutory delirium and visual hallucinations, with mood swings.

She answered with circumstantial speech, always turning to her son for support and clues when asked direct questions. She denied any health problem. Her mini mental state examination showed problems in all areas but language, with a score of 12 (12 years of schooling). Her laboratory workup and head CT were normal.

She was then seen by Neurology and Psychyatry and was started on medication, assuming a mixed episode in a bipolar spectrum disorder.

She kept worsening for another month and was admitted to the Neurology inpatient department. An extensive investigation was performed excluding reversible causes of dementia. After 2 months she was transferred to a continued care unit, requiring help for most basic daily activities. She died of pneumonia before a definitive diagnosis was reached.

Conclusions: This case is an example of a cognitive disorder that presented in a young patient and required a multidisciplinary approach. However, even with an inpatient investigation, the etiology was never identified after 10 months since the initial symptoms, reminding us of the limitations we still have in current medical care.

Disclosure: No significant relationships.

CP022 / #785

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.10 Others*

USE OF DERMOSCOPY IN THE DIAGNOSIS OF SCABIES, A USEFUL TOOL IN GENERAL PRACTICE

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BACKGROUND and PURPOSE

Scabies is an infestation by the mite Sarcoptes scabiei hominis. It is a relatively common consultation in general practice. It affects all ages and socio-economical status. Diagnosis is usually clinical, but can sometimes be difficult. In these cases, confirmation by microscope or biopsy is possible but requires an infrastructure usually not available in a primary care center. Dermoscopy can be a more accessible additional tool.

METHODS

Case presentation: A 26-year-old patient went to the primary care physician due to itching in the flexor aspects of the wrists, sides of the fingers and waist with an eruption and erythematous papules on the wrists. Based on the history and physical examination a diagnosis of scabies was made. Hygienic measures and an application of permethrin cream 5% at night two consecutive weeks were recommended to the patient and her cohabitants. After a slight improvement, the patient consulted again 15 days later due to the reappearance of the symptoms. Are we facing a recurrence of the infestation or the persistence of disease-free scabies nodules? Could it be a disease other than scabies?

RESULTS

Dermoscopy showed the mite's head inside a burrow known as a "delta wing" sign. This confirmed the presence of an active parasite within the burrows. A case of resistance was suspected and a treatment with two oral doses of ivermectin was recommended.

CONCLUSIONS

Dermoscopy can be a useful, fast and accessible diagnostic tool helpful to identify unclear scabies cases by the general practitioner.

Disclosure: No significant relationships.

CP023 / #296

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.10 Others*

POLYMYALGIA RHEUMATICA, A DIFFICULT DIAGNOSIS WITH A SIMPLE TREATMENT.

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Background

Polymyalgia rheumatica (PMR) is chronic inflammatory condition that affects manly elderly individuals. The diagnosis is based in symptomatology and exclusion of potential diseases.

Methods

Male, 71 years old. Personal history: arterial hypertension, diabetes mellitus, heart failure, atrial fibrillation, sleep apnea. Medication: furosemide 40mg, Carvedilol 25mg, spironolactone 100mg, Metformin 500mg, Rivaroxaban 20mg.

The patient resorted to family doctor (FD) due to myalgias, asthenia and worsening dyspnea pattern. Blood test revealed normochromic normocytic anemia.

Symptoms worsened and patient went to hospital. There, due to febrile peaks (38.9ºC) and absence of an outbreak of infection, were collected blood cultures and started ceftriaxone empirically. Later was detected aortic murmur and a traumatic wound in the lower limb. The patient started clindamycin and was hospitalized with suspicion of infective endocarditis vs erysipelas. Analytically: Hemoglobin 9.6g/dL, without leukocytosis, PCR 20.21mg/dl, VS 116mm. Blood cultures were negative and digestive endoscopies normal. After 10 days of antibiotics, PCR decreased (17mg/dl), maintained VS 100mm and Hemoglobin reached 8.4mg/dl. The symptoms evolved into significant fatigue, cervical and scapular arthralgias, proximal myalgia and occipital headache. Observed by Rheumatology, PMR diagnosis was considered and started prednisolone. Autoimmune study was negative.

Results

After 6 days of high-dose corticotherapy there was significant improvement of symptomatology and patient was discharged with prednisolone 40mg maintenance dose.

Conclusions

PMR diagnosis can be a challenge for the family doctor. The identification of fast and marked deterioration of the general condition as well as the therapeutic test with corticotherapy can avoid an unnecessary investigation.

Disclosure: No significant relationships.

CP024 / #788

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.10 Others*

PFAPA SYNDROME, A RARE OR UNDERDIAGNOSED ENTITY? – A CASE REPORT

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Introduction: PFAPA syndrome usually occurs in childhood and it´s characterized by Periodic Febrile episodes, associated with Aphthous stomatitis, Pharyngitis and cervical Adenopathies. Between episodes children are asymptomatic. The diagnosis is made by clinical features and by exclusion.

The authors pretend to alert that PFAPA, a underknown entity, is the one of the most common periodic fever syndromes.

Case report: A 3-years-old boy, with adequate growth and development for his age, presents since 19 months born, episodes of periodic fever, associated with recurrent pharyngitis/tonsillitis and cervical adenopathies. He was treated with multiple antibiotics with poor response and was asymptomatic between episodes.

The recurrent episodes and ineffective therapeutic generated anxiety to parents. In coincidence with a new febrile episode, oral corticosteroid therapy was started with drastic improvement in symptoms.

PFAPA syndrome was suspected so a paediatric appointment was requested, other causes of periodic fever syndromes were excluded and the diagnosis of PFAPA syndrome was made.

Conclusion: This report has a typical presentation of PFAPA, the onset was before the age of 5, with characteristic periodic symptoms, and healthy condition between episodes.

As expected in PFAPA, treatment with antipyretics and antibiotics is ineffective. The response to corticosteroids is excellent, reduces febrile episodes, supports the diagnosis, but doesn't prevent new episodes.

More than a rare entity, PFAPA syndrome is underdiagnosed. PFAPA diagnosis is crucial because allows to reduce anxiety and improve quality of life of children and family members, as well reduce health costs and avoid unnecessary antibiotic treatments.

Disclosure: No significant relationships.

CP025 / #281

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.03 Respiratory*

AUDIT OF THE CARBON FOOTPRINT OF INHALERS IN AN IRISH GENERAL PRACTICE

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Background and purpose: Respiratory disease is common and mostly managed in primary care. The most frequently employed therapeutics are inhalers which vary in type. Multidose Inhalers (MDIs) contain harmful greenhouse gases which have a disproportionate effect on the carbon footprint of healthcare. The NHS estimates inhalers account for 3% of their entire carbon footprint and have identified inhaler prescribing as a target to achieve “net zero” by 2040. The carbon footprint of inhalers prescribed in Irish General Practice is not known nor is the potential carbon savings by switching to more environmentally friendly alternatives such as dry powder inhalers (DPIs).

Methods: The carbon equivalent of prescribed inhalers in a mixed rural urban GP practice was determined retrospectively January – June 2020. An educational team intervention was performed aiming to switch MDIs to DPIs where appropriate, with patient counselling and consent and in line with best practice. Inhaler prescribing was re-audited July -December 2020 and the carbon equivalent difference estimated.

Results: At baseline the practice prescribed 84% MDIs to 16% DPIs. After the intervention this was reduced to 70% MDIs to 30% DPIs. The carbon equivalent difference was 3,575 kgC02 per month. Over the six months of the duration of the audit this equated to saving approximately 21, 448 kg of CO2.

Conclusions: Targeting inhaler prescribing offers the potential to significantly improve the carbon footprint of Irish healthcare. The carbon saved in this audit was the equivalent of driving around the globe twice or charging almost 3 million smart phones. DPIs may also improve compliance, improve drug delivery and reduce waste.

Disclosure: No significant relationships.

CP026 / #483

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.03 Respiratory*

A CASE OF VENLAFAXINE INDUCED INTERSTITIAL LUNG DISEASE

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BACKGROUND and PURPOSE

Chronic cough is a common reason for consultation in primary care, hence why family physicians need to manage its diagnosis and treatment. After considering and treating the main causes, other less common diagnosis need to be considered, requesting a chest radiograph and other tests depending on the suspected diagnosis.

Interstitial lung diseases are a heterogeneous group of pathologies that usually present themselves in the form of chronic cough and exertional dyspnoea. If suspected, a high-resolution CT scan (HRCT scan) needs to be requested by the general practitioner.

METHODS

Case presentation: A 74-year-old woman with a history of hypothyroidism and phobia treated with venlafaxine visited her family physician after 2 months of cough that had been treated without improvement, exertional dyspnoea, arthromyalgia and fever. She was sent to the emergency department, where pneumonia, Covid-19 and lung cancer were discarded in the following days. An interstitial lung disease was considered as the most likely diagnosis, with compatible images in the HRCT scan. At that time, the psychiatrist removed venlafaxine and cough improved.

RESULTS

Venlafaxine induced interstitial lung disease is a rare condition which turned to be our main diagnosis option, based on the compatible CT scan images and the clinical improvement when removing venlafaxine. This conclusion still needs to be confirmed with further studies.

CONCLUSION

A complete medical record, emphasizing in the history of exposure to toxic substances and drug-related diseases, is of utmost importance when considering the cause of chronic cough. Patients with interstitial lung diseases will benefit from an early diagnosis, which highlights the importance of early suspicion.

Disclosure: No significant relationships.

CP027 / #214

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.03 Respiratory*

A COLLAPSE IN TIMES OF COVID

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Background and Purpose: Pulmonary thromboembolism (PTE) results from the obstruction of the pulmonary arteries by a thrombus. The clinical presentation is extremely variable but 90% of the patients present with recent onset dyspnea, chest pain or discomfort and syncope.

Methods: The patient (female, 84 years old) was clinically interviewed. Her clinical history, available on the Portuguese national health digital platform, was surveyed.

Results: The patient has Hypertension, Type 2 Diabetes mellitus, Varicose veins, and a recent clavicle fracture. She visited our family health center for a leg ulcer treatment and had a collapse. Subjectively she denied any symptoms, stating “I’m fine, I just want to have the dressing changed and get going”. The objective examination showed a regular pulse, BP 109/63 mmHg, apparently normal pulmonary auscultation (difficult to perform due to the presence of a shoulder spica) and O2 Sat.: 86-90%. After effective communication, she agreed to go to the ER: diagnostic investigations showed mild anaemia, d-dimers 25892 ng/mL, pro-BNP 342 mg/dL, Troponins 140 pg/mL and C-reactive protein 11.98 mg/dL. Computed tomography angiography showed extensive pulmonary thromboembolism of the main pulmonary arteries.

Conclusions: During the state of emergency caused by the COVID 19 Pandemic, Family Physicians were forced to ponder with the maximum care ER referrals, facing opposition from patients and other healthcare providers. Upon clinical suspicion of PTE, an emergency referral is warranted, given that the untreated mortality of the disease is 30%.

Disclosure: No significant relationships.

CP028 / #837

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.04 Gastroenterology*

FRIED RICE SYNDROME CAUSING MENINGITIS IN A 4 YEAR OLD INFANT - A CASE REPORT

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We present a case of meningitis in a 4 year-old male child, caucasian, previously healthy, of bacterial etiology - Bacilus cereus - an atypic agent, ubiquous in nature and with Central Nervous involvement only described in immunocompromised patients. intravenous drugs users or submited to neurosurgery. Typical disease corresponds to a food intoxication, either emetic or diarrheal.

The child enters the unit droopy, sleepy, feverish, with frontal headache, and vomiting since that morning. The day before he would be as usual, in good mood, ate normally. Unremarkable for other gastrointestinal or urological symptoms, no phono or photophobia, no Known exposure, updated vaccine program, height-weight development in the lower normal range (P3-P15). Further exploration reveals acute tonsillitis diagnosed 10 days before, medicated with amoxicillin, which was carried out for 2 days, until apyrexia, and suspended without a medical advice.

At physical examination, the child remains conscient and reactive, albeit drousy, with 38.8ºC, sore-throat and Kernig and Brudzinski positive, highlighting a possible meningeal inflamation, and immediately being transfered for hospital emergency care where blood, urine and cerebrospinal fluid was drawed for analysis and culture and empyrical treatment was started with Ceftriaxone 100mg/Kg/day and Acyclovir 15mg/Kg/day.

Results showed growth of Bacilus cereus in the cerebrospinal fluid, and negative for other causal agents, viral or bacterial.

Symptoms started to evanesce after antibiotherapy, with complete resolution at day 3 of treatment, and no apparent long-term complications.

This case illustrates the importance of being aware fore neurological signs of infection, and mantaining a high level of suspicion when a child comes to office, even though meningitis are not so often, nowadays.

Disclosure: No significant relationships.

CP029 / #161

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.04 Gastroenterology*

MESENTERIC PANNICULITIS AS A CAUSE OF ABDOMINAL PAIN

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ABSTRACT BODY

Background and purpose:

Mesenteric panniculitis is a rare entity, with a prevalence of around 0.6-1%, characterized by nonspecific inflammation of the adipose tissue of the mesentery. Its etiology is unknown, although its associated with neoplasias and other pathologies such as previous abdominal surgeries, intestinal ischemia, cirrhosis, pancreatitis, rheumatological diseases, infections, inflammatory bowel disease and smoking, among others. Abdominal pain is the most common manifestation and the diagnosis is usually established with an abdominal CT scan, which is highly specific.

Case presentation:

We present the case of a 57-year-old man with a medical history of hepatic cirrhosis secondary to HCV, obesity, cholelithiasis, nephrolithiasis, chronic mesenteric vein thrombosis and active smoking habit, who attended the emergency department with severe generalized abdominal pain of 2 days of evolution. Physical examination, laboratory tests and abdominal radiography were unremarkable except for the increase in CPR. For pain control he required a continuous opioid infusion pump. In the absence of diagnosis, a CT scan was performed, which showed findings compatible with mesenteric panniculitis.

Conclusion:

Mesenteric panniculitis, although it is a rare disease, must be taken into account in the differential diagnosis of abdominal pain, as it requires adequate pharmacological or surgical management. In addition, its diagnosis forces us to rule out associated pathologies, and if they are not proven, it is advisable to carry out periodic monitoring of patients to achieve an early diagnosis in case they appear.

Disclosure: No significant relationships.

CP030 / #514

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.04 Gastroenterology*

PERNICIOUS ANEMIA (PA)

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Background and purpose

Pernicious anemia (PA), also known as Addison-Biermer disease, is a type of megaloblastic anemia caused by autoimmune gastritis or chronic atrophic gastritis type A, characterized by the destruction of the gastric mucosa, especially the fundic mucosa. The differential diagnosis includes Vitamin B12 deficiency and Celiac disease.

A 47-year-old patient who consulted for recurrent oral thrush for a year. Uninteresting personal history. First analysis: Hemogram: Hb 14.9g/dL; VCM 106 fL; VitB12 120*pg/ml; Folic 6.12 ng/mL; IgA 479 mg/dL; Anti-transglutaminase 1.5 U7mL. Physical examination: oral thrush, restless. Second analysis: Hb 10.8 g/dL, VCM 116 fL, VitB12 147.00*pg/ml.

Method and results

The case was addressed as a vitamin b12 deficiency due to diet (strict vegetarian), deciding to start treatment with oral vitamin b12 and reassess in 3 months. But the patient did not attend the consultation for a year and on his return he presented a feeling of fullness, early satiety, bloating, belching, nausea, and vomiting. Analytical control detected megaloblastic anemia. Given the high suspicion of PA, he was referred to hematology to request anti-intrinsic Facto and Anti-parietal cell antibodies. We started cyanocobalamin im. The results were positive for anti-intrinsic factor antibodies. The patient improved his symptoms while the diagnosis was confirmed.

Conclusion

PA is the most common cause of megaloblastic anemia in our surroundings. Its incidence increases with age and is rare in people under 30 years of age. Treatment with intramuscular cyanocobalamin is for life. It is related to an increase in the incidence of gastric neoplasms, and the general practitioner must search to avoid complications.

Disclosure: No significant relationships.

CP031 / #1287

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.05 Genitourinary*

ERECTILE DYSFUNCTION: THE IMPORTANCE OF THE PHYSICIAN-PATIENT RELATIONSHIP

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Background and purpose: Erectile dysfunction is associated with a high prevalence worldwide affecting up to 52% of 40–70-year-old men. Erectile dysfunction may drastically affect psychosocial health and have a significant impact on the life quality of patients and their partner's. The aim of this clinical case is to highlight the implication of this disease in the quality of life and the importance of the family doctor in this context.

Methods: The patient was clinically interviewed. Previous hospital reports of this patient, available on the Portuguese health digital platform, were carefully analysed.

Results: The patient was a 42-year-old immigrant living alone in Portugal for 2 years and suffering from progressive and severe erectile dysfunction, secondary to long-term diabetes. Despite being homesick, he was avoiding visiting his family, adopting an escape coping mechanism with the fear of revealing his issue to his wife. The patient did not respond to any specific disease medication. Despite this, the interactions with his family doctor were shown to substantially improve his self-esteem, successfully managing his psychological problems. He finally decided to visit his family and that new strategies for his problem should be discussed with his wife to deal with their intimate relationship.

Conclusion: Erectile dysfunction can be a devastating disease, both for the patient and his partner, and, sometimes, for the entire family. A good physician-patient relation is fundamental for a better communication and management of the patient’s fears and beliefs, in order to improve the family and couple’s quality of life.

Disclosure: No significant relationships.

CP032 / #159

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.05 Genitourinary*

RENAL INFARCTION IN THE DIFFERENTIAL DIAGNOSIS OF RENAL COLIC

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Renal infarction in the differential diagnosis of renal colic

ABSTRACT:

Backgrounds and purpose:

Renal infarction, with an incidence of 1,4%, is a rare and an underdiagnosed phatology due to the clinical picture, which is very similar to renal colic or pyelonephritis.

When the blood supply to the kidney is no enough, it can lead to renal infarction. The most common causes are atrial fibrillation and hypercoagulable state. The most frequent symptoms are abdominal pain, nausea and vomiting, hematuria and sometimes fever.

Case presentation

We present the case of a 49-year-old woman with a medical history of hypertension and dyslipidaemia, who came to the Emergency Department for colic pain in the left hemiabdomen with lumbar radiation, without voiding syndrome and with vomiting, since three days, which did not dissapear with analgesia despite having consulted three times. On examination, positive left renal succussion, without other alterations.

The abdominal ultrasound was normal. Given the persistence of pain despite intensive analgesic treatment and the decreased renal function in blood tests, it was decided to perform CT angiography with the finding of left multifocal renal infarction, which allowed requesting interventional radiology for treatment for reperfusion.

Conclusion

Renal infarction is often mistake for more benign pathology and the diagnosis is often delayed or missed, with the result of permanent loss of renal function.

Although it is a rare pathology, the early diagnosis can prevent the permanent loss of renal function, so it must be consider in the differential diagnosis of renal colic.

Disclosure: No significant relationships.

CP033 / #839

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.05 Genitourinary*

WHAT HIDES BEHIND AN ABCESS

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Background and purpose: Tuberculosis is an airborne infection caused by Mycobacterium Tuberculosis. Extrapulmonary involvement occurs in about a fifth of all tuberculosis cases. Genitourinary tuberculosis (GUTB) is uncommon, with only 20% of cases and with testicular location accounting only for 3%, making a differential diagnosis with epididymo-orchitis.

Methods: Descriptive case presentation.

Clinical Case: A 73 years old male, with a history of smoking habits, hypertension, and bladder cancer in 2007, presented himself in consultation with fever and acute right testicular pain. The physical exam revealed inflammatory signs without masses; he was treated with cefuroxime. The patient returned after four months with testicular pain and swelling, increased frequency of urination and fatigue. He had a recent ultrasound showing inflammation of the spermatic cord and also the urine culture came back negative. He was treated with trimethoprim/sulfamethoxazole and reevaluated after 20 days. By then, he also referred pelvic pain, and the testicular ultrasound revealed a bilateral exuberant suppurative process and prostatic inflammatory focus.

The patient was seen in Urology and started ceftriaxone, aztreonam and ciprofloxacin. The abcess was drained. He kept the abcess and a right orchidectomy was performed. The pathological anatomy gave the final diagnosis of epididymal and testicular tuberculosis. The patient was referred to pulmonology, pulmonary involvement was excluded and he started anti bacillary treatment.

Conclusions: The epididymo-orchitis constitutes a diagnostic challenge for its multiple possible etiologies. In this case, despite an early antibiotic treatment, this patient status continued to aggravate, reminding us the importance of early reference when a clinical course is not as expected.

Disclosure: No significant relationships.

CP034 / #341

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.05 Genitourinary*

POSTINFECTIOUS GLOMERULONEPHRITIS AS CAUSE OF ACUTE KIDNEY INJURY

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Backgrounds and purpose

Poststreptococcal glomerulonephritis is prototypical for postinfectious glomerulonephritis (PIGN) and represents the most common cause of nephritic syndrome in childhood and young adults. The overall incidence has decreased, but PIGN is a significant problem in disadvantaged populations, where it is epidemic. In developed countries, it is typical in the elderly with comorbidities.

This entity is an immune-mediated glomerular inflammation triggered 1-6 weeks after throat or skin infection. Clinical presentation varies from an asymptomatic condition to rapidly progressive glomerulonephritis. Biopsy confirms the diagnosis but is rarely necessary. Clinical features and hypocomplementemia are essentially confirmatory. Treatment is supportive and prognosis is usually excellent, although long-term follow-up may be needed.

Case presentation

A 20-year-old woman, with no relevant medical history, was referred to the Emergency Department presenting hematuria, oliguria and generalized swelling for two days. She described a fully recovered pharyngotonsillitis treated with antibiotic 15 days ago.

Physical examination showed BP 168/92mmHg and eyelid and bilateral lower-leg edema. Laboratory test: SCr 7.12mg/dl, GFR 8ml/min, hypocomplementemia-C3, increased ASO titers and negative serologies. Urinalysis: hematuria and mild proteinuria.

Supportive treatment, including loop diuretics and restrictions of fluids and sodium, was initiated with good response. Based on clinical and laboratory findings, PIGN diagnosis was established. Biopsy was not necessary.

Conclusion

The previous case fits perfectly as the typical presentation of PIGN. Signs of acute kidney injury such as oliguria, edema and hypertension after an infection should be identified early in Primary Healthcare to refer these patients to the Emergency Department for further tests and treatment if necessary.

Disclosure: No significant relationships.

CP035 / #1271

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.05 Genitourinary*

UMBILICAL CUTANEOUS ENDOMETRIOSIS: A MULTIDISCIPLINARY DISEASE

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Primary umbilical endometriosis (PUE), a rare and benign entity, accounts for 0.4-1% of extragenital endometriosis, the most common extrapelvic location. Presentation: palpable nodule, cyclic bleeding and skin color changes in the affected region. Diagnosis: established by clinical examination, imaging and lesion biopsy.

A 45-year-old woman, without relevant history or medication, resorted to her GP complaining of pain and umbilical edema, protrusion and hemorrhage, with 1month of evolution, no menstrual cycle connection. Ultrasound: hypoechogenic ovular mass without intra-abdominal endometriosis. ER: considered omphalitis, flucloxacillin was prescribed. Endometriosis was suspected after recurrent complaints and association with her menstrual cycle. Following new evaluation, ultrasound and General Surgery consultation, the mass was excised with posterior umbilical reconstruction. Histopathology: hemorrhagic endometrial tissue compatible with endometriosis. Reassessment after 3 months without recurrence.

PUE, develops spontaneously. Pathogenesis: unknown, theories include the spread of endometrial cells to the umbilicus through the abdominal cavity, via the lymphatic system or the embryonic remnants in the umbilical folds. Symptoms: umbilical swelling, cyclical pain and bleeding. Differential diagnosis: granuloma, umbilical polyps, haemangioma, melanocytic nevus, seborrhoeic keratosis, granular cell tumour, umbilical hernia. Investigations: ultrasound assesses echogenicity and vascular involvement. Medical treatments: contraceptive pill or GnRH analogues, can be temporarily effective, but symptoms recur after cessation. The definitive management is surgical.

Pelvic endometriosis is a common condition, but the diagnosis of PUE is difficult. It should be considered when a woman of reproductive age presents with an umbilical swelling. By increasing the awareness of PUE, we hope this condition will be recognized and treated accordingly.

Disclosure: No significant relationships.

CP036 / #201

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.07 Mental*

BRAIN TUMOUR AS A CAUSE OF BALANCE DISORDERS

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Brain tumour as a cause of balance disorders

Background and purpose

Balance disorders and motion sickness are one of the most frequent reasons for consultation in Primary Care (almost 2% of the population at least once a year). Causes for these two symptoms are so numerous that it is difficult to list them all (benign paroxysmal positional vertigo, hypotension, arrhythmias…). This issue often makes us forget about some of the less frequent ones (and usually more dangerous), like brain tumours.

Case presentation

We present the case of a 40-year-old patient, with a medical history of multiple vertigos, migraine and cervical herniae, who comes to the Emergencies Service with a new episode of instability and motion sickness. After a thorough physical exploration and without manifesting any different symptom, it was sent home with the same treatment as always. Three days later, the patient consults again, this time suffering an episode of convulsions, syncope and loss of sphincter control. At his arrival, almost identical physical exploration as the last episode, but this time a CT Scan was requested, founding a cystic tumour on the sylvian aqueduct, causing obstructive hydrocephaly and so on, the balance disorder (after a quick surgical intervention the patient recovered without issues).

Conclusion

Even though the most frequent causes are the ones we have to think first, we can not forget about other possibilities, especially those ones who can put our patients at risk if we let them develop.

Disclosure: No significant relationships.

CP037 / #976

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.07 Mental*

A SILENT REQUEST FOR HELP - ON THE SUBJECT OF VIOLENCE

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Background: Violence has accompanied the evolution of humanity. It is defined as the “Intentional use of physical force or power, real or in the form of a threat, against oneself, against another person or against a group or a community, which results, or has the possibility of resulting, in injury, death, psychological damage, commitment to development or deprivation”.

Case description: Female, 66 years old, married and domestic. Inserted in a nuclear and uncontrolled family (phase VIII of the Duvall cycle), with APGAR Familiar of Smilkstein of 0 points. With a history of dyslipidemia, epilepsy, spine syndrome with irradiation of pain, malignant breast cancer, depression (with 2 previous hospitalizations for intentional drug intoxication).

She resorted to a scheduled consultation of primary care, with worsening depression and suicidal ideation by a conflicting marital relationship associated with domestic violence in verbal and physical form. On physical examination, no physical signs of aggression were observed. The patient refuses to report her husband and refuses support from Portuguese Association for Victim Support. Thus, it’s decided to refer the patient to the Emergency Department, where she was observed by Psychiatry. At the moment, the patient is under surveillance with Family doctor (FD), Psychiatry and Psychology.

Discussion: In Portugal, domestic violence is a public crime. Its reporting is mandatory for public officials. The case reveals the challenge to the FD in highlighting the breadth of care, proximity to the patient and provision of care centered on the individual and the family.

Disclosure: No significant relationships.

CP038 / #859

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.07 Mental*

MANAGING HEALTH ANXIETY IN PRIMARY CARE IN THE CONTEXT OF THE COVID PANDEMIC - UK PERSPECTIVE

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Background and purpose

In UK general practice management of mild-moderate anxiety focuses on social prescribing.

Over two thirds of adults in the UK report feeling anxious about the impact that COVID 19 has had on their life. (1)

Drivers of this include social isolation, loss of coping mechanisms and reduced access to mental health services.

Prior to this these patients might have benefitted from group therapy, more face to face appointments and social support.

Methods

Aims to highlight the impact of COVID 19 on management of patients with health anxiety and role of social prescribing.

Two clinical cases :

Health anxiety exacerbated by restrictions, access to secondary care and bereavement.

Initial presentation with concerns about high blood pressure followed by right sided tinnitus. Both investigated and reassured by specialists.

Bereavement affected her support circle and she struggled to cope with COVID restrictions.

Multiple supportive consultations with reference to self help resources, psychology and mental health nurse input.

Anxiety, medically unexplained symptoms and EUPD.

Initial presentation with neurological symptoms.

Referred to a specialist.

Several further presentations with vague symptoms on a background of stress and anxiety.

Introduced to the concept of health anxiety with reference to social prescribing

Results

Introduction, case presentation followed by discussion about social prescribing and management.

Discuss and comparison between countries.

Conclusions

Helping patients with anxiety during the COVID pandemic is challenging due to limitations on services and mental health support.

GPs have an important role to empower patients and develop coping mechanisms through social prescribing.

Reference (1) : https://www.health.org.uk/news-and-comment/blogs/emerging-evidence-on-covid-19s-impact-on-mental-health-and-health?gclid=CjwKCAiAsaOBBhA4EiwAo0_AnBZOIwo1ZWj--thIurX_c4YL3tk79KOZltWZDflDpTwhAIB8AbkS-RoCi2MQAvD_BwE

Disclosure: No significant relationships.

CP039 / #1209

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.08 Cancer*

THE IMPORTANCE OF POSTPARTUM ASSESSMENT – CASE REPORT.

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Background and purpose:
The postnatal period is described by WHO as one of the most critical phases of the lives of the mother and the newborn, however, is also one of the most neglected. This work tries to emphasize the importance of postpartum assessment.
Methods:
Data obtained from the patient's clinical records.
Case Presentation:
A 35-year-old female, without any record of gynecologic pathology, one previous normal delivery in 2015, becomes pregnant at the end of 2019. The pregnancy was followed by her general practitioner, without complications. She had a vaginal delivery, in July 2020. About 10 days postpartum, the patient had her appointment at the health center. No reported issues, but still had lochia, mostly clear, rarely bloody, without signs of infection or pain. She chose not to initiate any contraceptive. About 20 days later, she returns reporting vaginal losses, sometimes of large amounts of blood. A pelvic ultrasound revealed a uterus with regular dimensions, regular myometrial structure, but with an endometrial nodular image, involving the anterior uterus wall, with cystic areas (dimensions of 45x30x59mm). Considering the ultrasound result and the fact that the blood loss was getting worse, the patient went to the ER, where the blood work revealed a β-hCG of 667804 mIU/mL. Later, a biopsy unraveled a choriocarcinoma, and the patient started the process of staging and treatment.
Conclusions:
Listening and discussing the body changes with the new mother is fundamental for a good practice and early diagnosis of birth related pathology.

Disclosure: No significant relationships.

CP040 / #1067

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.09 COVID-19*

COVID-19: MULTISYSTEM INFLAMMATORY SYNDROME IN A CHILD (MIS-C) COMPLICATED WITH STEVEN JOHNSON'S SYNDROME, CLINICAL FEATURES, EVALUATION and TREATMENT.

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Background

Due to a new infection SARS-COV-2 which spread and caused a pandemic, there were reported unusual clinical cases among children. It appeared with manifestations of multisystem organ lesions, and severe conditions. Multisystem inflammatory syndrome is a rare condition affecting children with Covid 19 and post-infected children with the virus. The objective of the clinical case is to highlight MIS-C and complication with Steven Johnson's syndrome.

Case presentation

A 9 years old girl, presented to the hospital with high temperature 38-39C persistent for 6 days, fatigue, rush and conjunctivitis, plus it had been noticed vomiting and diarrhea for about 3-4 times.

Methods

Considering the clinical data of persistent fever, gastrointestinal symptoms (vomiting, diarrhea), rash, conjunctivitis followed by development of multisystem involvement (hepatitis, Covid-pneumonia, carditis, skin syndrome (thrombocytopenia), hypoproteinemia (nephrotoxic syndrome) and and laboratory data of lymphocytopenia, elevated inflammatory markers (C-reactive protein [CRP], procalcitonin, ferritine, erythrocyte sedimentation rate, D-dimer), and elevated creatinine were not excluded multisystem inflammatory syndrome diagnosis due to covid 19 exposure. Treatment was initiated with a high dose of corticosteroids, antibiotics, dopamine, skin antiseptic, oxygen therapy, later on the patient was put to ventilation, and blood transfusion.

Results/conlusions

The patient's condition was also complicated by the Steven Johnson syndrome that appeared due to antibiotic treatment. After 72 hours from hospitalization, there was the lethal outcome. General Practitioners should watch out to the symptoms mentioned before, especially during current pandemic situation among children, where the symptoms might lead to severe syndrome, with laboratory-confirmed SARS-CoV-2 infection or without, the latest suggests that MIS-C may represent a post-infectious complication of the virus.

Disclosure: No significant relationships.

CP041 / #1096

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.09 COVID-19*

COVID-19, WHAT'S NEXT? – A CLINICAL CASE REPORT

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Background

COVID-19 is the disease caused by infection with the new Coronavirus (SARS-CoV-2) which, in severe cases, can justify hospitalization and often intensive care. However, after discharge, there are sometimes sequelae and situations of total or partial dependence, eventually requiring rehabilitation.

Case description

We will describe a case of a male, 78 years old, married, retired with a personal history of smoking (cessation 16 years ago) and complete bilateral hip replacement with the last surgical intervention in February 2020, complicated by DVT.

The patient went to the ER on March 31st, 2020 for dyspnea, cough and fever. Patient stayed hospitalized until May 6th, 2020 for SARS Cov2 pneumonia with possible bacterial infection. At the time of discharge, the patient had a pressure ulcer in the sacred region, myopathy associated with hospitalization, was weak and with significant motor deficits.

At home, clinical care, motor rehabilitation and training for caregivers were maintained until September 7th, 2020 with clear clinical improvements, increased autonomy and quality of life.

Discussion

Faced with a situation of convalescence, the family doctor has a central role in assessing the impact that this may have on the illness of the convalescent person and on the family dynamics, looking at the patient in his context. In this case, the intervention of the family doctor proved to be of great importance in therapeutic management, clinical guidance, articulation and collaboration with other entities, namely social services and integrated continuous care team, to provide the best possible conditions for rehabilitation.

Disclosure: No significant relationships.

CP042 / #805

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *1. Clinical topics / 1.10 Others*

CEPHALHAEMATOMA IN NEWBORNS: AN OBVIOUS OR CHALLENGING DIAGNOSIS?

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Background

A cephalhaematoma is usually a benign condition which resolves spontaneously. Nevertheless, diagnosis of this condition is challenging between family doctors. The purpose of this work is to summarise risk factors, clinical criteria, pathogenesis, differential diagnosis, appropriate investigations and treatment methods for cephalhaematomas and its complications in infants.

Case presentation

A 2-week-old infant presented to the pediatric emergency room, referred by its family doctor, with a tender cephalhaematoma without local signs of inflammation, which had been worsening since delivery. The mass respected the sagittal suture lines, however a decision was made to ask for a transfontanelar ultrasound.

Later in the same shift, a 29-week-old infant presented to the same emergency, also referred by its family doctor, with a cephalhaematoma that remained the same size since the birth, however that showed recently, a very stiff presentation.

Conclusions

Diagnosis, differential diagnosis and management of different presentations of cephalhaematoma can be challenging to family doctors. Discussing real clinical cases on this common pediatric situation, red flags and differential diagnosis, might add a real value to family doctors daily practice, enhancing our knowledge and our confidence towards frequent conditions

Disclosure: No significant relationships.

CP043 / #418

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *3. Overarching topics / 3.02 Shared decision making and patient empowerment*

ISOLATION IN TIMES OF SHARING: PREGNANCY DURING THE COVID19 PANDEMIC

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Background and purpose

Being pregnant is a unique moment of sharing with great challenges to future parents.

In a pandemic where social isolation is mandatory, new challenges arise in cases where there is a special need of family and social support. Studies show there was a sense of lack of social and family support and an increase in emotional stress with potential adverse effects.

I propose a reflection on the empowerment role of the family doctor during pregnancy, especially in cases of COVID19+ women.

Methods

Bibliographic research of articles from 2011-2021 in PubMed using “COVID”, “Pregnancy”, “Social Isolation” during January 2021.

Results

The pregnancy surveillance of a healthy 23 year-old caucasian woman, university student from a pregnant family in stage VI on Duvall’s cycle is presented. Biometrics were 63 Kg, 163 cm, BMI 23,7 Kg/m2. The surveillance was provided by her family doctor in the primary care center with no intercurrent findings. One week before the due date the patient had a positive SARS-CoV2 test. Isolation from her family was mandatory at home and during the hospital stay. Labor was through vaginal delivery, the newborn stayed with the mother and was negative twice for SARS-CoV2. They were discharged 3 days later, with no further follow-up.

Conclusion

This patient was able to find a positive side in the experience: she was asymptomatic, at the hospital the baby was by her side in a private room; the nurses and doctors were available if she needed. She enjoyed the privacy and felt supported.

Disclosure: No significant relationships.

CP044 / #797

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *3. Overarching topics / 3.06 GP and professional health*

MOTIVATED TEAM, ACCOMPLISHED TEAM: THE IMPORTANCE OF BURNOUT PREVENTION IN PRIMARY HEALTH CARE

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Background: Burnout is a state of physical, emotional and mental exhaustion due to excessive and prolonged exposure to stress in the context of highly demanding and emotionally overwhelming jobs. Recent work has shown that over 50% of the Portuguese Health Care Workers (HCWs) show significant levels of personal and work-related burnout. With this project we aim to perform quintenary prevention of burnout in a primary health care team exposed to paramount work-stress conditions due to the COVID-19 pandemic.

Methods: Family Health Unit (USF) UarcoS conducted an occupational intervention where the team was challenged to include several activities at the end of the weekly multidisciplinary meeting aiming at promoting wellbeing and reducing burnout. All HCWs were invited to engage in several team building games (Colored-Squares, Blind-Trust), to read the motivation book or to relax listening to music or watching a movie. These activities were carried out either individually or in groups, finishing with a final reflection period that would promote bonding between team members.

Results: Subjective observation showed results in terms of a stronger, more cooperative, tolerant and resilient HCWs team, more adequately prepared to deal with the demands of the current COVID-19 pandemic.

Conclusion: The COVID-19 pandemic results in increased stress conditions for HCWs. In the USF UarcoS, this project led to improved team dynamics likely due to the several team-building and coping strategies resulting in deepening of the interpersonal relationships. Ultimately, we consider this project a success since it led to a more motivated and accomplished team.

Disclosure: No significant relationships.

CP045 / #701

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *2. Special groups of patients / 2.01 Children and adolescents*

CONGENITAL CYTOMEGALOVIRUS INFECTION: A CLINICAL CASE REPORT

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Backgroud: Cytomegalovirus (CMV) is the most common agent of congenital infection in developed countries and is the main infectious cause of delayed psychomotor development and sensorineural deafness in children. The purpose of this report is to raise awareness to the prevalence of CMV infection, bringing to the discussion the serological screening in pregnancy.

Methods: Clinical Case.

Result: Newborn male, with an apparent gestational period without complications, except intrauterine growth restriction. He is born by eutocic delivery at 38 weeks and, due to infectious risk, blood tests were performed on the 1st day of life, revealing thrombocytopenia. At this point, mother brought additional analyzes of the 3rd trimester, unknown until now, that revealed seroconversion of CMV (IgM negative and IgG positive with low avidity – negative in the 1st trimester). Urine CMV analyze in the newborn revealed a positive result. Valganciclovir therapy was started at 3rd day of life and thrombocytopenia improved. A transfontanellar ultrasound showed thalamus-striated vasculopathy and the newborn failed bilaterally in the universal neonatal hearing screening. He was discharged at the 7th day of life with scheduled appointment of Neonatology, Ophthalmology and Otorhinolaryngology. Currently, he is 1 month-old, maintains valganciclovir therapy and presents profound bilateral sensorineural deafness.

Conclusions: The risk of fetal infection is greater in primo-infection during pregnancy. Most newborns are asymptomatic but some of them develop serious sequelae. Systematic serological screening during pregnancy is not recommended since there is no consensual treatment for pregnant, besides therapies in experimental phase, what emphasize the imminent need of progress in this area.

Disclosure: No significant relationships.

CP046 / #252

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *2. Special groups of patients / 2.01 Children and adolescents*

PING PONG SKULL FRACTURE IN A HEALTHY, FULL-TERM INFANT

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Ping pong skull fractures are greenstick fractures of the skull that occur when the skull bones are still soft, thin and resilient. They present as depression deformities of the skull – similar to a dent in a ping pong ball – with no fracture line visualized radiologically. It is a rare diagnosis. It is thought that it results from the pressure of the mother's pelvic bones against the soft skull during labor or pregnancy. Associated intracranial injuries are rare and resolution is often spontaneous, however the condition can cause serious concern on the parents' behalf.

We report a case of a greenstick fracture of the skull occurring in a healthy, full-term, male infant born in November 2020. There was no maternal history of abdominal trauma during pregnancy and there were no complications reported during the non-instrumental vaginal birth. He was noted to have a skull depression measuring 3x2 cm and a depth of 2 cm in the right temporal area. Neurological examination was unremarkable and there were no congenital anomalies. The cerebral ultrasound carried out was normal. The infant was discharged from hospital with a neurosurgical follow-up appointment and continuity of care to be carried out by the family physician, who monitored the situation and reported a significant decrease in size at the 2-month check-up appointment.

Being aware of the positive outcome that can be expected in the majority of these cases, family doctors can play an important role in reassuring parents of healthy infants with ping pong skull fractures.

Disclosure: No significant relationships.

CP047 / #954

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *2. Special groups of patients / 2.02 Women and men issues*

RETHINKING INFERTILITY IN PRIMARY CARE. A REFLECTION FROM A CLINICAL CASE.

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Background and purpose | Fertility concerns can be a difficult topic to manage in first consultations, especially as a Family Doctor's trainee. Infertility is a common problem in elder coupes (strongly related to women age, but not only).

Methods | Case report description.

Results | A 44 years-old woman, resident on Madeira Island, reported being on the 7th attempt of in-vitro fertilization when a comprehensive in person first clinical interview was performed by the Family Doctor's trainee. Following exploration of the patient (and couple's) specific needs at the time it was agreed that medical support would be offered alongside with integrated care, e.g. inviting mental health nurse's (from the healthcare unit) to assist the process. When revisiting the medical records, since ten years infertility due to tubal factor was diagnosed, but no further information could be retrieved.

The woman was mother of one female child of 11 years-old (from the same partner, a man of 44 years-old who reported no infertility issues following previous medical investigation).

Both strived for another child despite of the long period of attempts and great efforts (including frequent airplane travelling in a pandemic setting to a specialized clinic in Spain).

Conclusions | Family wellbeing incorporates fertility expectations. Throughout the individuals' life cycles questions could be introduced in a systematic fashion so to understand the couple's needs, whilst offering a safe space for a (often) difficult consultation topic. Flexible approaches tailored to the couple's needs offer support and strength the patient doctor (and healthcare team) relationship.

Disclosure: No significant relationships.

CP048 / #922

CASE PRESENTATIONS BY YOUNG DOCTORS

Topic: *2. Special groups of patients / 2.03 Elderly*

THE IMPORTANCE OF MULTIDISCIPLINARITY IN PRIMARY CARE - CASE REPORT

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Background and purpose: The present case describes a picture of behavior change in an elderly patient. The communication of the family with the Primary Health Care (PHC) proves to be fundamental for the articulation with secondary health care (SHC) services.

Methods/ results: 80-year-old female patient with history of Parkinson's disease; cerebrovascular disease; hypertension; hiatal hernia; spastic colopathy; constipation; osteoporosis; osteoarthritis and recent lumbar vertebroplasty. Polimedicated with levodopa/benserazide, levodopa/carbidopa, duloxetine, zolpidem, ethyl loflazepate, olmesartan, spironolactone, indapamide, lercanidipine, bisoprolol, tramadol, oxycodone/naloxone and paracetamol. In April 2020, the patient's daughter contact the family nurse because of recent behavior changes characterized by disoriented and disorganized speech, agitation and attempts to introduce objects into the anus; transient constipation, urine with a characteristic odor and low back pain. After a multidisciplinary discussion, it was decided to refer the patient to the Emergency Department (ES). Here, she is disoriented in time, with generalized abdominal pain and tympanism. Manual removal of fecalomas and intestinal lavage is performed. Abdominal radiograph reveals normal gas pattern and laboratory evaluation show no alterations. After therapeutic effect, the patient shows a clear improvement in symptoms.She is discharged from the hospital with indication to suspend oxycodone/naloxone, tramadol and paracetamol and start tapentadol, quetiapine and lactulose, with benzodiazepine management until the next follow-up appointment. Days later, the patient’s daughter reports a significant improvement in pain complaints and behavior.

Conclusions: The present case proves to be relevant in the approach to the geriatric patient, with multiple pathology and polymedication. Problems management and coordination between other health care services and family is essential for an adequate optimization of resources.

Disclosure: No significant relationships.

Short Oral

SO001 / #840

SHORT ORAL PRESENTATION

Topic: *1. Clinical topics / 1.10 Others*

HORMONE REPLACEMENT THERAPY and DEMENTIA RISK: NESTED CASE-CONTROL STUDIES USING CPRD and QRESEARCH

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Background

Dementia is a progressive condition having major consequences for affected individuals, their families and carers. However, evidence on how hormone replacement therapy (HRT) – increasingly used by women affected by menopause – affects their risk of developing dementia is unclear. All previous studies have been relatively small short-term or have not accounted for some confounding variables.

Methods

Two nested case-control studies used the UK primary care databases, QResearch and CPRD. Overall between 1998 and 2020, 118,501 women aged 55 and older were diagnosed with dementia, and were matched by birth year and practice to up to 5 controls, alive and registered at the time of case diagnosis (index date). Exposure to HRT was based on prescriptions excluding those within 3 years prior to the index date. Risks for different types of HRT and duration of use were analysed using conditional logistic regression, adjusted for life-style factors, co-morbidities and other drugs. Analyses were run for each database and results combined using meta-analysis techniques.

Results

Overall, 16,291 (13.7%) cases and 68,726 (13.8%) controls were ever exposed to HRT. Overall, no associations were found between HRT use and dementia risk. However, a subgroup analysis of women diagnosed with Alzheimer's disease demonstrated a small increased risk associated with oestrogen-progestogen therapy (odds ratio 1.08, 95% CI: 1.03-1.12), particularly for longer exposures (5-10 years: OR 1.11, 95% CI: 1.04-1.20; 10 years or more: OR 1.19, 95% CI: 1.06-1.33).

Conclusion

This is the largest consistent study providing population-based risk estimates. The findings should assist doctors and patients considering HRT treatments.

Disclosure: No significant relationships.

SO002 / #320

SHORT ORAL PRESENTATION

Topic: *1. Clinical topics / 1.05 Genitourinary*

PHARMACOLOGICAL INTERVENTIONS TO CONTROL PAIN ASSOCIATED WITH THE INTRAUTERINE DEVICES PLACEMENT: WHAT IS THE EVIDENCE?

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Background and purpose: Pain during intrauterine device (IUD) placement is a barrier to the use of this contraceptive method. Several analgesic drugs have been studied in this context. The purpose of the present work is to review the evidence of pharmacological interventions for analgesia during IUD placement.

Methods: Research of meta-analyzes (MA), systematic reviews (SR), randomized controlled clinical trials (RCT) and clinical guidelines, published between 01/2010 and 08/2020.Inclusion criteria were defined according to the PICO model: P - women of childbearing age receiving IUD insertion; I - Drugs administration prior to placement; C – Placebo administration ; O - Pain during procedure.To assess the level of evidence (LE) and strength of recommendation (SR), SORT was used.

Results: Of the 112 articles identified, nine articles (3 MA, 1 SR and 5 RCT) were included, evaluating 7599 patients.The evidence does not support the use of NSAIDs, Misoprostol or Nitric Oxide Donors. These drugs do not significantly reduce pain during the procedure. Lidocaine/prilocaine cream for genital application is effective in reducing pain when placing Pozzi forceps and inserting the IUD, facilitating the latter.Evidence regarding the various formulations of local anesthetics (lidocaine 2-4% gel or 10% spray; paracervical block with 1% lidocaine; 2% lidocaine or 1% mepivacaine intracervical instillation) is inconsistent between studies.

Conclusions: Unlike NSAIDs and Misoprostol, lidocaine/prilocaine cream is effective in reducing pain during IUD placement (SR A). The remaining local anesthetics have controversial results (SR B), requiring further studies with the drugs, doses and formulations in question.

Disclosure: No significant relationships.

SO003 / #683

SHORT ORAL PRESENTATION

Topic: *1. Clinical topics / 1.10 Others*

POLYGENIC RISK SCORES: DISEASE PREVENTION GETS PERSONAL

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Background

'Genomic prevention' is a key pillar of the UK government's current 10-year genomics strategy and polygenic risk scores (PRS) has been highlighted as an exciting area of development. PRS quantifies the cumulative effects of multiple common genetic variants in an individual; this could be combined with non-genetic risk factors to predict and stratify disease predisposition for common complex conditions like cardiovascular disease, diabetes and cancer. PRS could potentially be mainstreamed into clinical practice, with the aim of providing targeted screening and interventions for high-risk populations. Further, PRS is already provided by some direct-to-consumer testing companies and patients may present to their family doctors' with these results.

Aims

Participants will leave the workshop with:

an understanding of what PRS is

an appreciation of how scores are generated and their potential utility

skills and information to help discuss PRS testing with patients

an appreciation of ethicolegal issues surrounding PRS testing

Methods

The workshop will be interactive, drawing on case studies and group discussions. Examples of the clinical applications of PRS will be presented as well as a description of the technology underpinning these tests. We will also analyse the clinical utility and limitations of PRS and discuss emerging guidance as well as ethicolegal issues that stem from their use.

Conclusions

Advances in the interpretation and accessibility of genome sequencing means that genomic medicine is rapidly being integrated into standard clinical practice, as well as being widely available through private testing companies. This workshop will highlight core concepts in genomics for the family doctor, as well as analyse the opportunities and challenges of using PRS as a tool in disease prevention.

Disclosure: No significant relationships.

SO004 / #224

SHORT ORAL PRESENTATION

Topic: *1. Clinical topics / 1.10 Others*

WHICH EMOLLIENTS FOR CHILDREN WITH ATOPIC ECZEMA/DERMATITIS? FINDINGS FROM THE BEST EMOLLIENTS FOR ECZEMA TRIAL

Matthew Ridd[1], Miriam Santer[2], Stephanie Macneill[3], Emily Sanderson[3], Sian Wells[4,5], Jon Banks[6], Ali Shaw[5], Eileen Sutton[5], Amanda Roberts[7], Kirsty Garfield[8], Lyn Liddiard[5], Tiffany Barrett[9], J Athene Lane[8], Helen Baxter[5], Laura Howells[10], Jodi Taylor[8], Alastair Hay[5], Hywel Williams[10], Kim Thomas[10]
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Background: Emollients improve the symptoms of eczema but there are many products and weak evidence that any one is better than another. A “trial and error” approach to prescribing is commonplace, causing frustration and waste. We have completed a randomised trial comparing the effectiveness and acceptability of lotions, creams, gels and ointments.

Methods: Children >6 months and <12 years with eczema were randomised to one of the four types as their only “leave-on” emollient for 16 weeks (the primary outcome period). Participants were followed-up for 52-weeks. Data were collected on eczema symptoms (POEM – Patient Orientated Eczema Measure, primary outcome), signs (by masked researcher), adverse events, and quality of life. Analysis is by intention-to-treat, using linear mixed models for repeated measures. In a nested qualitative study, we conducted in-depth interviews with participants at weeks 4 and 24 about their views and experiences of study emollient effectiveness and acceptability.

Results: 550 children were recruited via 77 GP surgeries. At baseline, 46.4% (255) were female, with a mean age of (SD) 4.9 (3.2) years and POEM score of 9.3 (5.5). Follow-up was 76.7% at 16 weeks and 66.0% at 52 weeks. Electronic medical record data was obtained on 95.3% of participants. We interviewed 44 parents (25 included children alongside their parents). Analyses are underway and the findings will be presented at the July meeting.

Conclusions: This is the first head-to-head pragmatic trial comparing commonly prescribed emollients for children with eczema. The findings will support decision-making about which emollient to try first.

Disclosure: No significant relationships.

SO005 / #248

SHORT ORAL PRESENTATION

Topic: *1. Clinical topics / 1.09 COVID-19*

REMOTE MONITORING OF COVID PATIENTS

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Background and purpose. Due to the increase in the incidence of COVID patients, and the increase in the occupation of hospital beds, IMSS created a remote follow-up strategy for patients with COVID 19. The objectives are Identify and diagnose symptomatic cases and their contacts to break the chain of community transmission, Assess and proactively monitor symptomatic patients for severity data and Refer patients with serious data to the hospital opportunely.

Methods: This strategy formally began in October 2020 throughout the country. Remote monitoring was carried out with the initial participation of 1992 family physicians, who made telephone calls to COVID-19 patients.

An analysis was carried out in order to measure mortality and hospital outcomes in hospitalized COVID-19 patients, comparing those who were referred in the proactive follow-up of the Family Physician with the patients without said follow-up. The information from the "Nominal census of patients who were referred to the second level" was analyzed, with 8,333 patientes from Octuber 202, until January 2021.

Results:The comparative group of hospitalized patients with proactive follow-up by the Family Doctor was made up of 84,402 hospitalized patients without proactive follow-up by the Family Doctor. The hospital fatality percentage was 28.3% in hospitalized patients with proactive follow-up and 39.1% in those without follow-up.

Conclusiones: Patients with remote follow-up by the family doctor, who presented severity data, were promptly referred to the hospital, being admitted in better conditions and therefore better prognosis and lower fatality. With this strategy, the overall mortality from COVID 19 is reduced, it helps to reduce the saturation in e-rooms and to reduce the percentage of hospital occupancy.

Disclosure: No significant relationships.

SO006 / #575

SHORT ORAL PRESENTATION

Topic: *1. Clinical topics / 1.09 COVID-19*

HAS CORONAVIRUS DISEASE 2019 PANDEMIC CHANGED THE ANTITHROMBOTIC CONSUMPTION?

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Background and purpose: Coronavirus disease 2019 (COVID-19) pandemic may have changed the pattern of use of some antithrombotic agents. Direct oral anticoagulants (DOAC) have been recommended in new atrial fibrillation diagnosis and poorly controlled patients with Vitamin K antagonists (VKA). Low molecular weight heparins (LMWH) have been suggested due to the high risk of coagulopathies and thrombotic events. The objective of this study is to evaluate COVID-19 pandemic's influence in DOAC, VKA and LMWH consumption patterns.

Methods: Descriptive, longitudinal, ecological study in twenty-two primary care centres. Monthly doses per 1,000-inhabitants/day (DID) were calculated for DOAC, VKA and LMWH. A segmented-model was applied in three scenarios: pre-pandemic (July 2018-March 2020), lockdown (April-May 2020) and post-lockdown (June-December 2020).

Results: The reference population was 344,601 inhabitants. The mean change observed in DOAC DID in each period was: pre-pandemic 0.101 (CI95%:0.092–0.110,p<0.001), lockdown -0.089 (CI95%:-0.328–0.149,p=0.448) and post-lockdown 0.054 (CI95%:0.012–0.097,p=0.015). In VKA: pre-pandemic -0.001 (CI95%:-0.020–0.018,p=0.895); lockdown -0.489 (CI95%:-0.989–0.010,p=0.055) and post-lockdown 0.005 (CI95%:-0.085–0.094,p=0.918). In LMWH: pre-pandemic 0.029 (CI95%:0.012–0.046, p=0.001); lockdown -0.887 (CI95%:-1.326– -0.449,p<0.001) and post-lockdown 0.156 (CI95%:0.077–0.234,p<0.001).

Conclusions: COVID-19 pandemic has changed antithrombotic consumption. For DOAC, the upward trend in the use detected in the pre-pandemic scenario continues post-lockdown, but to a lesser extent. In the case of VKA, it cannot be said that the consumption trend has changed. Finally, for LMWH there are three different significant trends: an upward trend before the pandemic, a downward one during the lockdown and a growing trend of greater magnitude during post-lockdown.

Disclosure: No significant relationships.

SO007 / #1015

SHORT ORAL PRESENTATION

Topic: *5. Research and innovation / 5.08 Others*

A MOBILE SWABBING BOOTH TO ADDRESS SINGAPORE GPS' CONCERNS ABOUT SWABBER PROTECTION: HUMAN-CENTRED DESIGN DURING THE COVID-19 PANDEMIC

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Background

During the COVID-19 pandemic, the Ministry of Health asked Singapore's private general practitioners (GPs) to perform swab testing in their clinics, but some GPs had concerns about swabber protection. Our aim was to develop a swabbing booth to address these concerns.

Methods

We developed a prototype with potential GP users using a human-centred design approach and piloted it with 10 GP clinics. The pilot was then extended to 170 GP clinics around Singapore. These GPs were then surveyed on user satisfaction.

Results

93 GPs (54%) responded. The majority (75%) practiced in public residential estates in small practices (mean 1.93 doctors). 86% requested the booth to enhance swabber protection. 74% "would recommend" or "would strongly recommend" the booth to colleagues. 79% continue to use the booth to conduct swab tests. 92% liked that it offered swabber protection. 71% liked that the booth created a separate space for swabbing and 64% liked its ease of disinfection. 47% started swabbing only after receiving the booth and 58% said the booth was "important" or "very important" to their decision to participate in swab testing. However, 34% disliked that it took up too much space and the most frequently critiqued area was the gloves.

Conclusion

The human-centred design approach generated a product that had high user satisfaction, addressed GPs' concerns of swabber protection and increased GPs' participation in swab testing. The booth may be useful where GPs are concerned about swabber protection and space is limited.

Disclosure: The authors KYL and ME were employees of Temasek International but volunteered on this project under Temasek Foundation. None of the authors received any compensation from Temasek Foundation.

SO008 / #316

SHORT ORAL PRESENTATION

Topic: *1. Clinical topics / 1.07 Mental*

BURNOUT: EMERGING CONDITION IN HEALTHCARE WORKERS FACING COVID-19 PANDEMIC.

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Purpose: Recognize the magnitude of the problem and the effect of Burnout on healthcare workers, to focus more attention on professional activity and reduce negative consequences, by improving preventing measures.

Background: Physician burnout is a universal dilemma that is seen in healthcare professionals, particularly physicians, and is characterized by emotional exhaustion, depersonalization, and a feeling of low personal accomplishment.

The current pandemic, COVID-19, has added to the already high levels of stress that medical professionals face globally. While most health professionals have had to shoulder the burden, physicians are not often recognized as being vulnerable and hence little attention is paid to morbidity and mortality within this group.

Direct involvement in COVID-19 screening or treatment, having a medical condition, and less psychological support in the workplace emerged to be the significant factors in personal-, work-, and patient-related burnout.

Methods: Literature searches (PubMed, EMBASE, and Medline) were carried out (2015 to 2021) using the keyword “burnout” and cross-referencing it with “physicians”, “burnout”, “healthcare workers” and “COVID-19”. Articles found through this indexed search were reviewed and manually screened to identify relevant studies including longitudinal case–control studies, cross-sectional and cohort studies, and systematic reviews.

Results: Healthcare workers (HCWs) facing COVID-19 pandemic represented an at-risk population for new psychosocial COVID-19 strain and consequent mental health symptoms.

Conclusions: As the pandemic trajectory is yet unknown, these findings provide early insight and guidance for possible interventions, as improve preventive measures for occupational health workers.

Disclosure: No significant relationships.

SO009 / #904

SHORT ORAL PRESENTATION

Topic: *1. Clinical topics / 1.09 COVID-19*

CORONAVIRUS DISEASE and GENERAL PRACTITIONERS IN LUXEMBOURG: A PANDEMIC EXPERIENCE; RECOMMENDATIONS FOR THE FUTURE

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Introduction: The COVID-19 is a pandemic with no precedents in the world. GPs are at the forefront of the first intervention. Therefore, a current evaluation of their experiences while performing their role is necessary to develop new strategies, prepare plans for future pandemics, and improve the care provided

Objectives: Our aims were investigated to;

(i) Analyze challenges while performing their role in this context

(ii) Identify problems, needs, and opportunities associated with their experiences and

(iii) Determine their proposals for an improvement in the management of future pandemics.

Methodology: From April 17, 2020, to August 18, 2020, a qualitative study was conducted with semi-structured interviews among GPs in Luxembourg. A content thematic categorical analysis was performed. Verbatims were extracted and regrouped into categories and categories reformulated into items. A total of 60 items were classified into dimensions to cover the study aims.

Results: 18 GPs have participated. They expressed difficulties in managing COVID19 related patients, guaranteeing continuity of care of non-COVID patients, implementing telehealth, managing their self-protection (physical and psychological), solving information gap problems, and deficient communication with authorities. Additionally, GPs proposed to involve more family medicine in the health care system and to improve its relationships with other healthcare organizations and professionals. Develop protocols and guidelines addressed to GPs. Professionalized communication, as well as improve the use of eHealth and virtual platforms.

Conclusion: Our findings reinforce the importance of developing new strategies to empower family medicine in the healthcare system during and after the pandemic-period and improve coordination and communication with authorities and patients.

Disclosure: No significant relationships.

SO010 / #420

SHORT ORAL PRESENTATION

Topic: *2. Special groups of patients / 2.02 Women and men issues*

GENDER DIFFERENCES IN SMOKING CESSATION TO ALIGN CESSATION CARE FOR WOMEN. A QUALITATIVE STUDY IN THE HAGUE, THE NETHERLANDS

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Background and purpose
When quitting smoking there is a difference in success rate between men and women, with women being less successful. We aimed to provide a deeper insight into the gender-specific barriers to smoking cessation and preferences for interventions in primary care, in order to contribute to better aligned cessation care for women.

Methods
A qualitative study using focus groups with regularly smoking female and male adults from four different general practices in The Hague (The Netherlands). Eleven women and nine men participated. Participants included were regular smokers with a minimum age of 18 and sufficient command of the Dutch language, and willing to talk about smoking cessation. Inclusion ended when saturation was reached for both women and men. Participants were selected by means of purposeful sampling, whereby looking at age, educational level, and experience with quitting.

Results
The main barriers to smoking cessation in women were psychological factors, such as emotion and stress, compared to environmental factors in men. Women indicated they were in need of support and positivity, and both genders expressed the desire for assistance without judgement. Contrary to men, women were not drawn to restrictions and (dis-)incentives.

Conclusions
When counselling smokers, in women the focus should be on perceived internal problems, as opposed to more external obstacles in men. Female smokers seem to prefer non-coercive interventions, such as a group intervention offering support and positivity. Future research should focus on these gender differences, and how they could improve smoking cessation programs in primary care.

Disclosure: No significant relationships.

SO011 / #375

SHORT ORAL PRESENTATION

Topic: *1. Clinical topics / 1.07 Mental*

PRIOR PSYCHIATRIC DIAGNOSIS SUGGESTS ADDITIONAL DEPRESSION SCREENING DURING PREGNANCY

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Background and purpose:

Depression is associated with poor outcomes during pregnancy and the postpartum period and a proactive approach

to screening and diagnosing depression is desired. We sought to determine how significantly a prior psychiatric diagnosis impacted the risk for onset of depression during a pregnancy.

Methods:

This was a prospective study that surveyed pregnant women from July 1st, 2013 through June 30th, 2015. Women presenting for a new obstetric appointment at our institution were eligible. Surveys

were completed during each trimester and approximately 6 months postpartum with obstetrical data collected after delivery.

Results:

572 patients were enrolled in the study of which 40 (7.0%) were diagnosed with active depression during their pregnancy. No

statistical difference was found in age or gravidity for those with or without depression. A prior history of post-partum depression was more frequent in those with depression during pregnancy (22.5% vs. 6.2%, $p<0.01$), as was any prior history of depression (90% vs. 11.3%, $p < 0.01$). Almost all of the patients with depression during their pregnancy had a documented prior psychiatric diagnosis (38/155 vs. 2/417, $p<0.01$). A history of a prior psychiatric diagnosis incurred a 64-fold increased risk of depression during the pregnancy ($p<0.01$).

Conclusions:

A prior history of a psychiatric diagnosis imports a significantly elevated risk of depression during pregnancy. Currently,

interval depression screening is recommended for all pregnant women. Our data suggests the need for more active screening in patients with a prior history of psychiatric diagnosis.

Disclosure: No significant relationships.

SO012 / #434

SHORT ORAL PRESENTATION

Topic: *1. Clinical topics / 1.10 Others*

A NEW DIAGNOSIS FOR UNEXPLAINED SYMPTOMS: BODILY DISTRESS SYNDROME

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Background and aim: Bodily distress syndrome(BDS) is a new clinical diagnose for medically unexplained symptoms, which is based on empirical research. This new diagnosis has been suggested to replace with somatoform disorders and has been included in the current draft of International Classification of Diseases 11th Revision (ICD-11). BDS is defined by specific four physical symptom groups: cardiopulmonary, gastrointestinal, musculoskeletal, and general symptoms. BDS scale is a self-report questionnaire which is consisted of the BDS symptoms. In this study, it was aimed to estimate the frequency of BDS in primary care and its relationship with the presence of chronic disease.

Method: A cross-sectional descriptive study involving 683 patients ≥45 years old was conducted. Sociodemographic information questionnaire, BDS-Checklist, PHQ-4 questionnaire and visual analog scale were applied. SPSS 22.0 was used for entering data. Chi-square test, t-test and logistic regression model were applied as statistical tests. $p < 0.05$ was considered statistically significant.

Results: The frequency of BDS was found %15,2. For BDS; female gender (OR: 2,062 p: 0.02), anxiety (OR: 2,565, p: 0,004) and depression (OR: 1,0921 p: 0,047) are determined as risk factors; higher education was found to be a protective factor (OR: 0,350 p: 0,022). The presence of chronic disease was not associated with BEB.

Conclusion: BDS is common among primary care patients. BDS can reduce the diagnostic confusion in the field of somatoform disorders and offer a common language and background among medical proffessionals. More studies are needed about the predictors, risk factors, and prognosis of BDS.

Disclosure: No significant relationships.

SO013 / #654

SHORT ORAL PRESENTATION

Topic: *1. Clinical topics / 1.07 Mental*

COORDINATION OF CARE FOR PATIENTS WITH PERSISTENT SOMATIC SYMPTOMS: A PATIENT'S PERSPECTIVE

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Background and purpose

General practitioners play a central role in providing and coordinating care for patients with persistent somatic symptoms (PSS), but often encounter challenges in the management of these patients. Little is known on how patients with PSS experience the coordination of care and their GP's role therein.

Methods

Qualitative study using fifteen semi-structured interviews and thematic content analysis. Patients were recruited in general practices and specialized treatment facilities for PSS throughout the Netherlands.

Results

We identified two overarching themes: 1) coordination during the diagnostic trajectory and 2) transition from diagnostic trajectory to symptom management. Most patients had an extensive diagnostic trajectory, experienced fragmented care and received contradictory information. Patients underlined the need of a pro-active, coordinating role of the GP during the diagnostic phase. Making a clear plan with the GP prior to a referral (e.g. active back-referral) and giving the GP a linchpin role were experienced as positive. In the absence of a diagnosis, patients encountered difficulties with the transition towards symptom management. GPs often seemed unable to provide supportive strategies when a diagnosis was lacking. Searching for solutions together with their GP and being offered symptom management strategies were positively valued.

Conclusion

Patients with PSS frequently experienced fragmentation in care and received contradictory information during the diagnostic trajectory; they experienced difficulties in finding support in dealing with symptoms when a diagnosis was lacking. A pro-active, coordinating GP during the diagnostic trajectory and being supportive and providing strategies to manage symptoms are recommended.

Disclosure: No significant relationships.

SO014 / #542

SHORT ORAL PRESENTATION

Topic: *1. Clinical topics / 1.09 COVID-19*

EFFECTS OF CORONAVIRUS PANDEMIC ON THE ANTIDEPRESSANT, ANXIOLYTIC and HYPNOTIC DRUGS CONSUMPTION PATTERNS

Juana Inés García Soler[1,2], Silvia Cazalilla Chica[1], Esther Ribes Murillo[1,2], Laura Azlor Parra[3], Joaquim Sol Culleré[1,3], Rita Sala Robinat[1], Marta Ortega Bravo[1,2,3]
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Background and purpose

Health care emergency due to coronavirus disease 2019 (COVID-19) pandemic has made people to be more concerned and stressed out. This is why the pandemic is expected to adversely affect mental health. The aim of this study is to evaluate COVID-19 pandemic's influence in antidepressant and hypnotic-sedative-anxiolytic drugs consumption patterns.

Methods

Descriptive, longitudinal, ecological study conducted in twenty-two primary care centres. Monthly records of doses per 1,000-inhabitants/day (DID) of hypnotics-sedatives-anxiolytics excluding hydroxyzine and antidepressants were collected from July 2018 to December 2020. We applied a segmented-model to estimate the level and trend in DID in the following segments: pre-pandemic (July 2018 - March 2020), lockdown (April 2020 - May 2020) and post-lockdown (June 2020 - December 2020).

Results

The reference population was 344,601 inhabitants. Throughout the study, the mean change observed in hypnotics-sedatives-anxiolytics DID in each period was: pre-pandemic 0.171 (CI95%: -0.002–0.344, p=0.053), lockdown -1.821 (CI95%: -6.363–2.720, p=0.417) and post-lockdown 0.483 (CI95%: -0.331–1.296, p=0.234). In antidepressants, the mean change in DID during these periods was: pre-pandemic 0.246 (CI95%: 0.101–0.391, p=0.002); lockdown -3.159 (CI95%: -6.957–0.640, p=0.099) and post-lockdown 0.409 (CI95%: -0.272–1.089, p=0.228).

Conclusions

Although COVID-19 pandemic was expected to increase the hypnotic-sedative and anxiolytic and antidepressant drugs use, this raise has not been detected. Only antidepressants show a statistically significant growth in their consumption in the pre-pandemic scenario. Both groups of drugs have a decreased consumption during the lockdown period with no statistically significant difference.

Disclosure: No significant relationships.

SO015 / #563

SHORT ORAL PRESENTATION

Topic: *1. Clinical topics / 1.07 Mental*

PHYSICAL ACTIVITY and SELF-REPORTED MENTAL HEALTH, MEMORY and HEALTH SATISFACTION IN THOSE AGED >60 YEARS.

Charlotte Morris
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Background

Exercise provides significant health benefits. Robust evidence supports remaining active in later life is associated with reduced all-cause mortality, better balance and mobility. It is important GPs support older patients to remain/become active. The relationship between physical activity (PA) and mental/cognitive health in older age has been less extensively studied.

This cross-sectional study investigated the relationship between PA and self-reported memory problems, mental-health and health satisfaction in people aged >60 years.

Method

Data from the 2016 Health Survey for England was used. 2776 people aged >60 years were included. Self-reported average weekly minutes PA and 'gentle activity' including walking, balancing or 10-75 minutes activity per week were investigated. Outcome measures were self-reported memory problems, health satisfaction and GHQ-12 mental-health scores.

Odds ratios were calculated using logistic regression, adjusted for age, socio-economic status, alcohol, gender and smoking. ANOVA was used to investigate average weekly activity and health satisfaction.

Results

Compared to those reporting inactivity, those reporting most physical activity had significantly lower odds of self-reported memory problems (adjusted OR 0.22, 95%CI 0.13-0.38). Even gentle activity was associated with dramatically lower odds of self-reported memory problems (adjusted OR 0.48, 95%CI 0.39-0.60).

The group with the highest level of health satisfaction had significantly higher weekly mean minutes of PA than those reporting lower health satisfaction (p 0.00).

No significant association was seen between self-reported PA and GHQ-12 scores.

Conclusion

PA was strongly associated with reduced odds of self-reported memory problems and higher health satisfaction, supporting the need for GPs to encourage PA in older patients. The link between PA and mental-health outcomes was less clear.

Disclosure: No significant relationships.

SO016 / #703

SHORT ORAL PRESENTATION

Topic: *4. Education / 4.01 Patient education*

TO PROMOTE PSYCHOEDUCATIONAL INTERVENTIONS TO REDUCE RISKS IN MEDICATION MANAGEMENT AT HOME.

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Background: The aging of the population is leading to an increase in the number of multi-pathological and poly-medicated patients. These patients are at increased risk of adverse events due to medication errors (ME), especially if Barthel Index ≥55. The management of their medication is an added burden of stress for those who assume responsibility for their care.

Purpose: To promote the safe use of medication in the home by caregivers of these patients.

Methods: concept framework and work in groups

Presentation of psychoeducational interventions aimed at caregivers based on the identification of ME, its causes and consequences, and risk factors that favor ME.

To work in groups to discuss the effectiveness of psychoeducational interventions and how they could be implemented with patients.

Expected outcomes: To increase awareness of medication risk management in the home by caregivers. To learn about psychoeducational interventions for patients for safer use of medication adjusted to different needs of caregivers and to analyze possibilities to carry out at primary care.

Disclosure: No significant relationships.

SO017 / #634

SHORT ORAL PRESENTATION

Topic: *4. Education / 4.01 Patient education*

BRIEF INTERVENTIONS ON MODIFIABLE DETERMINANTS OF HEALTH: BEHAVIORAL DIETARY COUNSELING WITH THE 24 HOUR RECALL

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Background:

It is a challenge to incorporate dietary counseling for lasting change to improve health outcomes. Diet is a crucial determining factor in health to reduce morbidity. The 24-hour dietary recall is a validated tool for dietary assessment in the United States and is one of the methods which can be done in a single office visit effectively reducing the need for a formal nutrition consult.

Aim and learning objectives:

Learn:

To incorporate 24-hour dietary recall into practice.

How to incorporate the patient's food culture into the conversation and its importance.

Why 24-hour recall is a good method for use in dietary counseling when time is limited.

How to educate broad principles of the Mediterranean diet in the cultural context.

Methods and timetable:

Time in minutes

Introduction/background: 10

Present research on dietary counseling and benefits of 24 hr. method: 10

Ask participants to fill out the form: 10

Our patient cases, experience and results: 20

Ask participants to write what is healthy: 10

24 Hr. dietary recall role play along with counseling about Mediterranean diet: 15

Questions: 15

Total time: 90

Results / Conclusions:

Using this method will help physicians to individualize dietary counseling in a time-efficient manner for their patients. In addition, utilizing this method along with our simplified version of Mediterranean diet principles can help our patients feel more empowered by their physician to make dietary changes, effectively lose weight and lower A1c.

Disclosure: No significant relationships.

SO018 / #129

SHORT ORAL PRESENTATION

Topic: *3. Overarching topics / 3.02 Shared decision making and patient empowerment*

ART IN THE ART OF MEDICINE; EXPLORING THE USE and IMPACT OF HEALTH PRACTITIONERS DRAWINGS IN A CONSULTATION

Samantha Anne Murton
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Background and Purpose

Health practitioners are encouraged to use visual aids when discussing health information with patients, especially those with health literacy issues. Many health practitioners use the internet and health information websites as visual aids. Others use personalised drawings done in real time during the consultation to explain what is going on. This artistic endeavour has not been investigated.

This research aims to explore both patient and practitioner thoughts and experience of a personalised drawing occuring during the consultation.

Methods

Practitioners are videoed drawing for their patients, capturing the drawing process as well as the audio of the consultation. Following the consultation the patient is interviewed and asked to explain what had been discussed with them and reproduce the drawing that was done. Thematic analysis of the patient experience is undertaken and comparison of both practitioner and patient drawing to see what similarities exist

Results

The research is half way through the data gathering stage. Results so far indicate that recall of what was discussed with the patient is high and reproduction of the drawing by the patient is very accurate. The drawing skills of the health practitioner are variable but the transfer of information is consistent what ever level of drawing is used.

Conclusion

The use of a personalised drawing to explain conditions and treatment to patients is a effective tool for communicating health information acurately. Encouragement and training of health practitioners to use drawing as an explanatory tool should be considered in all aspects of health care delivery.

Disclosure: No significant relationships.

SO019 / #423

SHORT ORAL PRESENTATION

Topic: *4. Education / 4.01 Patient education*

THE EFFECT OF HEALTH BELIEF MODEL BASED INDIVIDUALIZED TRAINING ON ADAPTATION TO THE COLORECTAL CANCER SCREENING PROGRAM

Hasibe Gözde Özaydın[1], Ediz Yıldırım[1], Tolga Günvar[1], Azize Dilek Guldal[2]
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Background and Purpose: The incidence of colorectal cancer (CRC) is increasing worldwide. It is a treatable disease if detected in the early period. Therefore, the most important control strategy in colorectal cancer is mass screening. For Turkey, optimal CRC screening methods were determined as fecal occult blood test (FOBT) every 2 years and colonoscopy every 10 years. The CRC screening participation is very low in Turkey. In this study it was aimed to estimate the effect of the Health Belief Model (HBM) based individualized training, on adaptation to CRC screening.

Methods: A randomized controlled trial involving 256 patients (50-70 years old) who had not screened by FOBT in the previous 2 years (126 in intervention group and 130 in control group) is conducted. Sociodemographic information questionnaire and Health Belief Model Scale for Protection from Colorectal Cancer were applied. While HBM based training given to the intervention group, standard information was given to the control group. All participants were informed about CRC screening, test kit and FOBT kits were delivered. Primary outcome was returning the FOBT kit within the determined period. SPSS 24.0 was used.

Results: Screening participation rates were 84.1% in the intervention group and 34.6% in the control group. Participation of the intervention group in CRC screening was found 2.43 times higher. In our study, NNT was found as 2.

Conclusions: HBM based individualized training, easy and applicable in primary care, significantly increased the adaptation to CRC screening.

Disclosure: No significant relationships.

SO020 / #734

SHORT ORAL PRESENTATION

Topic: *4. Education / 4.01 Patient education*

IMPROVING BREASTFEEDING COUNSELLING AT PRIMARY HEALTHCARE IN PORTUGAL

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USF São João do Estoril, Aces Cascais, Estoril, Portugal

WHO and UNICEF have long recognized the need to promote exclusive breastfeeding in the first 6 months of life and sustained breastfeeding, along with appropriate complementary foods up to 2 years of age or beyond. USF São João do Estoril is currently applying for ACES Cascais Accreditation as a Baby-Friendly Health Centre and preparing a notebook with the 10 Steps of Breastfeeding. The third step includes counseling and informing all pregnant women and their families about the benefits and practice of breastfeeding.

We created a Breastfeeding Counselling Stamp to add to the Pregnant Health Bulletin - a tool for transmitting health data between primary health care and hospitals. This Stamp should complement the existing data in the Bulletin, addressing the desire of the pregnant women to breastfeed after birth and guarantee that the counselling is standardized, in the best interest of women and new-borns. The counselling must be given in at least two Maternal Health Medical or Nursing appointments and the Stamp must be filled out.

The main goal is to improve counselling and empower all pregnant women on breastfeeding. Additionally, address the impact of the Breastfeeding Counseling Stamp and standardize the information given to pregnant women between both primary health care and hospitals.

With the Breastfeeding Counselling Stamp we should be able to improve breastfeeding counselling and highlight the pregnant women’s desire to breastfeed with the hospital professionals where delivery will take place.

Disclosure: No significant relationships.

SO021 / #1308

SHORT ORAL PRESENTATION

Topic: *3. Overarching topics / 3.02 Shared decision making and patient empowerment*

HEALTH LITERACY: THE CURRENT STATE OF THE ART

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Background and purpose

Health literacy is the ability of patients to obtain, process and understand basic information regarding health and the services available, allowing the appropriate decision regarding their health.

Modern medicine and health systems created new habits in health consumption but also new accessibility concerns. The evolution from a paternalistic medicine to an evidence based and participatory medicine, empowered patients to be more involved in decision processes, increasing search for information, rights and responsibilities.

This research aims to understand the current role of Health Literacy in actual clinical practice.

Methods

We did a bibliographic search in PubMed on February 6, 2021, using the term "Health Literacy". After evaluating the titles and respective abstracts, systematic review articles, clinical guidelines and referring to intervention in adults, published in the last 5 years, written in English, and available for free consultation were selected.

Results

The research showed 40 articles.

Health literacy affects a person's ability to make decisions about their health as well as their ability to access their care when necessary.

Health literacy is affected not only by educational qualifications, but also by the cultural and social context and structure of the health system. The causal relationship between health literacy and health outcomes is not well established, and is related to the difficulty in assessing the degree that literacy.

Conclusions

Further studies are needed to prove the causality between health literacy and health outcomes. Initiatives that increase health literacy appear to be useful tools for improving health outcomes.

Disclosure: No significant relationships.

SO022 / #238

SHORT ORAL PRESENTATION

Topic: *4. Education / 4.04 Professional skills and communication*

EFFICACY OF AN E-LEARNING PROGRAMME TO IMPROVE PRIMARY CARE PROFESSIONALS' RESPONSES TO DOMESTIC VIOLENCE (DV): A RANDOMISED-CONTROLLED TRIAL

Raquel Gomez Bravo[1], Alicia Díaz Revilla[2], Irene Garcia Zurita[2], Irmina Saldaña Alonso[2], Mónica Yanes Baonza[2], Ana Pereira Iglesias[2], Claus Vögele[3]
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Background and purpose:
Intimate partner violence (IPV) is a widespread public health problem of epidemic proportions with serious consequences. 30% women will suffer IPV in their lifetime and these numbers tend to increase during any type of emergency, also in this Covid-19 pandemic. Family doctors may be the first or only point of contact, as victims may be reluctant or unable to seek alternative sources of assistance but there is a gap between best-practice guidelines and actual medical practitioner behaviour.

Methods:
The aim of this project is to develop, implement and investigate the efficacy of an e-learning programme to improve family doctors' responses to IPV, using a randomised-controlled trial approach that involves two arms, randomly assigned (intervention and control group). Ethics approval: (ERP20-065-C E-DOVER).
The Physician Readiness to Manage IPV Survey is used to assess physicians' previous knowledge, attitudes, beliefs, behaviours and skills pre-training, post-training and after 6 months.

RESULTS:
152 participants (86,8% women, 12,5% men) took part in the pre-training test and 145 completed the survey. 56% of them had previous training on GV but they were not feeling adequately prepared to face this type of health problems in their consultations. After the training, there was a significant increase of their readiness to manage it. Final results will be presented at the Conference.

Conclusions: E-learning has become an increasingly popular in medical and continuing medical education and in this current situation, traditional training is very challenging to provide. Interactive approaches can be very effective as this study has shown.

Disclosure: No significant relationships.

SO023 / #561

SHORT ORAL PRESENTATION

Topic: *4. Education / 4.04 Professional skills and communication*

INSTRUCTIONAL FILMS FOR DIAGNOSTICAL and THERAPEUTICAL PROCEDURES IN GENERAL PRACTICE

Florijn Jacobi, Jorden Moorlag, Michael Kijser
NHG, Pki, Utrecht, Netherlands

Background & Aim:

In 2012 the Dutch College of General Practitioners (NHG) started developing short, web based instructional films, accompanied by written step-by-step protocols. These films demonstrate diagnostical and therapeutical procedures for use in general practice.

Furthermore, these films are used in GP specialty training in a form of blended learning to educate resident GP's; the students read the protocols, watch the films and practice the procedures in the GP surgery, supervised by GP trainers.

The aim of this presentation is to demonstrate some of the most widely used instructional films and to give insight in the different steps of the production process.

Method:

A main source of input for subject selection and product development was a questionnaire of GPs, conducted by the NHG. In this questionnaire, GP's could select their most desired procedures. Other sources of input are the NHG guidelines for clinical practice in primary care.

The procedures were filmed in GP surgeries with real patients. Development of instructional films and protocols was done by the NHG and its partners.

Recently, a second questionnaire of satisfaction of NHG-products was send out and returned good results on the instructional films.

Results:

A broad range of instructional films (almost 50 in total) have been developed by the NHG and its partners and are widely used by general practitioners, residents and students. They are well rated by users.

Conclusion:

GPs have easy access to a broad range of instructional films, based on NHG guidelines and use them frequently and with satisfaction in clinical practice.

Disclosure: No significant relationships.

SO024 / #882

SHORT ORAL PRESENTATION

Topic: *4. Education / 4.02 Medical student education and residency training*

PROGRAMMATIC ASSESSMENT IN CANADIAN FAMILY MEDICINE POSTGRADUATE TRAINING: FINDINGS FROM TEN YEARS OF CONTINUOUS REFLECTIVE ASSESSMENT FOR TRAINING (CRAFT)

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Background and purpose: The shift to competency-based medical education has not always been smooth. Effective competency-based assessment (CBA) is challenging, with scant evidence about its effectiveness. In 2010, Canadian family medicine residency training programs adopted the Continuous Reflective Assessment for Training (CRAFT) model of assessment. Evaluation data about the effectiveness of CRAFT is now available, and can inform implementation of CBA in other programs.

Methods: The intervention: CRAFT, a programmatic assessment model, involves regular low stakes workplace assessments and regular high stakes performance reviews. In performance reviews, learners, guided by a continuous advisor, reflect on their progress and develop proactive learning plans for their next period of training. Participants: Canadian family medicine residency programs (N=4). Research design: Mixed methods. Primary data sources are learning analytics, questionnaires, and focus groups. Outcome measures: Differentiation between learners at different levels of training; range of assessment information beyond Medical Expert role; evidence of self-reflection by learners; evidence of learning plans across training; increase in quality of feedback. Analysis: Descriptive statistics, thematic analysis of qualitative data, ANOVAs, Chi square tests.

Results: Learners and preceptors report a significant increase in self-reflection opportunities. All programs report moderate to large increases in feedback quality and in assessment data about non-Medical Expert CanMEDS roles. One program reports significant increases in early identification and remediation of learners in difficulty. Programs report varying levels of implementation of learning plans. For all programs, faculty development is the biggest challenge in effective use of CRAFT.

Conclusion: Overall, CRAFT appears to be an effective approach to programmatic assessment.

Disclosure: No significant relationships.

SO025 / #1232

SHORT ORAL PRESENTATION

Topic: *5. Research and innovation / 5.08 Others*

RESEARCH TRENDS IN GENERAL MEDICINE: A 2015-2019 BIBLIOMETRIC ANALYSIS OF HIGH IMPACT JOURNALS

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1. Background and purpose

Bibliometrics analysis and similar metaresearch approaches may provide helpful insights into current research topics and into gaps in medical evidence. Herein, we aim to describe the most frequent topics in primary healthcare research.

2. Methods

We extracted all indexed articles from the top journals of the Web of Science Primary Health Care area (Q1, Journal of Citation Reports® 2019) for the 2015-2019 period. Area-specific journals were excluded to limit bias. 2020 was excluded to eliminate the pandemics influence on publication patterns. Available indexed MeSH terms were extracted and extra MeSH terms per article mined via Pubtator. An extensive manual revision of the MeSH tree ontology was conducted to define medically relevant areas. Each article was then mapped into one or more of these areas according to its indexed or text mined MeSH terms.

3. Results

A total of 4 journals from Q1 were included in the analysis (impactor factor 2.661-4.686). A total of 6491 articles were retrieved and processed, yielding 2986 automatically classified articles (~46%). Most frequently identified keywords were related to diagnosis and prognosis (n=1230 articles) followed by therapeutics (n=996). Top five fields were Neurology (n=789), followed by Infectious Diseases (n=578), Cardiovascular (n=542), Obstetrics and Gynaecology (n=532), and Respiratory Diseases (n=482).

4. Conclusions

High impact journals in the primary healthcare research demonstrate a preference over articles on diagnosis and prognosis; their most published topics do not directly relate with the most traditional primary care areas. This methodological approach yields powerful overviews on scientific literature but further work is required to enhance automatic article classification.

Disclosure: No significant relationships.

SO026 / #106

SHORT ORAL PRESENTATION

Topic: *5. Research and innovation / 5.05 Health technology assessment*

A SERIOUS VIDEO GAME FOR THE MANAGEMENT OF IRRITABLE BOWEL SYNDROME

Sverre Litleskare[1], Fredrik Sundt Breien[2], Kurt Hanevik[3], Tiffany Taft[4], Jo Dugstad Wake[5], Barbara Wasson[2], Knut-Arne Wensaas[1]
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Background and purpose
Irritable bowel syndrome (IBS) is a common chronic disorder, with 10-15% prevalence in industrialized countries. Patients with IBS are frequently encountered by general practitioners, and the disorder places a heavy burden on the healthcare system. A range of symptomatic treatment options exist but navigating these options and applying them adequately is a challenge for the patients. Serious video games (SVGs) have long been a promising but under-utilized way of educating patients on their disease and treatment options.

The aim of this project is to create an SVG for the treatment of IBS. The SVG will inform the patient about the disease and existing treatment options through motivating gameplay. This, and elements of cognitive behavioural therapy will be adapted to the individual patient with machine learning technology.

Methods
The first phase of the project will be the development of the SVG, with extensive user involvement in an iterative process guided by theory. When developed, the SVG will be tested as a complex intervention in a randomized controlled trial, with patients recruited in general practice.

Results
The project is in the grant application phase, and hence results will not be available at the date of the conference.

Conclusions
This is an innovative eHealth intervention for a chronic disease, that if successful has the potential to lessen the burden on the healthcare system in both primary and secondary care.

Disclosure: No significant relationships.

SO027 / #441

SHORT ORAL PRESENTATION

Topic: *5. Research and innovation / 5.01 Research methodology*

PERFORMANCE OF THE SCORE and GLOBORISK CARDIOVASCULAR RISK PREDICTION MODELS AMONG PATIENTS SEEN IN DUTCH GENERAL PRACTICE

Merle C.A. Schoofs[1], Reinier P. Akkermans[1], Wim J. De Grauw[1], Bianca M.W. Schalk[1], Ineke Van Dis[2], Judith Tjin-A-Ton[3], Erik W.M.A. Bischoff[1], Marion C.J. Biermans[1]
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Background and purpose: General practitioners frequently use 10-year risk estimations of cardiovascular disease (CVD) to identify high-risk patients. We assessed the performance of four models for predicting the 10-year risk of CVD in general practice.

Methods: In this prospective cohort study, we used routine data from 46 Dutch general practices linked to cause of death statistics. Patients were free of CVD at baseline, selected by the general practitioner for cardiovascular risk measurements, and followed for 10 years. The validation cohorts consisted of 1,762 patients for SCORE and SCORE fatal and non-fatal (SCORE-FNF), 3,117 patients for Globorisk-laboratory, and 3,854 patients for Globorisk-office. The main outcome measures were fatal CVD for SCORE, and first diagnosis of fatal or non-fatal CVD for SCORE-FNF, Globorisk-laboratory, and Globorisk-office.
Results: The number of events was 353 (20%) for SCORE-FNF, 230 (7.4%) for Globorisk-laboratory, 323 (8.4%) for Globorisk-office, and 5 (0.3%) for SCORE. The C statistic was 0.617 for SCORE-FNF, 0.566 for Globorisk-laboratory, and 0.544 for Globorisk-office, indicating a poor discrimination. The models showed also poor calibration. Examination of the performance of SCORE was not possible due to the limited number of fatal CVD events.

Conclusions: The SCORE-FNF, Globorisk-laboratory, and Globorisk-office models seriously underestimate the 10-year-risk of fatal plus non-fatal CVD in Dutch general practice. The poor performance of the models is possibly due to a selection of higher risk patients for CVD risk prediction in daily general practice than patients from a general population that were used to develop these models.

Disclosure: No significant relationships.

SO028 / #1116

SHORT ORAL PRESENTATION

Topic: *5. Research and innovation / 5.06 Medical informatics*

GENERAL PRACTITIONERS' VIEWS ON THE BENEFITS and CHALLENGES OF USING DIGITAL REMOTE CARE DURING THE COVID-19 PANDEMIC

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Background and purpose: With the onset of COVID-19, general practitioners (GPs) and patients worldwide swiftly transitioned from face-to-face contacts to digital remote care. There is a need to review how this global shift has impacted patient care, healthcare providers, and health systems. This study aims to explore GPs' perspectives on the main benefits and challenges of using digital remote care.

Methods: An online questionnaire was administered to GPs across twenty countries between Jun-Sep 2020. GPs' perceptions on main barriers and challenges were explored using free-text questions. Thematic analysis was used to analyse the data.

Results: A total of 1,605 respondents participated in our survey. The benefits identified included reducing COVID-19 transmission risks, guaranteeing access and continuity of care, improved efficiency, faster access to care, improved convenience and communication with patients, greater work flexibility for providers, and hastening the digital transformation and the accompanying legal frameworks. Main challenges included patient's preference for face-to-face consultations, digital exclusion, lack of physical examinations, clinical uncertainty, delays in diagnosis and treatment, overuse and misuse of digital remote care, and unsuitability for certains types of consultations. Other challenges include the lack of formal guidance, higher workloads, remunerations issues, organisational culture, technical difficulties, implementation and financial issues, and regulatory weaknesses.

Conclusions: GPs' experience during the pandemic is especially valuable to understand how digital remote care can be safely delivered in the future. There is an ethical imperative to learn from this massive real-life experiment, and use this once in a generation opportunity to take the best technology has to offer and change primary care for the better.

Disclosure: No significant relationships.

SO029 / #1255

SHORT ORAL PRESENTATION

Topic: *5. Research and innovation / 5.02 Advances in clinical research*

OBJECTIVELY MEASURED PHYSICAL ACTIVITY BEHAVIOURS and MULTI-MORBIDITY IN OLDER ADULTS

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Background and purpose

Physical activity contributes to the prevention of chronic illness as well as promotion of physical and mental health, but most adults remain inactive. The aims of this study are to: 1. Objectively measure physical behaviour outcomes of adults participating in the Move for Life study; 2. Develop distinct activity profiles based on six behaviour variables; 3. Investigate whether health outcomes differ across the activity profiles.

Methods

Participants were Irish adults aged 50 years and older. Using the activPAL, objectively measured data were collected on average daily: light physical activity (hours); moderate to vigorous physical activity (minutes); step count; time in bed (hours); standing time (hours); and waking sedentary time (hours). Data were obtained on chronic illness and health service utilisation. Validated questionnaires were used to collect data on wellbeing, loneliness and social isolation. Hierarchical cluster analysis using squared Euclidian distance was used to cluster behaviours based on similarity, using SPSS version 26. Regression models explored associations between health outcomes and activity profiles, adjusted for age and sex.

Results

Data from 485 participants were analysed, and four activity profiles were identified: sedentary (n=50, 10.3% of total), low active (n= 295 ,60.8%), moderate active (111, 22.9%) and higher active (n=29, 6%). We will present the differences across the activity profiles for chronic illnesses, multi-morbidity, health service utilisation and validated health tools, comparing to data from the Irish Longitudinal Study on Ageing (TILDA).

Conclusions

The use of physical activity behaviour clusters may identify people with multi-morbidity, and could be factored into the development of future targeted physical activity interventions.

Disclosure: No significant relationships.

SO030 / #317

SHORT ORAL PRESENTATION

Topic: *5. Research and innovation / 5.05 Health technology assessment*

TELEHEALTH and ITS RAPID ADOPTION IN PRIMARY CARE ACROSS EUROPE

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Background:

In early 2020, national lockdowns due to COVID-19 across Europe forced primary care services to adopt a digital-first model in order to reduce face-to-face contact. Although remote consultations boast a multitude of benefits, the attitudes of primary care physicians towards remote working are still unknown.

Aims and learning objectives

By using the latest, front line insights surrounding the remote consultation, as well as key themes highlighted in our mixed-methods study, we aim to stimulate discussions surrounding the risks and benefits of remote consultation, strategies to improve existing models of remote consultation, and thus equip participants with the necessary insights required to facilitate bottom-up, organisational change.

Methods and timetable:

We will begin with a short presentation covering the background of the subject and selected findings of our multi-centre, cross-sectional, mixed-methods study of telehealth use during the pandemic. After brief ice-breakers, we will then facilitate structured group discussion and brainstorming surrounding the learning objectives, using our research to date as a basis for discussion. We will conclude with a group review of the session.

Results:

Workshop participants will gain valuable insight into best practices identified so far in telehealth and discussions will be synthesised in order to inform policy and further research.

Disclosure: No significant relationships.

1 Slide 5 Mins

S001 / #896

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *1. Clinical topics / 1.01 Cardiovascular*

LOW-DENSITY LIPOPROTEIN CHOLESTEROL (LDL-C) IN HEALTHY YOUNG ADULTS: THE LOWER THE BETTER?

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Background and purpose

Overwhelming evidence from clinical trials supports the notion that reduction in LDL-C levels with lipid-lowering agents reduces the risk of developing cardiovascular diseases (CVD) and CVD mortality. However, in the elderly, systematic reviews[1,2] of cohort studies revealed that lower LDL-C levels are associated with higher all-cause mortality, the so called LDL paradox. Our aim was to revisit the association of LDL-C levels with overall mortality in cohorts of healthy younger adults.

Methods

The authors independently searched PubMed for cohort studies with the following keywords: (low-density lipoprotein OR low density lipoprotein) and mortality NOT animal NOT trial. We excluded non-English reports, studies in geriatric populations or high cardiovascular risk groups, and papers with electronic publication date before 1/1/2010 or after 10/2/2021.

Results

We identified 2 papers including 639.157 individuals from 3 cohorts where all-cause mortality was recorded. In all 3 cohorts, the association between LDL-C levels and the risk of overall mortality was U-shaped, with individuals with LDL-C<70mg/dL having a significantly higher risk for all-cause mortality.

Conclusions

These controversial findings suggest that LDL-C levels below 70mg/dL may be detrimental in the general adult population not taking statins. Further studies are required to understand the mechanism behind this LDL paradox in healthy young adults and in the elderly.

References

[1]Ravnskov et al. BMJ Open 2016; 6(6):e010401.

[2] Oliveira et al. European Geriatric Medicine 2020; 11:S155.

Disclosure: No significant relationships.

S002 / #1204

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *1. Clinical topics / 1.10 Others*

PERIPHERAL NEUROPATHY, AN APPROACH TO DIAGNOSIS.

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Background and Aim and learning objectives:

Peripheral neuropathy refers to disorders of the peripheral nervous system. The overall prevalence is 2-4% in the general population and 8% in people older than 55 years. [1] Finding the ethiology of a patient's peripheral neuropathy can be challenging, so a systematic and logical approach is needed: detailed history of symptoms, family and occupational history and a general and systemic examination [2]. The main purpose of this workshop is to provide an overview of peripheral neuropathy diagnosis as well as some strategies for systematic physical exam.

Methods and timetable.

The workshop will be divided into two parts. The first one, will be an oral presentation where we aim to review the definitions and different causes of peripheral neuropathy, clinical approach and general examination. and a second part, where practitioners will learn how to apply validated questionnaires of diagnosis and severity which are a reliable and valid instrument for assessment of patients neuropathy, and also will have the opportunity to practice and improve the techniques of the physical exam for neurologic examination.

(Proposed) Results / Conclusions:

In the end, we hope that the general physicians can feel more aware about how to perform a reliable examination of peripheral nervous system. An accurate diagnosis it's essential for good management and to delay the progress of the neuropathy.

References:

[1] Martyn CN, Hughes RAC. Epidemiology of peripheral neuropathy. J Neurol Neurosurg Psychiatry 1997; 62: 310–18 . Doi: 10.1136/jnnp.62.4.310

[2] Misra UK, Kalita J, Nair PP. Diagnostic approach to peripheral neuropathy. Ann Indian Acad Neurol. 2008 Apr;11(2):89-97. doi: 10.4103/0972-2327.41875.

Disclosure: No significant relationships.

S003 / #1113

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *1. Clinical topics / 1.10 Others*

USE OF PRIMARY HEALTH CARE SEVICES and EVALUATION OF NUTRITION BEHAVIOR IN ADOLESCENTS

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Background and purpose:Healthy cognitive, physical, sexual and psychosocial development is essential for all adolescents to successfully enter adulthood. Effective primary health care services are required to protect adolescents from possible health problems, to reveal unfamiliar diseases, and to perform their treatment and follow-up. The aim of the study is to evaluate adolescents' utilization from primary health care services, nutritional behavior and to examine their relationship with each other.

Method:146 adolescents between the ages of 10-18 were included in this descriptive study. A questionnaire of 15 questions was applied to the participants about their eating habits, knowing the family physician and going to family medicine.

Results:The average age of the participants is 16.4±1.6 and 58.9% are girls. 85.6% of them went to the family doctor to be examined. Nutritional behavior score and going to the family doctor were higher in girls than boys ($p<0.001$). In obese and overweight patients, the rate of knowing who the family physician is, the score of going to family medicine and the nutritional behavior score were found to be lower than those of normal weight.

Conclusion:In our study, it was observed that adolescents who use primary health care more often had lower rates of obesity and overweight and a healthier diet. In order to get rid of obesity, which is an important public health problem of today, it is necessary to increase the rate of adolescents using primary health care services. Considering factors such as age and gender, healthy eating behaviors should be encouraged and adolescents should be informed more to use primary health care services.

Disclosure: No significant relationships.

S004 / #469

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *1. Clinical topics / 1.02 Diabetes mellitus*

RELATIONSHIP BETWEEN STRUCTURAL CHARACTERISTICS OF GENERAL MEDICAL PRACTICES and SOCIOECONOMIC STATUS OF PATIENTS WITH DIABETES RELATED PERFORMANCE INDICATORS

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Background The implementation of monitoring for primary care can contribute to improvement of the quality of diabetes care.

Objectives Our study aimed to describe associations of primary diabetes care performance indicators with structural characteristics of general medical practices (GMP) and socio-economic status of patients.

Methods Using data for adults from 2018 covering the whole country, GMP specific performance indicators standardized by patients' age, sex, and eligibility for exemption certificate were computed for adults. Linear regression models were applied to evaluate the relationship between GMP specific parameters (list size, settlement type, geographical location, GP vacancy, age of GPs) and patients' socio-economic status (education, employment, proportion of Roma among adults, housing density) and diabetes care performance indicators.

Results Patients received 58.64% of the required medical interventions. GMP with older-than-65-year GP was associated with lower performance indicators (hemoglobin A1c testing: β= -0.082; serum creatinine checking: β= -0.086; serum lipid status checking: β= -0.082; influenza immunization: β= -0.032). GP vacancy was related to low performance in influenza immunization (β= -0.053). Lower level of patients' education (hemoglobin A1c testing: ß= -0.108; ophthalmic examination: ß= -0.100; serum creatinine determination: β= -0.103; serum lipid status checking: ß= -0.108; retinopathy surgery: β= 0.043) and small GMP size (retinopathy surgery: β= 0.178; dialysis treatment: β= 0.166) were associated with poor performance indicators.

Conclusion The diabetes care performance in Hungary is significantly determined by socio-economic and structural factors which cannot be influenced by GPs. Therefore, the facilitation of working environment's improvement could be the primary outcome of implementing diabetes monitoring.

Disclosure: No significant relationships.

S005 / #48

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *1. Clinical topics / 1.03 Respiratory*

OPTIMIZATION OF THE TECHNIQUE FOR USING INHALER DEVICES - INTERVENTION PROJECT

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Background and purpose: The incorrect inhalation technique is a problem in the control of asthma. Demonstrating the use of the inhaler, together with practical training, can help patients control their illness and improve their quality of life.

The objective of this work is to evaluate the technique for using inhaler devices and to increase the proportion of patients with asthma who use the inhaler correctly by 20%.

Methods: Asthma patients from a single Family Medicine Unit were invited to demonstrate inhalation technique. Errors were corrected and one month later, the inhalation technique of patients who had not performed the technique correctly was reviewed.

Results: 41 visits were made. 49% performed the following steps incorrectly: 2.5% did not rotate the device with the lid closed; 2.5% did not start inspiration slowly while activating the device; 19.5% did not perform a slow expiration until the functional reserve capacity; 19.5% did not hold their breath for 5 to 10 seconds after inspiration; and 41.5% did not wash the oral cavity after using the device.

On the 2nd visit, 10% did not hold their breath for five to ten seconds after inspiration, 15% did not exhale slowly until the functional reserve capacity and 15% did not wash the oral cavity after using the device. 35% (7 of 20 users) made no mistakes.

Conclusions: 35% of patients started using the inhaler correctly. The success of this intervention confirms the importance of adequate instruction and the revision of the inhalation technique in the medical appointments with asthmatic patients.

Disclosure: No significant relationships.

S006 / #985

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *1. Clinical topics / 1.03 Respiratory*

COPD TELECONSULTATION DURING THE COVID-19 PANDEMIC: THE MEDCHRONIC-RESPIRATORY PROJECT

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1, Background and purpose

During the Coronavirus Disease 2019 (COVID-19) pandemic, changes were necessary in the Portuguese Primary Health Care Units organization, given the need to assist patients with suspected COVID-19 symptoms. This led to a decrease in our assistance capacity to other patients, especially those with chronic diseases. To minimize the impact on Chronic Obstructive Pulmonary Disease (COPD) patient's follow-up, USF Balsa and the University of Algarve developed the MedChronic-Respiratory project, which methods and results are presented here.

2, Methods

All USF-Balsa COPD patients were selected and contacted by telephone, based on a pre-established protocol, designed to provide telephone support, and characterize these patients' health status, during the lockdown period. The results were recorded and analysed using an Excel spreadsheet.

3. Results

A total of 83 patients were contacted, with ages ranging from 45 to 89 years. Of those, 60 had a COPD Assessment Test score <10 and only 7 had one COPD exacerbation in the last year; 60 were classified as GOLD A. Regarding the therapeutic regimen, 16 used LAMA/LABA, 15 used LABA/ICS, 10 used LAMA; 25 didn't use any medication. Most patients were very grateful with the contact and agreed with telephone follow-up during the pandemic.

4. Conclusions

This project enabled to maintain the follow-up of our COPD patients, at a time of less medical assistance. This allowed to meet patients' needs while maintaining support to a group of vulnerable patients.

Disclosure: No significant relationships.

S007 / #1137

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *1. Clinical topics / 1.05 Genitourinary*

TRENDS IN EARLY-CAREER GENERAL PRACTITIONERS' PRESCRIBING OF HORMONE and NON-HORMONE THERAPY FOR MENOPAUSAL SYMPTOMS

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Background and purpose:

Menopausal hormone therapy (MHT) use in Australia declined rapidly following 2002 publication of the WHI study, and then plateaued. Since then, findings of follow-up WHI analyses may encourage less restrictive MHT use. We aimed to assess trends in MHT prescribing following the documented plateau in prescribing.

Method:

A longitudinal analysis from the ReCEnT cohort study. In ReCEnT, GP registrars (trainees) document 60 consecutive consultations, six-monthly, on three occasions.

The outcome factor was MHT (estrogen and/or progestogen) prescribed. All menopause-related problems for female patients aged 25 years-or-over were included in the primary analysis. The secondary analysis, of ratio of MHT to non-MHT symptomatic medicines, included only problems for which MHT or non-MHT symptomatic medicines were prescribed. Associations of MHT-prescribing, including year (2010-2019), were assessed by univariate and multivariable logistic regression.

Results:

2,839 registrars documented 1,509 menopause-related problems. For all menopause-related problems, 1169 (75%) patients were prescribed MHT or a non-MHT symptomatic drug. Of these, 965 (82%) were MHT. There was a small reduction in MHT prescribing over time (OR=0.96 [CI=0.91, 1.00] per year), not reaching statistical significance (p=0.078). For the ratio of MHT prescription to non-MHT symptomatic medications, there was no statistically significant change in MHT prescribing (OR=0.95 [CI=0.89, 1.01], p=0.12).

Conclusions:

There was no statistically significant change in MHT prescribing in the period eight-to-17 years following WHI publication. It may still be too early to see a rise in MHT prescribing in response to subsequent follow-up studies, given the generally slow uptake of research evidence into practice.

Disclosure: No significant relationships.

S008 / #605

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *1. Clinical topics / 1.06 Musculoskeletal*

OSTEOPOROSIS DIAGNOSIS IN PRIMARY CARE – THE REALITY OF TWO HEALTH CENTERS

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Background and Purpose

Osteoporosis is characterized by low mineral bone density and increases the risk of fracture. It affects 10% of the Portuguese population, mainly women. It can be a silent disease, and its diagnostic can be established using Dual Energy X-ray Absorptiometry(DEXA) and the risk of fracture can be stratified using FRAX. With this study we intend to review the diagnostic methods used to diagnosis osteoporosis in a primary care setting.

Methods

Transverse, observational study that includes all the patients with the diagnosis of osteoporosis in two primary care institutions.

Results

From a total of 16500 patients 762 were diagnosed with osteoporosis. This represents a prevalence of 4,61%, of which 95% are women and 5% are men, with an average age of 75 years SD±10. In these patients, the diagnosis was established using DEXA in 32,3%, RX in 8% and FRAX in 0,5%, and in 59,2% the method was unknown. From the latter, 37,2% performed a DEXA and to 1,8% FRAX was applied later on. From those diagnosed using RX, 21,6% ended up performing a DEXA and to 1,6% FRAX was applied later.

Conclusions

Osteoporosis is a challenging diagnosis for the general practitioner(GP), and is greatly underdiagnosed. Although a third of these diagnosis are correctly established using a DEXA, many of them were wrongly established using only X-ray's. Therefore, it is essential to educate the GP about the correct diagnostic algorithms and teach them how to use newly developed and inexpensive methods like FRAX, in order to improve the quality of healthcare they provide.

Disclosure: No significant relationships.

S009 / #54

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *1. Clinical topics / 1.07 Mental*

DEPRESSION and ERECTILE DYSFUNCTION - A TWO-WAY RELATIONSHIP

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Background/Purpose: Depression and its pharmacological treatment are associated with decreased libido and erectile dysfunction (ED). However, the comorbidity between ED and depression is probably bidirectional. The aim is to characterize depression and its treatment in men with ED in a Family Health Unit (FHU).

Methods: Retrospective, observational and descriptive study, carried out in a FHU in men with ED (Y07-Impotence; ICPC-2 classification) until April 2020. Data collected in August 2020 using SClinico® and MIM@uf. Analysis performed in Excel®.

Results: 127 men with ED with an average age of 62.5 ± 11.7 years were identified. 32.4% have depression, of those 36.6% also have anxiety disorder and 2 attempted suicide. The diagnosis of depression was made before the ED in 63.4%, after in 21% and simultaneously in 14.6% of men. 21% use antidepressants (77.8% Selective Serotonin Reuptake Inhibitor (SSRI) and 11.1% tricyclic) and 7% use antipsychotics.

Conclusions: There is a high prevalence of depression in this group. Despite the ages' dispersion, most men with depression are younger – agreeing with psychogenic ED being mainly associated with young ages. Most depressive patients use antidepressants (more commonly SSRIs and tricyclics) or antipsychotics, having ED as a relevant side effect. In most, depression's diagnosis was previous/simultaneous to the diagnosis of ED, which can be explained by depression's natural history or by introduction of its treatment. Family Doctor has a privileged role in the diagnosis and intervention of both sexual and psychiatric symptoms - its correct approach and treatment can improve men's life quality.

Disclosure: No significant relationships.

S010 / #427

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *1. Clinical topics / 1.07 Mental*

FLUCTUATIONS IN PERSISTENT SOMATIC SYMPTOMS: A PATIENT PERSPECTIVE

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1.Background and purpose

Patients with somatic symptoms not attributable to verifiable, conventionally defined diseases are common in general practice. More knowledge on the course of persistent somatic symptoms (PSS) over time is needed. Our prior quantitative findings suggested that most patients with PSS might experience exacerbations and remissions of symptoms. The aim of this qualitative study was to explore patients' experiences with fluctuations in PSS and to understand which factors -from their viewpoint- play a role in these fluctuations.

2. Methods

Qualitative study based on fifteen semi-structured interviews and thematic content analysis. Patients were recruited in general practices and specialized treatment facilities for PPS throughout the Netherlands.

3. Results

We identified three themes in the analysis: (1) Patterns in symptom fluctuations (2) Perceived causes of symptom exacerbations, and (3) Patients' strategies in gaining control over symptom exacerbations. Daily and weekly fluctuations in symptoms were an important element in patients' experiences. In particular anticipating on the worsening of symptoms impacted their daily routines and posed various challenges. Symptom exacerbations were attributed to overstepping physical limits and/or the impact of negative emotions. Strategies mentioned to gain control over symptom exacerbations included resigning to physical limits, adjusting one's daily planning, weighing personal needs and learning to say 'no'.

4. Conclusion

Our study highlights that fluctuations in the experienced severity of symptoms -and in particular daily and weekly symptom exacerbations- are an important element of the symptom experience in PSS and deserve more attention in care for these patients and in research.

Disclosure: No significant relationships.

S011 / #485

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *1. Clinical topics / 1.07 Mental*

MORTALITY IN PATIENTS PRESCRIBED MIRTAZAPINE COMPARED TO OTHER ANTIDEPRESSANTS: AN ACTIVE-COMPARATOR NEW USER COHORT STUDY

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Background and purpose

Existing evidence suggests increased mortality in patients prescribed the antidepressant mirtazapine. This study compared all-cause and cause-specific mortality for patients prescribed mirtazapine versus other antidepressants.

Methods

Data source: English primary care electronic health records provided by the Clinical Practice Research Datalink. Study population: adult patients diagnosed with depression who were first prescribed a selective serotonin reuptake inhibitor (SSRI) and then prescribed mirtazapine, a different SSRI, amitriptyline, or venlafaxine. Time window: 01 January 2005 – 30 November 2018. Outcomes: all-cause mortality and mortality due to cardiovascular disease, cancer, or respiratory disease. Analyses: age-sex standardised mortality rates were calculated and survival analyses were performed to calculate hazard ratios (HRs). Propensity score weighting was used to account for patient characteristics.

Results

The study included 25,598 patients and there were 599 deaths. The mirtazapine group had the highest standardised all-cause mortality rate (21.6 deaths/1000 person-years) and the SSRI group the lowest (13.8 deaths/1000 person-years). Over two years of follow-up the mirtazapine group had a higher risk of all-cause mortality than the SSRI group (HR 1.62 [95% confidence interval: 1.28-2.06]), but a similar risk to the amitriptyline (HR 1.18 [0.85-1.63]) and venlafaxine (HR 1.11 [0.60-2.05]) groups. A similar pattern was found for deaths due to cancer and respiratory disease.

Conclusions

There was an increased mortality risk in patients prescribed mirtazapine compared to those prescribed an SSRI. This could reflect residual differences in patient characteristics. Patients prescribed mirtazapine, or other non-SSRI antidepressants, may need support to identify additional health risks and improve their outcomes.

Disclosure: No significant relationships.

S012 / #1103

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *1. Clinical topics / 1.07 Mental*

MATERNAL and PATERNAL SMOKING DURING PREGNANCY and RISK OF TOBACCO SMOKING IN ADOLESCENCE: FINDINGS FROM A POPULATION-BASED PROSPECTIVE COHORT STUDY

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Background

Compelling, although inconsistent, epidemiological evidence suggests an association between maternal tobacco smoking during pregnancy and an increased risk of tobacco smoking in offspring. The aim of this study was to test the link between maternal tobacco smoking during pregnancy and the risk of tobacco smoking in offspring at the age of 17 years using paternal tobacco smoking during pregnancy as a negative control for intrauterine exposure.

Methods

Study participants were from the Raine Study, a prospective birth cohort study based in Perth, Western Australia (N=2730). Tobacco smoking in adolescents was measured using a self-reported questionnaire. Log-binomial regression was used to estimate the relative risks (RRs) of tobacco smoking in offspring exposed to maternal prenatal tobacco use during the first and third trimesters of pregnancy. We have also calculated the E-values to investigate the potential effect of unmeasured confounding.

Results

After adjusting for potential confounders, we found the increased risks of tobacco smoking in offspring exposed to maternal tobacco smoking during the first trimester [RR 1.50 (95% CI: 1.13-1.97)] (E-value for point estimate=2.37) and during both trimesters of pregnancy [RR 1.41 (95% CI: 1.03-1.89)] (E-value for point estimate=2.17). However, we found insufficient statistical evidence for an association between paternal tobacco smoking during pregnancy and the risk of tobacco smoking in offspring [RR 1.18 (95% CI: 0.84-1.67)].

Conclusion

Maternal tobacco smoking during pregnancy was associated with an increased risk of tobacco smoking in offspring at the age of 17 years. Tobacco smoking cessation at the early stages of gestation may reduce the risk of tobacco smoking in offspring.

Disclosure: No significant relationships.

S013 / #1013

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *1. Clinical topics / 1.08 Cancer*

EDUCATIONAL PAMPHLETS FOR IMPROVING UPTAKE OF CANCER SCREENING: A SYSTEMATIC REVIEW

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BACKGROUND: The effectiveness of cancer screening programmes is highly dependent on screening uptake. Many interventions have been tested to increase screening uptake.

PURPOSE: The goal of this study was to evaluate the effectiveness of cancer screening pamphlets as a standalone intervention. The outcome of interest was uptake of cancer screening tests.

METHODS: A systematic review was performed on the effectiveness of pamphlets compared to usual care without pamphlets. We searched five databases for research papers in English from 2000 up to May 2019. Randomised controlled trials were included. This research group independently selected studies, extracted data, assessed risk of bias and then compared the information as a group.

RESULTS: A total of nine trials involving 4912 participants met our inclusion criteria, of which five were about colorectal cancer screening, three were about prostate cancer screening and one was about lung cancer screening. Five of the nine trials showed that pamphlets alone increased uptake significantly, while the remaining four trials did not show significant effects.

CONCLUSIONS: There is some evidence that pamphlets increase uptake for cancer screenings, especially for colorectal cancer. Due to the small number of studies in this area, generalisability could be limited.

Disclosure: No significant relationships.

S014 / #1244

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *1. Clinical topics / 1.09 COVID-19*

FROM COVID-19 RESPIRATORY CLINIC TO VACCINATION HUB: AN ADAPTIVE MODEL OF PRIMARY HEALTHCARE

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Background and purpose

Countries, facing the challenge of COVID-19, need to provide services that can adapt to fluctuations in demand and changing circumstances. In 2020, the Australian Government established 140 COVID-19 testing and screening 'respiratory disease clinics' across Australia. Our clinic, the first to open in Victoria, established a safe, effective and adaptive model of care employing a casual workforce of health assistants from multiple training backgrounds. This paper describes a model of care that can adjust to continue to screen patients for COVID-19, whilst simultaneously rolling out vaccinations aimed at preventing infection.

Methods

The respiratory clinic operates across two sessions, with three clinicians providing clinical services and Covid-19 testing. The patient transits through three phases of care after making an appointment:

-Telephone registration and nurse-triage, from offices located above the clinic

-In clinic assessment and testing, via drive-through or in-room consultation, determined clinically

-Post-consultation notification of results to the patient and their regular GP, and data reporting.

Health assistants book appointments, guide patients, assist with infection control, remotely transcribe consultations (using video-consultation from the clinic) and complete post-visit notifications. New staff are trained using a buddy system.

Results

The adaptive model entails appointments for sessional vaccination clinics are made only when a nurse is satisfied that patients have enough information to provide informed consent. Patients attend for nurse-led vaccinations in cohorts, guided and supported by health assistants. Vaccination details and notifications are gathered and transcribed remotely by video.

Conclusions

This 'Pandemic-flexible' model of care, where clinicians are supported by health assistants, can be further adapted to accommodate different clinical scenarios.

Disclosure: No significant relationships.

S015 / #312

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *1. Clinical topics / 1.09 COVID-19*

MALE REPRODUCTIVE HEALTH and SARS-COV-2 : WHAT GENERAL PRACTITIONER SHOULD KNOW and DO (PART OF A STUDY)

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Male reproductive health and SARS-COV-2: what General Practitioners should know and do (part of a study)

Background and purpose:

After 1 year of COVID-19 crisis increasing number of scientific publications are reporting warrying facts about the impact of SARS-COV-2 on male reproductive health. Despite the successes in the diagnostics, we still do not have reliable methods for early detection of various organ damages and effective treatment of this disease.

Methods:The authors present part of a PhD study on male reproductive health in General Practice (bibliographic review) during COVID-19 crisis and questionnaires for GPs and patients with some targeted questions.

Results: Scientific publications search and analysis have proven men are more affected by SARS-COV-2 than women because of the role of ACE2 and TMPRSS2 in the testis and male reproductive system. Some very important for the general practice questions are outlined in this PhD study: (1) To what extent GPs are aware of the mechanisms of the impact of SARS-COV-2 on male reproductive system (especially impaired spermatogenesis), different clinical representations, signs and symptoms of COVID-19 and eventual development of orchitis or tumors caused by SARS-CoV-2. (2) To what extent and how patients are informed about possible future reproductive problems related to SARS-COV-2 and COVID-19. (3) Communication difficulties when talking with patients about these sensitive problems. (4) Suggestions about prophylaxis and preservation of male reproductive health in general practice. Authors also propose short educational course for GPs on this important issue.

ConclusionsS

SpecialGeneral Practice targeted measures should be undertaken to prevent, detect and treat male reproductive health problems related to SARS-COV-2 and COVID-19.

Disclosure: No significant relationships.

S016 / #588

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *1. Clinical topics / 1.09 COVID-19*

OXYGEN SELF MONITORING OF COVID AT HOME: EVOLUTION, IMPACT and ADVICE

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Background and purpose

Covid infection is associated with an unpredictable, rapid, fall in oxygen levels for some patients, which can be overlooked as silent hypoxia. Detecting this fall can help improve survival by providing earlier treatments, such as steroids and high flow oxygen. Home oximetry was a management option that emerged early in the Covid pandemic, but is still not yet widely applied. Oxygen saturation monitors are readily purchased by individuals and their use is now supported, as a priority, by Public Health England and, internationally, by the World Health Organisation (WHO).

Methods

We provide case reports, description of service development, and analysis to outline the development of one of the first UK supported home oxygen saturation self-monitoring services and its impact within one English Clinical Commissioning Group (CCG), covering 550,000 people.

Results

We present the case report that triggered the provision of oximeters to patients in March 2020 and led to the development of a full service in West Hampshire CCG. The outcomes, including policy adoption in the UK and WHO, and the development of analysis by university partners will be presented. Cut off oxygen levels for admission and treatment will be outlined. Early patient feedback indicates increased feelings of support and that older patients prefer telephone support to digital solutions.

Conclusions

Oxygen saturation self-monitoring for Covid is achievable and a good example of integrated care and system working. It empowers patients and, has potential to reduce admissions, morbidity and mortality. As a relatively low cost intervention it can be instigated by patients independently or in conjunction with healthcare providers.

Disclosure: No significant relationships.

S017 / #741

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *1. Clinical topics / 1.09 COVID-19*

WHEN IS THE RIGHT TIME FOR (COVID-19) HOSPITALIZATION?

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1.Background and purpose:
From the beginning of the global pandemic in Serbia, Primary care center " Vozdovac „ has established a special COVID19 department. During the period of ten months, 37285 were admitted for examination. Given the high number of SARS-Cov2 positive patients in the country, hospitals capacities were limited and many patients were assigned home treatment through primary care physicians. In response of facing large number of patients seeking medical help, we introduced telemedical communications.

2. Method: retrospective case series study

3. Results: This study includes 8344 patients who tested positive for SARS Cov2 . Goal of the study was to demonstrate how early identification of symptoms for home-treated patients is important to evaluate their condition and the need for hospitalization. After initial examination and testing, patients were sent home for isolation and stayed in communication with their doctors, sharing information about their health and symptoms. We used modified MEWS score to evaluate patient current status, and schedule an additional testing and appointments. Points assignment included systolic BP, heart and respiratory rate, temperature and AVPU score. Assessment also included interpretation of blood tests and oxygen saturation levels. 77.1% of patient had score below 4 with no or mild risk of ICU admission, and they were contacted every 2-3 days, 1621 patients had score from 5-6, that demanded caution and daily monitoring. Score 7 and above had 288 patients who were immediately hospitalized.

4. Conclusion: Continuous outpatient monitoring using telemedicine and additional follow-ups played an important role in identification of early signs of deterioration and necessity for hospital treatment.

Disclosure: No significant relationships.

S018 / #928

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *1. Clinical topics / 1.09 COVID-19*

THE DARK SIDE OF COVID-19: COVID & STROKE - CASE REPORT and LITERATURE REVIEW

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INTRODUCTION:

The COVID-19 disease, the global health threat, is frequently associated with neurological complications, including strokes. The bibliography describing the pathophysiological pathways of those clinical manifestations is increasingly abundant.

BRIEF CLINICAL HISTORY:

A 50-year-old male with a history of arterial hypertension and type 2 diabetes mellitus, without any toxic habits, consulted the E.R., after being hospitalized for COVID-related pneumonia for 8 days, because of hemiparesis of the right upper limb and mixed dysphasia of 8 hours of evolution. The urgent CT-scan was performed, and multiple ischaemic infarcts of early, subacute evolution were found in the left frontal-parietal lobar surface with premotor frontal involvement and in the anterior cortical vascular border territory, described as secondary to COVID-19 infection. Due to the time of evolution and location of the occlusion, the acute-phase treatment was discharged, and the patient was admitted to the Internal Medicine Ward for a conservative treatment.

FINAL DIAGNOSIS:

COVID-19 related ischaemic stroke

DISCUSSION:

Cerebrovascular events, especially ischaemic strokes are frequently related to COVID-19 infection. The hypercoagulability, similar to the one described in septic shock, can be the origin. On the other hand, the COVID-19 binds to ACE-2 (angiotensin-converting enzyme 2) in brain endothelium and cellular membranes, leaving many organs, including the brain itself exposed to the harmful effect of ACE-1. Although, there are some other studies that point out that the ischaemic events cannot be considered as a major complication of COVID-19 infection.

The goal of this review, inspired by the quoted case report, is to exam the clinical, neurological manifestations and pathophysiological pathways.

Disclosure: No significant relationships.

S019 / #940

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *2. Special groups of patients / 2.02 Women and men issues*

WHAT ARE THE POPULATION'S BELIEFS ABOUT SEXUALITY DURING PREGNANCY? – A PORTUGUESE SAMPLE.

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Background and purpose:

Sexuality is a fundamental part of the human experience. According to Silva and Figueiredo (2005), there is a decrease in sexual activity during pregnancy. The general practitioner (GP) has a fundamental role in the couples education so that they can enjoy their sexuality during this stage of their life. This study, therefore, aims to assess what are the population's beliefs about sexuality during pregnancy.

Methods

Application an online questionnaire, based on questions frequently asked in the pregnancy appointments, and distributed through social networks to people residing in Portugal and aged over 18 years. The statistical analysis was performed using MiniTab®.

Results:

We got 329 responses. The average age of responders was 27.5 years, with a predominance of the female group (78.1%). Regarding education, the most representative group was the one with a master's degree (37.7%). The majority (57.3%) had never been pregnant or had a pregnant partner. An average of 73% correct answers was obtained. Among the factors analysed, the most determining factors for a correct answer were sexual orientation, specifically, the homosexual group, followed by education with college degree responders having better results.

Conclusions: Despite positive results of this study, the population isn't representative of Portuguese population due to the fact that we have 74.2% of responders with a college degree responding to the questionnaire compared to an universe of 40% graduates in the Portuguese population.

Disclosure: No significant relationships.

S020 / #939

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *2. Special groups of patients / 2.05 Palliative care*

GRIEVING WELL IN COVID-19: EXPLORING and ADDRESSING THE IMPACTS OF LOSS and BEREAVEMENT ON EUROPEAN FAMILIES, PROFESSIONALS and SERVICES

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BACKGROUND:

Over 800,000 COVID-19 deaths have been reported in Europe, impacting families, societies, professionals and systems. Unprecedented numbers and societal restrictions have necessitated significant changes to care provision. This practical interactive session will summarise examples of changes in bereavement care across Europe, and offer opportunities to share and reflect on participants' experiences of loss and change to support healthy grieving.

AIMS:

Attendees will:

- Compare experiences of how bereavement care has adapted during COVID-19 across European settings

- Reflect and share on personal, professional and collective loss experiences during the pandemic

- Reflect on how the workshop will change future practice

METHODS / TIMETABLE:

- Two presentations integrated with real-time voting on whether presented changes are reflected in participants' own settings (30 mins)

1. Recent research on COVID-19 bereavement care in the UK

2. Examples of service changes across Europe

- Facilitated small group discussion of examples of innovation and critique of effectiveness (30 mins)

- Structured reflection and sharing exercise on participants experience of loss during COVID-19, using seminal grief models to explore and move through the grieving process, modelling a replicable reflective exercise for local teams (30 mins)

CONCLUSION:

COVID-19 has led to professional change and loss for all healthcare professionals, and direct or indirect experience of bereavement for many. Concurrently considering structural professional changes alongside personal experience of loss through a lens of bereavement may enable family medics to better manage loss and change in their patients, themselves and their teams, thus diffusing innovation, improving compassionate care and preventing burnout.

Disclosure: No significant relationships.

S021 / #95

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *2. Special groups of patients / 2.06 Minorities*

EFFECT OF CULTURAL INTERVENTIONS ON DIABETES MANAGEMENT AMONG INDIGENOUS NORTH AMERICANS

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1. Background and purpose: With the help of traditional cultural elders, we implemented a cultural intervention for indigenous people with diabetes that lasted for one year.

2. Methods: The traditional elders told stories, talked about traditional approaches to health and disease, and performed ceremonies. An indigenous nutritionist prepared traditional foods and discussed the traditional diet. Others led craft-making on occasion. The goal was to enhance participants' spiritual and cultural fluency and to determine what impact this intervention had on their diabetes. We reviewed the narratives for commonalities and themes using several narrative analysis, modified grounded theory, and dimensional analysis and grouped the themes, We compared pre-and post-levels of hemoglobin A1C.

3. Results: The more powerful and life-changing the spiritual transformation was, the more likely diabetes was to improve or even disappear. Common themes included people becoming more present-centered; feeling higher quality in their relationships; feeling more connected to God, Creator, Nature, or Higher Power; feeling more peaceful; feeling more accepting of death and change, and having a greater sense of meaning and purpose. People began to eat more traditional diets (which were better for diabetes than the diets they had been eating) and to be more active. They were not doing this to improve diabetes, but were doing so in order to be more traditional and to honor their heritage. Hemoglobin A1C levels from before the intervention to afterward statistically significantly decreased.

4. Conclusions: For indigenous people, approaches emphasizing culture and tradition may be more effective in improving diabetes control than more direct approaches that emphasize conventional health education.

Disclosure: No significant relationships.

S022 / #269

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *3. Overarching topics / 3.01 Personalised care*

LEARNING HOW INTEGRATED PRIMARY CARE WORKS: FIRST STEPS TOWARDS A REALIST EVALUATION OF THE DUTCH TARGET PROGRAM

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Background and purpose
In close collaboration between science and practice, the Dutch TARGET program was developed. TARGET aims to offer more integrated and personalized primary care for chronically ill, and simultaneously lower professionals' workload, by amongst others optimizing opportunities for referral. As first step towards learning how and why TARGET works in a realist evaluation (RE), this study elicited the hypothesized functioning of TARGET, i.e. the initial program theory (IPT).

Methods
A phased process was employed to elicit the IPT, using a combination of abstract theories on integrated care, insights from scientific studies that underpin TARGET, and interviews with seven experts in RE.

Results
For professionals and patients, a separate but linked IPT was formulated. For professionals, we hypothesized: IF the program offers professionals support to identify chronically ill with complex needs, engage in a person-centered needs assessment with these patients, and enhance their network, THEN they are enabled to engage in person-centered, cooperative healthcare with the right target population and strengthen their network, BECAUSE professionals' confidence (e.g. to identify patients with complex needs) and mutual trust is increased, in a context where all involved parties have sufficient resources for integrated care. We expect long-term goals, such as reduced work pressure, to be achieved stepwise.

Conclusions
The current study underlines the complexity of TARGET and the potential importance of enhancing confidence and mutual trust – in both professionals and patients – for the program to be successful. By evaluating programs like TARGET according to RE principles, the 'black box' of integrated care functioning can be gradually opened.

Disclosure: No significant relationships.

S023 / #914

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *3. Overarching topics / 3.01 Personalised care*

THE ROLE OF BIOPSYCHOSOCIAL DETERMINANTS IN THE PERSONALISED HYPERTENSION MANAGEMENT

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The evaluation of biopsychosocial determinants or holistic approach is core competence of family doctors. Although the application of the biopsychosocial model improves the clinical outcomes for chronic diseases, it is not sufficiently implemented yet. Hypertension - the major public health problem at the international and national level, which requires holistic approach in our vision, is proposed as the object of research. Hypertension incidence and prevalence increases, and the prognosis is alarming. In the Republic of Moldova, as in other low-income countries, the mortality caused by Hypertension is not decreasing. Hypertension causes 50 % of Myocardial infarction and 80% of the Strokes.

The study aim is to evaluate the role of biopsychosocial determinants in hypertensive patients to argue for personalised management at the primary health care level. The main objectives are evaluation of biopsychosocial profiles in hypertensive patients and estimation of the biopsychosocial determinants role in relation with treatment outcomes.

The hypertensive patient examination is going to be performed by testing each component of the biopsychosocial model. The biological component will be assessed by traditional physical and paraclinical examination, but also includes genetic tests. Psychological assessment includes screening for anxiety and depression using TAG-2 and PHQ-2. The social component will identify the socio-economic status of patients and behavioural risk factors.

The knowledge of the biopsychosocial profile of patients with hypertension; modeling treatment according to biopsychosocial determinants in patients with hypertension; scientific arguments regarding the personalised conduct of patients with hypertension at the level of primary health care are expected results.

Disclosure: No significant relationships.

S024 / #142

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *3. Overarching topics / 3.04 Overdiagnosis and overtreatement*

DEPRESCRIBING IN THE ELDERLY, A MULTIDISCIPLINAIRY GUIDELINE

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Background/purpose:

Medical guidelines often describe the initiation of chronic medication but usually not the process of discontinuation in aging patients. Just like prescribing medication, reducing or stopping medication should be part of daily medical practice, especially in vulnerable of elderly patients. The aim was to develop a generic guideline on deprescribing in the elderly, supported by 10 factsheets on deprescribing of frequently used medicines in the elderly.

Methods:

The guideline has been developed by a multidisciplinary working group. The development process was based on the AGREE-II model.

Since there is still little research from the perspective of patients and care providers on depresrcibing a mixed-method was followed with the following steps:

- literature review

- focus groups: patients and caregivers

- focus groups: health care providers

- narrative summary of publications on ethical and disciplinary aspects of reduction and stopping medication

Results:

A multidisciplinary guideline was developed with recommendations on:

- the impeding and facilitating factors for deprescribing;

- the effects of deprescribing;

- instruments for deprescribing;

- suitable patients and suitable moments

- division of roles among healthcare providers in deprescribing

In addition, 10 fact sheets have been developed detailing the above points about deprescribing common medicines in the elderly.

Conclusions:

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

Disclosure: No significant relationships.

S025 / #539

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *3. Overarching topics / 3.04 Overdiagnosis and overtreatement*

SPECIFICITY OF EARLY-CAREER GENERAL PRACTITIONERS' PROBLEM FORMULATIONS IN PATIENTS PRESENTING WITH DIZZINESS: A CROSS-SECTIONAL ANALYSIS.

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Abstract

Background and purpose:

Dizziness is a common and challenging clinical presentation in general practice. A GPs approach is important in reducing misdiagnosis and ensuring appropriate resource allocation. We aimed to establish frequency and associations of GP trainees' (registrars') specific vertigo provisional diagnoses and their non-specific symptomatic problem formulations.

Method:

A cross-sectional analysis of Registrar Clinical Encounters in Training (ReCEnT) cohort study data, 2010-2018. The outcome factor was whether dizziness- or vertigo-related presentations resulted in a specific vertigo or a non-specific symptomatic problem formulation. Associations with patient, practice, registrar, and consultation independent variables were assessed by univariate and multivariable logistic regression.

Results:

2,333 registrars recorded 1,734 (0.34%) new problems related to dizziness or vertigo. Of these, 546 (31.5%) involved a specific vertigo diagnosis and 1,188 (68.5%) a non-specific symptom diagnosis. Variables associated with a non-specific symptom diagnosis on multivariable analysis were longer consultation duration (OR 1.02, 95% CIs 1.00,1.04), and pathology (8.25 [95% CI: 4.94,13.8]) and imaging (4.09 [95% CI: 2.26,7.41]) being ordered. A specific vertigo diagnosis was associated with performing a procedure (OR 0.52, 95% CIs 0.27,1.00), prescribing medicine (0.32 [95% CI: 0.24,0.43]) and with some evidence for seeking information from a non-supervisor source (OR 1.39, 95% CIs 0.92,2.09; p=0.12).

Conclusion:

The frequency and associations of a non-specific diagnosis are consistent with the acknowledged difficulty of making diagnoses in these presentations. Registrars are appropriately calling on their supervisors for diagnostic purposes. Continuing emphasis on this area in GP training and encouragement of supervisor involvement in registrars' diagnostic processes is indicated.

Disclosure: No significant relationships.

S026 / #502

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *3. Overarching topics / 3.05 E-health*

PERSONALIZED MEDICINE FOR OPTIMAL SUPPORT OF TREATMENT-DECISIONS: AN EXAMPLE OF THE CHOICE BETWEEN EHEALTH OR CARE-AS-USUAL FOR URINARY INCONTINENCE

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Background: An app-based treatment for stress-, urgency- and mixed urinary incontinence (UI) is non-inferior to care-as-usual. This study illustrates the development of a tool, based on patient characteristics, that personalizes this treatment-desicion.

Methods: Prediction model study based on data from a randomized controlled, non-inferiority trial. Conducted in primary care in the Netherlands from 2015 to 2018. Eligible women had ≥2 episodes of UI per week, access to mobile apps, and wanted treatment. Based on a given sample size of 262 participants, the model could include a maximum of 28 parameters. We selected 13 potential candidate predictors based on literature review and expert opinion. Prognostic factors (irrespective of treatment type): Severity of incontinence, postmenopausal state, vaginal births, general health status, pelvic floor muscle function, body mass index. Modifiers (dependent on treatment type): Age, UI type,UIduration, UI impact on quality of life, previous physical therapy, recruitment method and educational level. The primary outcome was symptom severity after 4 months, measured with the ICIQ-Urinary Incontinence Short Form. Prognostic factors and modifiers were combined into a final prognostic model. Both treatment outcomes for each patient were predicted, the difference between these predictions (Personalized advantage index, PAI) was calculated and its benefit assessed.

Results: UI severity (prognostic) and age, educational level and UI impact on Quality of life (modifiers) predicted treatment outcome. Mean PAI was 0.99 points (SD 0.79) and of clinical relevance in 21% of individuals. Application of the PAI significantly improved treatment outcomes on the group level.

Conclusions: Personalized prediction of treatment outcomes has the potential to directly support treatment-decision between eHealth and care-as-usual .

Disclosure: No significant relationships.

S027 / #593

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *3. Overarching topics / 3.06 GP and professional health*

TWENTY MINUTE PRIMARY CARE ROUTINE APPOINTMENTS IN ENGLAND: BLOCKS, WORKING MODELS and ADVICE

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Background and purpose

For consultation length the UK is an outlier, with shorter GP consultations than most countries. Over the last twenty years Uk consultations have moved from seven minute to an average of twelve minutes. At the same time the consultation has become more complex with most chronic conditions managed in primary care. Longer consultations have been shown to be more patient centred, but the UK has disincentives to a longer consultation. Policymakers do not actively support a model of longer consultations and general practitioners are not aware that a twenty minute model of consultation can work in practice.

Methods

This presentation includes a review of the literature on the impact of consultation length, and a description of a models of care that provide the option of twenty minute routine appointments to all, or part of, a list of registered primary care patients in England.

Results

We will outline the existing pattern of consultation length in England compared to Europe, and the literature associated with the benefits, disadvantages and disincentives to achieving longer consultation length.

This will be followed by the description of working models for the application of twenty minute appointments, the blocks overcome, and the development of resources to support these.

Conclusions

The benefits of longer consultations outweigh the disadvantages, but limited overall capacity for healthcare and reduced income are key drivers that oppose an increase in consultation length. This is the first report that models for routine twenty minute appointments in the UK NHS do exist and can be applied more widely in UK general practice.

Disclosure: Mark Rickenbach is a GP providing twenty minute appointments

S028 / #256

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *3. Overarching topics / 3.07 Health promotion and prevention*

CHARACTERISTICS OF WOMEN WITH AN UNINTENDED PREGNANCY: A SYSTEMATIC REVIEW

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1. Background and purpose

Unintended pregnancy (UP) is a global health care issue that affects women from all societal levels. Worldwide, 48% of pregnancies is unintended. 20% of Dutch women face an unintended pregnancy (UP) in their lives. In the Netherlands, the general practitioner (GP) is often the first point of contact for half of women facing an UP and has a role in identifying women at risk. This systematic review aims to define characteristics of women at risk for UP.

2. Methods

Using the keywords ‘Unintended pregnancy’ and ‘Characteristics’, the search was performed in Pubmed, EMBASE, MEDLINE, CINAHL, APA PsycInfo and Web of Science. The search was limited to countries with legal and safe access to abortion.

3. Results

4,121 articles were screened and 12 studies were included. Women with unhealthy lifestyles, as substance abuse, obesity, and avoidance of regular health check-ups, experience more UPs. Psychosocial factors, as lower socioeconomic status or educational level and unemployment, but also history of sexual coercion or violence, are likewise related to high UP-risk. Lastly there are baseline characteristics that increase the risk for an UP, including young age, being multigravidas and being unmarried.

4. Conclusions

GPs have a role in identifying high-risk women and supporting them in prevention of an UP. Guidelines on the topic could improve care and we therefore advise quantitative research on national level on characteristics of women with UPs. As this topic is far from unique, our findings have international relevance in prevention of UP by all primary care physicians.

Disclosure: No significant relationships.

S029 / #353

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *3. Overarching topics / 3.08 Quality and safety of care*

WHICH PRACTICE CHARACTERISTICS ARE ASSOCIATED WITH PERSONAL CONTINUITY?

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Background and purpose

Continuity of care has many benefits, including a better patient-doctor relationship, prevention of hospital admission, reduced health care costs, better medication compliance, and lower mortality rates.

The aim of this study is to investigate the association between personal continuity and general practice characteristics, and to identify additional factors associated with personal continuity.

Methods

Observational study of 4.7 million contacts of 190.886 patients from 48 different general practices in 2013-2018 in the Netherlands. Personal continuity was calculated using four established measures (Usual Provider Continuity; Bice-Boxerman Continuity of Care Index; Herfindahl Index; Modified Modified Continuity Index). Linear mixed models were used to determine the association between continuity level and practice characteristics, adjusted for patient characteristics. In order to identify additional factors associated with personal continuity, we conducted interviews with general practitioners working in practices with the largest difference between observed and predicted continuity.

Results

We identified nine practice characteristics that were significantly associated with continuity of care ($p<0.05$). Of these characteristics, six were significant in all models: number of registered patients; number of doctors and their working days; number of locums and their percentage of contacts; number of other employees. These effects were adjusted for patient characteristics, including type of contacts, age, sex, medical history, time of registration, and ancestry ($p<0.05$). Interviews may provide insights in additional factors (analyses will be completed).

Conclusions

Six characteristics were associated with higher continuity of care, which can be calculated using general practice data. Optimization of these characteristics may contribute to improving personal continuity.

Disclosure: No significant relationships.

S030 / #195

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *3. Overarching topics / 3.08 Quality and safety of care*

PROMOTING PERSONAL CONTINUITY: A SURVEY OF PATIENTS' and GENERAL PRACTITIONERS' VIEWS

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Background and purpose Continuity is a core value of primary care. In particular personal continuity is associated with significant benefits for patients and general practitioners (GP). However, it has become more challenging for GPs to provide personal continuity due to changes in society and healthcare. The aim of this study was to investigate how GPs and patients views on personal continuity have changed in the past two decades and how it can be improved.

Methods Digital surveys were distributed to 499 GPs and postal surveys were distributed to 1599 patients in the Netherlands. Data collection took place in 2019 and results were analysed with descriptive statistics and thematic analysis.

Results 257 GPs and 584 patients completed the surveys. Sixty percent of GPs found it generally important to see their own patients. Seventy-six percent of patients found it generally important to see their own GP. Suggestions for improving personal continuity were collected from 222 GPs and 378 patients. Suggestions were categorised into nine domains: (1) knowing the patient and mutual understanding, (2) GP accessibility and availability, (3) GP–patient communication, (4) GP responsibility, (5) triage, (6) more time for the patient, (7) transmural care, (8) team continuity and (9) GP vocational training.

Conclusions Both patients and GPs valued personal continuity and these views have not changed much in the past two decades. Both patients and GPs provided extensive input for improving personal continuity. This wide range of suggestions will be used in further research to develop a complex intervention for optimising personal continuity for older patients.

Disclosure: No significant relationships.

S031 / #55

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *3. Overarching topics / 3.08 Quality and safety of care*

OLDER PEOPLE ARE OFTEN SUBJECTED TO STOPP/START CRITERIA DESPITE REASONABLE DRUG TREATMENT FROM AN OVERALL MEDICAL PERSPECTIVE

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Background and purpose

Potentially inappropriate medications (PIMs) and potential prescribing omissions (PPOs) are frequently described in older people. However, the medical relevance of PIMs/PPOs are seldom reported. Our purpose was to evaluate the medical relevance of STOPP/START criteria in older patients in a Swedish primary care health center.

Methods

In 123 consecutive patients (≥65 years), PIMs and PPOs according to the STOPP/START v.2 (80 PIMs and 34 PPOs) were identified by a specialist in family medicine. Each PIM/PPO, as well as the overall drug treatment, was then assessed from a medical perspective. Individual characteristics of the patient such as morbidity and life expectancy were considered.

Results

A total of 82 (67%) patients had ≥1 PIMs/PPOs according to STOPP/START, with 125 PIMs and 54 PPOs identified in 59 (48%) and 49 (40%) patients, respectively. The medical assessment revealed that 33 PIMs (26%) were reasonable drug treatment, whereas 86 PIMs (69%) and 54 PPOs (100%) could be considered in the long term to improve the drug treatment, and 6 PIMs (5%) could be acted upon directly. Among patients with ≥1 PIMs/PPOs, the overall drug treatment was assessed as reasonable in 42 cases (51%), whereas 30 (37%) could benefit from some action in the long term and 10 (12%) could be acted upon directly.

Conclusions

When a primary care physician perspective is applied at the individual level, there was no medical reason to change the drug treatment in every other patient with at least one PIMs/PPOs.

Disclosure: No significant relationships.

S032 / #810

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *3. Overarching topics / 3.08 Quality and safety of care*

QUALITY PROTOCOL FOR THE CERVICAL CANCER SCREENING IN PRECONCEPTION CONSULTATION OR IN THE FIRST TRIMESTER OF PREGNANCY

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Background and Purpose: Cervical cancer screening (CCS) consists in detecting the human papillomavirus that can lead to the development of cervical cancer, aiming to decrease the incidence of malignant neoplasia. The recommendation of The National Low Risk Pregnancy Surveillance Program is to update the CCS at the preconception consultation (PC) or at one of the first trimester consultations (FTC). Our aim is to sensitize physicians, women who are planning a pregnancy and pregnant women to the importance of performing the CCS when screening is not updated and to emphasize the importance of CCS registration, both by 50%.

Methodology: This is a retrospective assessment, whose target population are patients coded W78-Pregnancy, W79-Unwanted Pregnancy, W84 - Risk Pregnancy, as an active problem, and first consultation at PHC during preconception or before 13 weeks and 6 days of gestation, from the health centers of the authors of the study. September 2021: collecting data from the six months prior. October 2021 to March 2022: implementing corrective steps (such as knowledge verification questionnaires, awareness leaflets, family planning health education sessions and others). April 2022: evaluation of collected data.

Results: The evaluation of the CCS update in the PC or one of the FTC is rated as insufficient if less than 40%, sufficient if between 40% and 60%, and good if greater than 60%.

Conclusions: With the application of the corrective measures conceptualized in this quality protocol, we hope to achieve the goals setted.

Disclosure: No significant relationships.

S033 / #1087

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *3. Overarching topics / 3.09 Health care management and policy*

THE COVID-19 PANDEMIC: REORGANIZATION OF HEALTH SERVICES and COPING OF HEALTH CARE WORKERS IN PRIMARY HEALTH CARE (RESEARCH PROJECT)

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Background and purpose: The rapid spread of the COVID-19 Pandemic and its lethality rate, made it imperative to implement emergency response plans. The reorganization of health care services, clinical training, psychological and social support of health workers are additional challenges. Worldwide, institutions such as the World Health Organization (WHO) have been issuing recommendations, which must be tailored to each country's reality and resources. Objectives: We aim to answer three questions: How are Primary Health Care (PHC) services answering to Covid-19 Pandemic re-organization; How are the PHC health workers dealing with this situation, and what support is being provided; What impact had this support on health workers' anxiety levels.

Methods: An online questionnaire based on WHO recommendations, will be sent to health professionals of PCH from 8 European countries (Portugal, Spain, France, United Kingdom, Turkey, Bosnia, and Ukrain). Data collection on socio-demographic and professional context, health professional support, PHC re-organization and anxiety levels. Anonymization, confidentiality and data protection policies were warranted. Approuval of Ethics Committees have been asked. A convenience sample of about 200 respondents per country is aimed. Descriptive and inferential statistics, namely bimodal regression will be used to analyze data, using STATA.

Results: Data will be analyzed aiming to describe local specificities and, whenever possible, to compare data between countries.

Discussion and conclusions: Results will provide insight into the reality experienced in organizational service terms, regarding the involvement of health care workers, support perceived, task management involvement, and emotional stress.We expect the reflection and analysis of the results will help decision makers to improve procedures in future situations.

Disclosure: Disclosure: The Research Team made up of Conceição Outeirinho, Raquel Braga, Joana Costa Gomes, Luís Amorim Alves and Ana Margarida Cruz, will not receive any financial compensation. All the costs will be borne by the authors with a research grant from t

S034 / #390

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *4. Education / 4.01 Patient education*

MEDICAL STUDENTS PERFORM HEALTH EDUCATION ACTION FOR THE ELDERLY AT SÃO RAFAEL NURSING HOME, IN PRESIDENTE PRUDENTE

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The medicine students from UNIVERSIDADE DO OESTE PAULISTA (UNOESTE) made a work of health education, with Elderly people who lives in São Rafael nursing home, to attend the health necessities of this population institutionalized, what is a growing reality in Brazil since the Brazilian population is getting old. This new reality, confirms the urgency to get public politics that offer a bigger quality of life to the third and fourth age people and also that promotion of healthy aging.

The work has the objective of creating healthy environments for elderly people institutionalized promoting a moment of joy at the same time it promoted a work of health education.

The activity was coordinated by a teacher of UNOESTE who conducted the group of medical academics from the terms 1st to 5th, which had the opportunity to do a conversation wheel with the elderly present. Oral and body hygiene were the addressed themes along with some advices about feed and the importance of the social interaction inside the house. The medic students could listen to some suggestions and compliments from the elderly related to the care received. After the end of the conversation wheel, there was a confraternization.

The students had the opportunity to know the institution and some activities developed there by the multi-professional team that works there. The work was rated as of great importance by the contacted elderly, since it provided improvements in the quality of life and in the dignity of the citizens who participated in the conversation wheels and the games developed by the students.

Disclosure: No significant relationships.

S035 / #233

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *4. Education / 4.02 Medical student education and residency training*

COMPETENCY-BASED BLENDED-LEARNINING IN FAMILY MEDICINE

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Background & purpose: In 2020, we implemented a blended-learning competency-based curriculum in Family Medicine at Saarland University. It combines curriculum redesign based on updated medical education prerequisites in Germany (Masterplan 2020) and digitalization processes. We evaluate the approach to implement curriculum change during a pandemic, establish competency-based teaching, and facilitate the acquisition of competencies necessary to work in primary care.

Methods: We established a research collaboration with AMBOSS and the IMPP. We created a digital learning environment, including podcasts, videos, screencasts, primary care commentaries and formative assessment sessions. We established 54 separate two-on-one simulation-based seminar sessions that were digitally broadcasted to all students, who were unable to attend physically. To better understand learning during this new approach, we established an accompanying, sequential, explanatory design mixed-method research approach.

Results: From November 2020 to January 2021, 92 students participated in our new course design. 84 were included in our parallel research approach. Our new curriculum was evaluated with an average of 1.52 (1-6 scale). Participating students were primarily enrolled in year five out of six, with an average age of 26.2 years. 11.9% have children and 36.9% have completed other vocational training prior to their medical studies (e.g. nursing/paramedic). 14.5% intend to specialise in Family Medicine.

Conclusion: We aim to better understand what happens to students self-regulated learning and motivation, perceived competence gain and academic performance based on self-determination theory. Our model may help establish a foundation for other universities and departments to expand on in the future.

Disclosure: We receive third party funds from the Amboss editorial board, the Faculty of Medicine education grant and the Association of Statutory Health Insurance Physicians. No Party had influence on the curriculum or research setup or process.

S036 / #637

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *4. Education / 4.02 Medical student education and residency training*

QUALITATIVE ANALYSIS OF FACTORS INFLUENCING MOTIVATION DURING A 5TH YEAR COMPETENCY-BASED, BLENDED-LEARNING FAMILY MEDICINE CURRICULUM AT SAARLAND UNIVERSITY

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Aim: Motivation is a great driver of learning. Depending on intrinsic or extrinsic motivation, different factors appear to influence the creation of motivation for learning. In this study, we aimed to better understand how motivation is fostered as an incentive to learning in medical students during a competency-based, blended-learning curriculum.

Methods: In this consecutive mixed-methods study, we applied a constructivist perspective.We organized two purposefully sampled focus group interviews with seven students each. with purposive sampling. We used structured content analysis to identify internalization and externalization processes of motivation to learn.

Results [Preliminary]: Interestingly, regardless to students' initial motivational setup, both intrinsically – and extrinsically motivated students named similar factors of the curriculum as being helpful to get motivated to study for the course. These internalization processes, on preliminary evaluation, were caused by: Intelligibility, closeness to everyday practice and reality, interactive- and variety of tasks. Nevertheless, both groups also experienced that some factors, such as work overload, or the fear of failure when seen in a simulation by their fellow students, lead to a loss in intrinsic motivation.

Conclusion: Especially when designing new digital curricula, educators need to be aware of their role in fostering motivation, when providing students with learning material or activities. The sensation of relatedness, applicability, and meaningfulness ought to be reflected in the curriculum design and learning activities.

Disclosure: We receive third party funds from the Amboss editorial board, the Faculty of Medicine education grant and the Association of Statutory Health Insurance Physicians. No Party had influence on the curriculum or research setup or process.

S037 / #974

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *4. Education / 4.03 Professional education and development*

MYTHBUSTERS OF LONG-TERM CONTRACEPTION

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Background: The long-acting reversible contraceptives (LARC) comprise the progestogen-only implant, the progestogen-only injectable contraceptive, the copper-bearing intra-uterine device (IUD) and the levonorgestrel-releasing intra-uterine system (IUS). LARC devices (implant, IUD and IUS) are safe, non-user-dependent and have the highest rates of continuation and satisfaction of all reversible contraceptives. In addition, these methods are more cost effective than the oral contraceptive even at 1 year of use.

Even though these advantages are pertinent, in Europe the pill and the male condom are the most commonly used methods. The use of these contraceptives remains low in European countries nations due to some barriers, including misperceptions among both providers and patients, cost barriers and patient access to the access to healthcare services.

Aim and learning objectives: This workshop aims to review the available LARC devices in Europe, its indications, contraindications and correct application. Our main objective will be unravelling the myths about LARC devices contraindications' and difficulties about their placement, giving the scientific evidence that supports its use.

Methods and timetable: We pretend to expose the European trends about long-acting contraceptives practices (7 min), to do a brief video-demonstration about LARC devices placement and removal (35 min) and to make a quizz (using Kahoot® or similar) with facts and myths about their characteristics (40 min).

Results/Conclusions: We hope this workshop clarifies the main misperceptions about LARC devices and that provides information to apply easily when counselling patients about family planning. We also hope to boost Wonca participants' self-confidence to apply and remove these methods, contributing to a better sexual health worldwide.

Disclosure: No significant relationships.

S038 / #282

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *4. Education / 4.05 Team work and collaboration*

NETWORK-BASED PRIMARY CARE DECREASES THE NUMBER OF CRISIS ADMISSIONS OF PERSONS WITH DEMENTIA

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Background and purpose: Nowadays, crisis admissions of persons with dementia are more prevalent. Better collaboration between primary care professionals could prevent crisis situations. The DementiaNet program supports interdisciplinary networks of primary care professionals from the medical, care and social services. We aim to determine the effect of the DementiaNet program on the number of crisis admissions.

Methods: DementiaNet networks started from 2015 onwards and receive support for a period of two years to work towards structured collaboration. Yearly, networks collect patient data on five quality of care indicators, and on admission to a hospital or nursing home due to a crisis. The numbers of crisis admissions in advanced networks (>2 years active) and starting networks (<2 years active) were compared with an independent T-test. The relation between quality of care and the number of crisis admissions was determined with logistic regression.

Results: 34 networks with on average 9 professions (frequently: general practitioner, practice nurse, community nurse and case manager) were included. The networks collected data of 1689 patient years of which 479 patient years had a crisis. Advanced networks had less crisis admissions than starting networks, 0.25 versus 0.30 respectively (p=0.038, CI=0.003 – 0.091). Quality of care was not associated with the number of crisis situations.

Conclusions: In advanced DementiaNet networks less crisis admissions occurred. Surprisingly, this effect was not mediated by quality of care. Further research in a larger database could contribute to unravelling the complex relations between network maturity, quality of care and crisis admissions in primary dementia care.

Disclosure: No significant relationships.

S039 / #1291

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *5. Research and innovation / 5.01 Research methodology*

3D CULTIVATION OF PANCREAS CARCINOMA CELL LINES FOR DRUG SCREENING

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Cells develop in a 3D environment having interactions with ECM and other cells. 3D culturing facilitates differentiation and organization, using micro-structures mimicking in vivo interactions. 3D culturing is used in medical fields, from drug screenings to printing implants.

Aims: (1) to create 3D pancreatic tumor spheroids by magnetic bioprinting and characterize their morphology. (2) to test their behavior after drug treatment and determining IC50 values (3) comer the results of 2D and 3D cultures.

Methods: Two pancreatic adenocarcinoma cell lines, PANC1 and MIAPaCa2, were printed by magnetic bioprinting into 3D spheroids. The spheroid morphology was evaluated in Celldiscoverer7 (Zeiss), while viability determined by Cell Titer Glo assay and xCELLigence system. We tested 6 conventional chemotherapy compounds (e.g., tamoxifen, TIC10, and LCL161) and their novel derivatives.

Results: Both cell lines formed spheroids. Gemcitabine, the widely used anti-tumor agent in pancreas tumor management, showed decreased viability. SMAC mimetic had a spectrum of IC50 values, for LCL161 and another derivative tested of the IC50 was less than 1.85 µM. TIC10 and its derivative and the TMX derivative had very influential results as well. TMX showed the biggest difference between the two culturing techniques; it did not influence the 3D cultures while affecting the 2D cultures.

Conclusion: The 3D culture established by magnetic bioprinting mimics the in vivo cell conditions. the drug treatments on both culturing techniques show similarities in influence, but the degree was different. The novel derivatives tested showed a remarked influence and should be further researched.

Disclosure: No significant relationships.

S040 / #372

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *5. Research and innovation / 5.02 Advances in clinical research*

DOES VITAMIN D LEVEL HAS AN EFFECT ON COVID-19 POSITIVITY and COVID-19 RELATED MORTALITY? RETROSPECTIVE STUDY IN AN URBAN POPULATION

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Background and Purpose: Although there are different results in the literature, some studies indicated that low vitamin D levels may be related to increased risk of COVID-19 and related mortality. In this study we aimed to evaluate whether there is such a relation in the urban population of Bursa, which was previously analyzed for the status of vitamin D and found to have relatively low vitamin D levels.

Methods: The data of patients with PCR positivity (n=212) for SARS-CoV-2 infection between 1 March 2020 and 15 December 2020 in the patient population registered to family physicians in 30 different Family Health Centers in Bursa were retrospectively evaluated. Their vitamin D levels were obtained from the previous records and compared with those without PCR positivity (n= 1893) retrospectively. The vitamin D levels of PCR positive patients who survived (n=206) or died due to COVID-19 (n=4) were also compared. Descriptive statistics were given as median (min-max) for continuous variables.

Results: The mean age of 1893 subjects without SARS-CoV-2 infection was 43,47 years, 726 (38,4%) were males and 1167 (61,6%) were females. There was no significant difference in vitamin D levels among 2105 subjects with PCR positivity for SARS-CoV-2 infection and the negative population [16.77 ng/mL (3-50.99) vs 16.27 ng/mL (3-140), respectively, p=0,380] as well as vitamin D levels of those died due to COVID-19 infection or survived [14 ng/mL (10.33-22.76) vs 16.97 ng/mL (3-50.99), respectively, p=0,361]

Conclusions: In this retrospective study, we could not demonstrate any relation between low vitamin D levels and COVID-19 infection and related death in our population.

Disclosure: No significant relationships.

S041 / #349

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *5. Research and innovation / 5.03 Precision medicine*

BARRIERS and FACILITATORS OF THE PERSONALISED MEDICINE INTERVENTIONS AT THE MICRO-, MESO- and MACRO-REGIONAL HEALTHCARE SYSTEM LEVELS

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1. Background and purpose

The study concept will be one of the indicators of the Regions4PerMed Project - "Interregional coordination for a fast and deep uptake of personalised health" (Horizon 2020).
Personalised medicine (PM) is a treatment tailored to the patient's characteristics, needs, and preferences. PM categorises patients according to the risk of developing a specific disease or the level of response to a specific treatment using appropriate diagnostic markers.
Objectives:
- Identification of primary barriers and facilitators during PM implementation;
- Indication of actions aimed at removing barriers during the implementation of personalised medicine at micro-, meso- and macro- regional levels;
- Indication of best practices used in European countries supporting PM implementation to healthcare systems at micro-, meso- and macro- regional levels.

2. Methods

- analysis of regional documents (regional strategies);
- a qualitative study, including:
* online surveys;
* individual in-depth interviews (partially structured);
* focus group interviews.

3. Results

- Recommendations specifying the barriers and facilitators of introducing innovative e-health interventions to healthcare systems at the micro-, meso- and macro-regional levels;
- Catalogue of best practices used in European countries supporting PM implementation at the micro-, meso- and macro-regional levels.

4. Conclusions

The results of the qualitative study will provide data for discussion on PM limitations and benefits.

EU grant
The Regions4PerMed Project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No. 82 5812.

Disclosure: No significant relationships.

S042 / #140

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *5. Research and innovation / 5.03 Precision medicine*

RESEARCH IN PRIMARY CARE: PRIVATE GENERAL PRACTITIONERS' PARTICIPATION IN A CLINICAL RESEARCH FEASIBILITY STUDY IN SINGAPORE

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In Singapore, primary health care is provided by government polyclinics and private general practitioner (GP) clinics. The latter is usually not subsidized by the government and currently providing around 80% of primary care in the country, managing 55% of chronic patients in the community. This landscape has placed the GPs in an ideal position to conduct primary care research to reach out to the general population. However, participation in research is a challenge for the majority of private practicing GPs due to factors such as limitations of research capacity, inadequate research infrastructure and poor provision of support to individual GPs to conduct research in private setting.

The primary care Research network (pcRn), an initiative to encourage and support high-quality research in family medicine in Singapore, had started a clinical research exploring the feasibility of undertaking pharmacogenetic testing with a Medical Decision Support System (MDSS) to manage long term conditions. Seven of the GP members in this network collaborated with the pcRn to recruit 192 patients from the community. The GP's involvement includes obtaining consent, collecting buccal swabs, completing clinical research forms, utilizing a MDSS to review medication and following up patients for a duration of 6 months.

Research Collaboration Agreement execution, GP's CITI certification, MDSS training were completed prior to the initiation of this project in October 2020. Within 10 weeks, 80% of recruitment target was achieved. The highly participatory rate seen in this study has proven GPs can play a pivotal role and contribute to primary healthcare research.

Disclosure: No significant relationships.

S043 / #270

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *5. Research and innovation / 5.04 Big data research*

UNDERRECODING OF KNEE OSTEOARTHRITIS: A POPULATION-BASED STUDY WITH ELECTRONIC HEALTH RECORDS IN DUTCH GENERAL PRACTICE

Ilgin G. Arslan[1], Jurgen Damen[1], Marcel De Wilde[2], Jacoline Van Den Driest[1], Patrick Bindels[1], Sita Bierma-Zeinstra[1], Dieuwke Schiphof[1]
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Background and purpose: Current epidemiological research on knee osteoarthritis is largely limited to codified data from electronic health records. This study investigates what the use of narrative data on top of codified data adds on the epidemiology of knee osteoarthritis.

Methods: A retrospective cohort study was conducted using the Integrated Primary Care Information database including 2.5 million patients from Dutch general practices. An algorithm was developed to identify patients (aged ≥30 years) diagnosed with knee osteoarthritis with codified data and/or keywords in narrative data. Annual prevalence and incidence rates were calculated from 2008 to 2019.

Results: The prevalence with codified data increased from 2.12% (95%CI 2.09-2.14) in 2008 to 5.36% (95%CI 5.33-5.39) in 2019. Adding narrative data showed on average 2.08 times higher prevalence; 5.12% (95%CI 5.09-5.16) in 2008 to 10.3% (95%CI 10.2-10.3) in 2019. The incidence rate with codified data increased from 4.72 per 1000 person-years (95%CI 4.43-5.03) in 2008 to 5.77 per 1000 person-years (95%CI 5.60-5.95) in 2019. Adding narrative data showed on average 1.80 times higher incidence; 9.01 per 1000 person-years (95%CI 8.60-9.44) in 2008 to 10.6 per 1000 person-years (95%CI 10.4-10.9) in 2019.

Conclusions: Including narrative data on top of codified data showed on average 2 fold higher prevalence and 1.8 fold higher incidence. This indicates that codified data alone from general practices registries seriously underestimates healthcare demand of knee osteoarthritis. Further research is required to understand when general practitioners use osteoarthritis codes instead of another code with osteoarthritis free text notes in the medical journal.

Disclosure: No significant relationships.

S044 / #1285

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *5. Research and innovation / 5.08 Others*

THE ULTRASOUND USE IN A PRIMARY CARE CENTRE

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1. Evaluate the impact of clinical ultrasound on patient management.

2. Prospective observational study conducted in a semi-urban health center (> 30,000 inhabitants). The selection criteria were: patients of the C.S. have a clinical ultrasound performed according to some clinical scenarios from May 2019 to January 2020.

3. Of the ultrasounds performed, 41 were women and 40 men, with an average age of 51.52 years. Of these, 28 were due to shoulder pain, 2 due to suspected DVT, 2 due to dyspnea and 36 due to suspected abdominal pathology. In 22 of the 81 patients in this study, no regulated ultrasound would have been requested if there was no clinical ultrasound, changing the decision to perform it only in one case, due to the occurrence of an incidental finding. In 59 cases, a regulated ultrasound would have been requested, with a subsequent decision not to make the request in 43 cases ($p < 0.05$). Regarding the referral to a second level of specialized care, it was decided not to refer in 72 cases, finally deriving after the findings found in 13 ($p < 0.05$).In 52 patients (64.2%) there was a perception that ultrasound offered security in decision making (this perception being defined as reassurance in the reviewed literature).

4. Through this pilot study we can conclude that the incorporation of clinical ultrasound in the daily practice of the Primary Care physician leads to an improvement in the adequacy of the request for complementary tests and in referrals to second level specialized care, as well as a key piece to help in the daily uncertainty.

Disclosure: No significant relationships.

S045 / #1107

1 SLIDE 5 MINUTES PRESENTATIONS

Topic: *5. Research and innovation / 5.08 Others*

EPIDEMIOLOGY OF DELIBERATE SELF-POISONING PRESENTING TO A REGIONAL HOSPITAL IN EASTERN CAPE PROVINCE, SOUTH AFRICA

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EPIDEMIOLOGY OF DELIBERATE SELF-POISONING PRESENTING TO A REGIONAL HOSPITAL IN EASTERN CAPE PROVINCE, SOUTH AFRICA

Background

The prevalence of deliberate self-poisoning (DSP) in South Africa is not known due to poor record keeping in the majority of the health facilities across the country.

Aim

This study therefore, evaluated the demographic characteristics, substances abused, circumstances surrounding deliberate self-poisoning, patterns of presentation and clinical outcomes of patients presenting at the emergency Department of Uitenhage Provincial Hospital.

Methods

A retrospective clinical audit of DSP attendances over one year period (1st January – 31st December 2014) was performed. Details regarding patients' sociodemographic characteristics (age, sex, marital status, academic status, employment status and number of household), substances abused, precipitating factors for DSP and clinical outcomes were recorded on a specifically designed proforma.

Results

A total of 169 patients with diagnosis of deliberate self-poisoning were identified. DSP was commoner among women (74.6%) and young adults between ages 21-30 years (38%). The most frequently reported substances in DSP were analgesics (15.6%), anti-depressants (11.0%), anti-convulsants (8.4%) and antiretroviral drugs (6.5%). Despite delays of two or more hours to emergency department in the majority of cases (77.9%), only 27 patients had pre-hospital interventions. The length of hospital stay were categorised: less than 24 hours (44.0%), 24-72 hours (42.0%) and above 72 hours (14.0%). Family dysfunction, stressful relationships and marital disharmony are some of the precipitants of DSP.

Conclusion

This information may help identify the trends in substances used in self-poisoning in Uitenhage and its surrounding rural communities, which in turn may help clinicians with more focused and targeted interventions.

Disclosure: No significant relationships.

E-Poster Presentation

EPP001 / #731

E-POSTER PRESENTATION

Topic: *1. Clinical topics / 1.03 Respiratory*

MIDDLE LOBE SYNDROME, A DIAGNOSIS THAT CANNOT BE MISSED - CASE REPORT

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Background/purpose: Middle lobe syndrome (MLS) is an underdiagnosed clinical and radiological entity with chronic middle lobe atelectasis with recurrent respiratory symptoms. However, it may be only a radiological finding with minor clinical manifestations. The cause of MLS can be nonobstructive or obstructive (the most common etiology is the compression of peribronchial lymphadenopathy secondary to granulomatous diseases and infections). Treatment is directed to the cause.

Methods: Case study - retrieved information from electronical medical records.

Results: Male, 59 years old, retired, with a relevant personal background: non-ischemic dilated cardiomyopathy (with implantable cardioverter defibrillator - ICD), high blood pressure and diabetes. On June 2020 he visited his Family Doctor (FD) for complaints of weight loss (more than 10% in 6 months), asthenia and tremors. Blood tests, colonoscopy and upper digestive endoscopy were requested. Following these complaints, cough and vespertin fever, he went twice to the hospital for recurrent pneumonia of the middle lobe (RPml), with suggestive image of MLS on X-ray. Given the constitutional symptoms and no major changes in chest-CT and bronchofibroscopy, the hypothesis of endocarditis was raised, and confirmed by the transesofagic ultrasound. The evolution was favorable and there was follow-up by the FD.

Conclusions: Although MLS is an underdiagnosed entity, the presence of RPml alerts to a possible obstructive or chronic infectious cause. The FD has an important role in monitoring the patient and his family, due to the psychosocial impact that the disease and its treatment have on the mental health of both the patient and his family.

Disclosure: No significant relationships.

EPP002 / #360

E-POSTER PRESENTATION

Topic: *1. Clinical topics / 1.04 Gastroenterology*

CAN PROBIOTICS IMPROVE ABDOMINAL PAIN IN IRRITABLE BOWEL SYNDROME?

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Background and purpose: Irritable bowel syndrome (IBS) is a benign and complex condition with an estimated prevalence of 10% worldwide, that starts usually between ages 20 and 30. It can be an extremely debilitating disease, for it can cause persistent abdominal pain. The pathophysiology isn't totally understood and treatment has been focused on symptomatic relief. Recently, the impact of the intestinal microbiome on the onset and worsening of the disease has been studied, which motivated the use of probiotics to control the disease. This evidence-based review seeks to assess whether treatment with probiotics promotes an improvement in abdominal pain in irritable bowel syndrome.

Methods: Research of meta-analyses, systematic reviews, original studies, and clinical guidelines published since January 2016 in Portuguese and English languages, using the MeSH terms: "probiotics", "abdominal pain" and "irritable bowel syndrome". The data sources consulted were: Dynamed, National Guidelines Clearinghouse, NICE, CMA Infobase, Cochrane Library and PubMed. The American Academy of Family Physicians' SORT (Strength of Recommendation Taxonomy) scale was used to assign the level of evidence and strength of recommendation.

Results: Among 115 articles, 11 were selected, namely three meta-analyses and eight randomized controlled trials. One of the meta-analyses, as well as seven of the included randomized controlled studies, revealed statistically significant results with the use of certain probiotics to reduce abdominal pain ($p < 0.005$).

Conclusions: Irritable bowel syndrome is a fluctuating condition whose treatment is challenging. The use of probiotics appears to be promising in controlling abdominal pain, with a strength of recommendation B.

Disclosure: No significant relationships.

EPP003 / #610

E-POSTER PRESENTATION

Topic: *1. Clinical topics / 1.05 Genitourinary*

ALGORITHM FOR ACUTE RENAL COLIC IN PRIMARY CARE

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Background and purpose

Acute renal colic (ACR) is a very common condition, with an incidence of 1-2 cases per 1000 people per year. When a patient presents with ACR, the general practitioner (GP) firstly must rule out conditions that may require immediate referral to an emergency department (EMD), which can be challenging. Secondly, they should treat and set up a follow up plan. This review aims to present an algorithm for the approach of ACR in primary care.

Methods

Review based on a Pubmed and UptoDate research of scientific articles published in last 5 years.

Results

Usually, patients with ACR present with pain and hematuria on dipstick test. If the latter is not present other diagnosis must be considered. Immediate referral to an EMD must be made if patients have any of the following: Fever, oliguria, hypotension, sepsis, pregnancy, severe comorbidities or insufficient response to analgesics. If referral is not required and the patient is stable it is recommended to perform an uroculture, urinalysis and ultrasonography (preferably no more than 7 days after diagnosis). If hydronefrosis, renal calculi bigger than 10mm or >5mm in the upper or medium ureter, are detected referral to a urologist is required. Otherwise, the GP must treat UTI, if suspected, and medical expulsive therapy should be offered. Complete recovery is expected in 2-4 weeks, otherwise patients should be referred.

Conclusions

The management of ACR is challenging for the GP, therefore, knowing exactly when to refer or when to treat is essential to avoid complications.

Disclosure: No significant relationships.

EPP004 / #612

E-POSTER PRESENTATION

Topic: *1. Clinical topics / 1.05 Genitourinary*

HORMONAL INTRAUTERINE DEVICES IN PORTUGUESE PRIMARY HEALTHCARE: A PERSPECTIVE OF GENERAL PRACTITIONERS IN A LISBON REGION

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1. Background

Hormonal intrauterine devices (H-IUDs) are one of the options women have for long-acting reversible contraception. Although they have a high rate of satisfaction, they are not widely used in portuguese practice. Therefore, portuguese general practitioners (GPs) play an important role in changing this paradigm.

The aim of this study was to assess GPs perception, trends and knowledge on H-IUDs, in a group of health centers in a Lisbon region.

2. Methods

For this observational and transversal study, an anonymous survey made of multiple-choice questions on H-IUD was sent to 265 GPs by email.

3. Results

A total of 82 GPs answered the survey, of which 68.3% were specialists and 31,7% were interns. Only 68.3% revealed that the insertion of H-IUDs is a common procedure in their practice. All the GPs considered H-IUDs a safe contraceptive method, although only 67.1% considered its insertion a simple procedure. Its long-lasting effect and sense of freedom were perceived by GPs as the top benefits for H-IUDs users, whereas concern about having a foreign object inside the body and pain/discomfort were the opposing barriers. Female GPs perceived a higher degree of pain with H-IUDs insertion. Although 75,6% of GPs acknowledge a high rate of satisfaction among H-IUDs users, they are cautious recommending them.

4. Conclusions

Even though our results show overall confidence in this contraceptive method, there is still some reluctance to its use which may in part contribute to the low rate of H-IUDs in portuguese women.

Disclosure: No significant relationships.

EPP004a / #807

E-POSTER PRESENTATION

Topic: *1. Clinical topics / 1.06 Musculoskeletal*

EFFECT OF WET CUPPING ON THE QUALITY OF LIFE OF LOW BACK PAIN PAIENTS - EGYPT

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Effect of Wet Cupping on the Quality of Life of Low Back Pain Patients - Egypt

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Running Title: Wet Cupping Therapy for Low Back Pain

ABSTRACT:

Background: Low back pain is a leading cause of disability and the most common reason for medical consultations. The results of clinical trials and systematic reviews provide some suggestive evidence for the effectiveness of cupping in reducing the disability and improving the quality of life of these patients.

Objectives: This trial aimed to assess the effectiveness of wet cupping therapy in improving the quality of life of patients with non specific low back pain (NSLBP).

Methods: This randomized trial enrolled 60 patients (26 males and 34 females) with NSLBP; 30 in the interventional group and 30 in the conventional group. Patients in the interventional group received 3 sessions of wet cupping treatment (one every 2 weeks). Acetaminophen was the only pain reliever allowed for both group. The Oswestry Disability Questionnaire (ODQ) was used as outcome measures for disability and quality of life in patients with NSLBP.

Results: The changes in Oswestry disability index (ODI) revealed significantly higher scores of interventional group compared wit conventional group at baseline and first session. (p=0.001), (p=0.038), respectively.

Conclusions: Wet cupping therapy had beneficial effect in reducing disability and improving quality of life of patients with NSLBP.

Keywords: low back pain, acetaminophen, wet cupping

Disclosure: No significant relationships.

EPP005 / #543

E-POSTER PRESENTATION

Topic: *1. Clinical topics / 1.07 Mental*

EVALUATION OF THE GERMAN ASRS-5 AS A SCREENING TOOL FOR ADULT ADHD IN PRIMARY CARE

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Background and purpose: Adult ADHD is common, but often undiagnosed. A valid and time-efficient screening tool for primary care is urgently needed. Objective of this study is to evaluate the German version of the Adult ADHD Self-Report Scale for DSM-5 (ASRS-5) and its feasibility, acceptability and reliability as a screening tool for adult ADHD in primary care.

Methods: A multi-centered prospective, diagnostic study is performed. We recruit 270 patients in general practices in Munich and Ulm and in the adult ADHD consultation hour of the clinic for psychiatry and psychotherapy in Bonn (each 90). Patients from 18-65 years with suspected or diagnosed ADHD or random presentation in the primary care practice are included. Participants fill in the ASRS-5 and a sociodemographic questionnaire. The integrated diagnosis of adult ADHD, revised version (IDA-R) is used for validation. Feasibility, acceptability and reliability in primary care practices are examined through a semi-structured interview.

Results: Pre-liminary data show promising findings for the psychometric properties of the German ASRS-5 and a positive feedback according its feasibility, acceptability and reliability as a screening tool for adult ADHD in primary care. Final analysis will be presented at the conference.

Conclusions: If findings are positive, the ASRS-5 can be a valid and time-efficient screening tool for adult ADHD in primary care. Consequently, patients' healthcare can improve by earlier and more frequent diagnosis.

Disclosure: No significant relationships.

EPP006 / #314

E-POSTER PRESENTATION

Topic: *1. Clinical topics / 1.09 COVID-19*

PATIENTS WITH BENIGN PROSTATE HYPERPLASIA DURING COVID-19 CRISIS: PRESSING ISSUES (PART OF A STUDY)

Dimitar Kalinov, Todor Goranov
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PATIENTS WITH BENIGN PROSTATE HYPERPLASIA DURING COVID-19 CRISIS: PRESSING ISSUES (PART OF A STUDY)

The COVID-19 crisis has drastically affected the the way we are practicing medicine, especially the general practice. The COVID-19 pandemic has imposed significant challenges not only on the world's healthcare industries, but also has changed the patients help searching behavior regarding not emergency health conditions. The monitoring and treatment of patients with BPH in general practice and the related elective procedures were also affected.

Methods:The authors present part of a PhD study (bibliographic review) on patients with BPH during COVID-19 crisis and questionnaires for GPs and patients with some targeted questions.

Results: Recent studies have shown that physicians are adapting to the COVID-19 environment changing the methods of evaluation and treatment of patients with BPH or delaying procedures. According to recent published studies the main reasons for the reduced priority of the treatment of BPH are: (1) Proposed guidelines for COVID-19 by the WHO; (2) Risk of viral transmission: studies have shown a certain risk of viral transmission in BPH endoscopic surgery. (3) Patients refusal of hospitalization based on fear being infected by SARS-COV-2. (4) Limited opportunities to visit their GPs for consultation. The results from our targeted questions will help to reveal in details the problems and to propose practical solutions for overcoming the postponement of needed observation and treatment in general practice.

Conclusions

General practitioners should adapt to the COVID-19 environment changing the patient’s approaches, monitoring and treatment to overcome the postponement and to achieve optimal therapeutic results.

Disclosure: No significant relationships.

EPP007 / #389

E-POSTER PRESENTATION

Topic: *1. Clinical topics / 1.09 COVID-19*

PREDICTIVE FACTORS OF HOSPITALIZATION IN A COHORT OF PATIENTS WITH SUSPECTED and CONFIRMED COVID-19 ATTENDED AT A PRIMARY CARE CENTER

Marta Massó Muratel[1], Laura Granés González[2], Laia Cayuelas Cayuelas Redondo[1], Joan Gené-Badia[1], Ethel Sequeira-Aymar[1], Elisenda Sant Arderiu[1], Sira Casablancas Figueras[1], Marta Catalán Adell[1], Carmen Herranz Rodriguez[3], Sandra Estévez Carrera[1], Ángela Lucia Martínez Pérez[1], Cristina Sánchez Luna[1], andrea Ocaña Pujol[3], Jordi Casasayas Guilera[3], Blanca Cerrada Enciso[3], Irene Troyano Luis[3], Leticia Cáliz Hernández[3], Josefina Filomena Paci[1], Merçè Casasayas Guilera[1], Marta Del Moral I Pairada[3], Elena Lagarda Jiménez[3], Alba Calderó Torra[1], Rosa Segarra López[3], Carolina Xipell[1], Xavier Freixa Macià[3]
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Background and purpose:

COVID-19 has posed a challenge to Primary Care(PC). This study aims to identify the clinical and demographic factors that are predictive of hospitalization in patients attended at PC with a suspected diagnosis of this infection.

Methods:

Retrospective cohort study of patients attended at a PC urban center in Barcelona. Patients complaining for symptoms compatible with suspected or confirmed SARS-CoV-2 infection between 24th February and 30th May, 2020 were included. Data collected from the electronic medical history and by telephone interview were evaluated.

Results:

518 patients were included. 283 (54.6%) were women. The mean age was 50.2 years. 19.3% were 65 or older. 79% of the patients were followed up on an outpatient basis. 20% required hospital admission. Predictive factors for hospital admission were: male sex, age, a history of ischemic heart disease, and the presence of dyspnea, hemoptysis, nausea or vomiting, with a sensitivity of 48% and a specificity of 95.4%. Odynophagia and nasal congestion were good prognosis predictors. Mortality was 2.3%. 25% of the patients who died did so outside the hospital setting.

Conclusions:

Most of the patients diagnosed with COVID-19 will be handled within the primary care level.. Men over 65 years old, with a history of ischemic heart disease or presenting with dyspnea, hemoptysis, nausea or vomiting should be referred to hospital for evaluation, in addition to all those who, according to medical criteria, have an unfavorable evolution.

Disclosure: No significant relationships.

EPP008 / #446

E-POSTER PRESENTATION

Topic: *1. Clinical topics / 1.09 COVID-19*

ANXIETY IN HEALTH PROFESSIONALS THAT WORK IN POTENTIAL CONTACT WITH COVID-19

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1. Background and purpose

Health professionals are often dealing with stressful routines and usually no longer maintain a good quality of life, which brings several outcomes, such as Burnout Syndrome, generalized anxiety disorder, and major depressive disorder, and this work aims to clarify the issue of anxiety in these professionals, thus paving the way for possible approaches to improve the quality of life of this class.

2. Methods

This research will be carried out at the Alto Vale do Itajaí Regional Hospital, and the sample of the present study will be the health professionals who are in the front line to combat COVID-19 who work in the following sectors: Intensive Care Unit (ICU), emergency room, ambulatories and surgery.

There are an estimated of 60 health professionals working in these sectors. The sample calculation will be carried out after confirmation from the Human Resources (HR) sector of the Hospital, and the data collection will be via electronic form.

The study variables will be Name, age, marital status, number of children, religion, race, profession, subspecialty, city where you live, number of people living in your residence, time and way of working, direct confrontation with COVID-19, workload, and for anxiety analysis, the Beck anxiety inventory will be used. All data will be processed by statistical analysis.

3. Results

The results will be available after the conclusion of the study, in may 2021.

4. Conclusion

The conclusion will appear immediately after the results are released in may 2021.

Disclosure: No significant relationships.

EPP009 / #125

E-POSTER PRESENTATION

Topic: *1. Clinical topics / 1.10 Others*

EVIDENCE BASE REVIEW: USE OF BETAHISTINE IN BENIGN POSITIONAL PAROXYSMAL VERTIGO

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Background and purpose

Benign Positional Paroxysmal Vertigo (BPPV) is the most common vestibular pathology in the general population. Betahistine is broadly used for vestibular vertigo.

The purpose of this review is to understand the indication for Betahistine in the treatment of BPPV.

Methods

BPPV and Betahistine were searched in evidence-based medicine databases in December 2020. Meta analyzes, systematic reviews, RCTs were included. Population consisted of patients suffering from BPPV, in which the intervention was Betahistine or its association with otolith repositioning maneuvers. Otolith replacement maneuvers and cognitive behavioral therapy (CBT) were used as a comparator. The outcomes assessed were signals and symptomatic improvement and their impact. For the quality of studies, the SORT scale was used.

Results

76 articles were found, 72 were excluded. 5 RCTs were analyzed. Maslovaraa et al. compared Betahistine to the Epley maneuver, with apparent benefit to the second (LE:2). Jalali et al. compared Betahistine with dimenhydrinate and placebo, showing an advantage in treating with Betahistine (LE:1). Wan et al. compared low-dose Betahistine associated with CBT to high-dose Betahistine, showing benefit in the association (LE:2). Guneri et al. studied Betahistine associated with the Epley maneuver compared to the maneuver only or with the placebo, with advantage in the association (LE:2). Finally, Sayin et al. concluded that Betahitine associated with Epley maneuver would present better results than Epley only (LE:2).

Conclusions

Although studies present disparate methodologies, it is possible to conclude there is room for Betahistine in the treatment of BPPV, mainly as an adjunct to otolith replacement maneuvers and not in its place (FR:B).

Disclosure: No significant relationships.

EPP009a / #1230

E-POSTER PRESENTATION

Topic: *1. Clinical topics / 1.10 Others*

PERFORMANCE OF VISUAL ACCURACY and DALTONISM TEST IN FUNDAMENTAL EDUCATION SCHOOL IN PRESIDENTE PRUDENTE

Carolina Britez Saraiva, Karen Sayuri Sayuri Sato, Bruna Marina Ferrari Dos Santos, Vinicius Afonso Dos Santos, Vanessa Laura Dos Santos, Nathalia Mizukava Ávila De Robertis, Miriam Pardini Gomes, Maria Gabriela Dos Santos Rodrigues, Amanda De Queiroz Piffer, Maria Vitoria Da Silva Marangoni, Thais Ribeiro Ferrari, Elaine Fernanda Dornelas De Souza
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1. Background: Visual acuity is the degree of ocular aptitude to perceive shapes and contours of objects, while Daltonism is the reduction of the ability to differentiate certain colors. The activity in question was carried out by the medical course at the Universidade do Oeste Paulista, through the Program for Approximation to Progressive Practice (PAPP), which allows students to actively practice Primary Health Care.

2. Aim: Identify visual problems in elementary school students at this school and refer, when necessary, to appropriate medical treatment.

3. Methods: Visual acuity was performed at the municipal elementary school, along with color blindness testing, in addition to recording altered results. Children with a score of less than 0.6 on the Snellen Signal Scale were referred for free consultation with an ophthalmologist, behind SUS services. In case of the need to wear glasses, or to perform a surgical procedure, such measures were also made available free of charge to the families of these children.

4. Results / Conclusions: The assessment of visual acuity aimed to apply in practice concepts of primary prevention in relation to the vision of children from elementary school in the municipal school, in Presidente Prudente. This activity aimed to identify any visual problems early in order to carry out the appropriate management of each case. This whole project was developed to guarantee a good quality in the learning process of these children.

Disclosure: No significant relationships.

EPP010 / #97

E-POSTER PRESENTATION

Topic: *2. Special groups of patients / 2.01 Children and adolescents*

VEGETARIAN DIET IN FIRST YEAR OF LIFE

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Background and purpose

The number of vegetarian families is increasing due to health, religious, ethical or environmental issues. In pediatric age, there is a greater nutritional demand inherent to development, and choosing restrictive diets can compromise the natural height-weight and cognitive development due to protein-calorie, vitamins and minerals deficiency. If they are not well planned, they may be inadequate diets, as they may compromise growth, development and maturation.

Our objective is to suggest recommendations for health professionals to guide the diversification of food in the first year of life in the context of a vegetarian diet.

Methods

Bibliographic research was carried out in the Pubmed-Medline database and other documents issued by scientific societies, using the keywords “vegan”, “early child” “childhood”, and articles published in English and Portuguese were selected among 2014 and 2019.

Results

The World Health Organization recommends exclusive breastfeeding up to 6 months, with proven benefits for the infant's health. In the case of vegetarian infants, they must guarantee an adequate supply of nutrients through food or nutritional supplements, in order to satisfy the infant's nutritional needs until the beginning of food diversification.

When food diversification begins, it is similar to that of other children, and among the sources of protein alternatives to meat are soy-based foods and legumes for example.

Conclusions

Vegetarian diets, if properly planned, can be safe for all stages of the life cycle. The vegetarian diet can be adopted, if planned, and if necessary supplemented, causing no harm and even bringing long-term benefits.

Disclosure: No significant relationships.

EPP011 / #962

E-POSTER PRESENTATION

Topic: *2. Special groups of patients / 2.01 Children and adolescents*

METHYLPHENIDATE ON REDUCTION OF CONSUMPTIONS and SUD IN ADOLESCENTS WITH ADHD - EVIDENCE BASED REVIEW

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1. Background and purpose

Attention-Deficit/Hyperactivity-Disorder (ADHD) is a common disorder among adolescents. These adolescents have a greater risk for substance use disorders (SUD) including alcohol, tobacco and other drugs. The first line treatment for ADHD is Methylphenidate. The main purpose of this Evidence Based Review is to evaluate the evidence of Methylphenidate on reduction of consumptions of SUD in adolescents with ADHD.

2. Methods

Bibliographic research of articles - Clinical Trial, Meta-Analysis, Randomized Controlled Trial, Review, Systematic Reviews - published in the last 10years, until February 13th 2021, English, indexed database: PubMed using MeSH terms “Adolescence”, “ADHD”, “Methylphenidate”, “drug abuse”. Strength of Recommendation Taxonomy was applied for evidence labels and recommendations strength.

3. Results

We found a total of 19 articles. Five of them were selected.

According to one randomized controlled trial and three clinical trials, rates of alcohol, tobacco and other drugs use were significantly lower in adolescents with ADHD under Methylphenidate comparing with those untreated.

One randomized controlled trial founded that Methylphenidate failed to show greater efficacy than placebo for ADHD in adolescents concurrently receiving Cognitive-behavioural therapy.

4. Conclusions

Evidence seems to support methylphenidate therapy on reduction of consumptions and SUD in adolescents with ADHD.

However, long-term, randomized, placebo-controlled studies of stimulant monotherapy should be performed to clarify this statement. Ethical issues should also be considered since this approach would deprive these adolescents from an efficient treatment.

Considering the initiation of consumption the first step towards developing dependencies, with early intervention to diminish the consumption there might be a major impact on both: individual level and public health.

Disclosure: No significant relationships.

EPP012 / #122

E-POSTER PRESENTATION

Topic: *2. Special groups of patients / 2.02 Women and men issues*

AN INVESTIGATION INTO MANAGING PAIN FOR THE INSERTION OF INTRAUTERINE CONTRACEPTIVES FOR WOMEN IN THE UK

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The insertion of intrauterine contraceptives (IUCs) can be an invasive and painful procedure for women, and current guidelines by the Faculty of Sexual and Reproductive Health (FSRH), and National Institute of Clinical Excellence (NICE) do not provide recommendations for analgesia as standard. This survey and review demonstrate evidence for the pain experienced by women during insertion of IUCs and summarises literature on pain modulation methods. IUCs are devices which alter the environment of the uterus and cervical mucus to be inhospitable to a fertilised egg, thus avoiding unwanted pregnancy. Some are also licensed for use in treating dysmenorrhea, or painful periods. Primary data was sourced through an online survey and shared via social media to 75 anonymous women who had had an IUC inserted. The survey results show the most common pain score on a scale of 0-10 was 8, and 46% participants felt the pain experienced was higher than anticipated. Women who had not had children prior to the procedure (nulliparous) had higher mean pain scores than women with children (multiparous). These findings confirm previous research proving nulliparous women find the procedure more painful than multiparous women. Current literature demonstrates evidence of the efficacy of paracervical lidocaine blocks as pain relief for IUC insertion (IUC-I). The findings from this pilot study provide evidence for more comprehensive research in this field, alongside a review of protocols for IUC-I in the UK, as currently no analgesia is licensed or recommended, and it can be an unnecessarily painful experience for women.

Disclosure: No significant relationships.

EPP013 / #141

E-POSTER PRESENTATION

Topic: *2. Special groups of patients / 2.02 Women and men issues*

FACTORS INFLUENCING MEDICAL STUDENTS' ATTITUDES TOWARD SUBSTANCE USE DURING PREGNANCY

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Background and purpose: Many stigmas exist regarding people with substance use disorder especially among pregnant women, preventing optimal accessibility and quality of care. In this survey, we investigated attitudes of medical students regarding substance use during pregnancy and tried to identify the factors that influence these attitudes.

Methods: This cross-sectional study was conducted on final year medical students using the short version of the "Substance Abuse Attitude Survey" questionnaire, focusing on the two items regarding punishment of substance use during pregnancy.

Results: The response rate was 65.2% (370/567 questionnaires sent).19.2% of respondents were in favor of punishment for alcohol use (n=353) and 15.1% for drug use (n=356) during pregnancy. Analysis of the agreement between the two items showed that, overall, 14.3% of students were in favour of punishing both pregnant women who use drugs and those using alcohol. Respondents tended to be more in favor of punishment if they were male students, older, with lower mother's education level and no personal or family history of substance use. Attitudes appeared to be more punitive among students with limited contact with people with substance use disorder (i.e., none or limited to hospital). Students intending to specialize in internal medicine were more in favor of punishment of women whereas none of those intending to specialise in psychiatry (child and adult) were in favour.

Conclusion: Our study shows that about 20% of medical students were in favor of punishing substance-using pregnant women. Awareness and training work seems to be necessary to ensure adequate care and support for this already vulnerable population.

Disclosure: No significant relationships.

EPP014 / #1195

E-POSTER PRESENTATION

Topic: *2. Special groups of patients / 2.02 Women and men issues*

GENDER-BASED VIOLENCE PREVALENCE IN A SPANISH HEALTH CENTER.

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BACKGROUND and PURPOSE

Nowadays, action against stablished gender-based violence (GBV) is more effective, but prevention and early detection in Primary Care (PC) consultations remains unprioritized.

Our target is to determine the prevalence of GBV in PC offices, patients' sociodemographic profile and comorbidities associated.

METHODS

Cross-sectional study. Population (N =546): Women aged 14+ y/o attending PC office with actual or previous male partner. Exclusion criteria: cognitive impairment, language barrier.

The WAST questionnaire was used.

RESULTS

n = 546. Mean age 48.84 y/o.

83.3% patients had never been asked about their relationships before, and 84.8% had never been asked about the possibility of abuse.

96.3% would appreciate systematic GBV screening.

WAST screening was positive (violence against women) in 9,7% of the patients. Within this group:

Socio-demographic factors: statistically significant differencewas observed in: unemployed (OR=2.3), housewives (OR=1.17) and retired (OR=1.38). Most of these patients were married, had had more pregnancies (p=0.016) and miscarriages (p=0.005).Patients from this group reported not having a trusted person (OR=4.42), p <0.0001.

Comorbidities: more suicidal ideation (OR = 3.3) and attempts (OR = 4.64), use of anxiolytics, antidepressants and hypnotics (OR=2.32) (OR=2.83)(OR=3,08) (p <0.0001).

CONCLUSIONS

Routine screening is far from 100% desirable.

Our prevalence is less than the results of the survey made by the Spanish Government in 2019 (32.4%).

Screening positive women in our study presented the following results:

Fewer financial resources and a smaller social network.

Higher number of pregnancies and miscarriages.

Presence of suicidal thoughts; also use/abuse of psychoactive drugs.

Disclosure: No significant relationships.

EPP015 / #516

E-POSTER PRESENTATION

Topic: *2. Special groups of patients / 2.05 Palliative care*

GENERAL PRACTITIONERS' EVALUATIONS OF THE APPROPRIATE TIMING TO INITIATE ADVANCE CARE PLANNING IN PATIENTS WITH CANCER, ORGAN FAILURE and MULTIMORBIDITY

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Background and purpose

Advance Care Planning (ACP) has not been widely implemented yet in general practice. Timing difficulties may result in late initiation of ACP, especially with non-malignant disease. We aim to identify the optimal moment and reasons to initiate ACP in different illness trajectories.

Methods

We presented 90 anonymized electronic health records of patients who died from cancer, organ failure or multimorbidity to 83 GPs and asked to indicate what they considered the optimal moment to initiate ACP within the two years before death and to motivate their choice. We used descriptive analyses for the quantitative data and content analyses for the qualitative data.

Results

The median optimal moment to initiate ACP was pinpointed closer to death in the patients with cancer (87.5 days before death, IQR 33-335) than with organ failure (266 days before death, IQR 100-501) and multimorbidity (290 days before death, IQR 101-490) ($p < 0.001$). Twenty-seven categories of reasons emerged from the qualitative data. With cancer, the most frequently mentioned reason was receiving a 'diagnosis' (21.5%), in organ failure it was 'after period of illness' (14.7%) and in the multimorbidity group, it was 'age' and 'expressions of patients' thoughts or wishes' (both 12.0%).

Conclusions

The optimal moment and the reasons to initiate ACP according to GPs, differed between GPs and differed for patients with cancer and other illnesses. This suggests that the optimal timing of ACP should be seen more as a 'time window of opportunities' for the different disease trajectories.

Disclosure: No significant relationships.

EPP016 / #1189

E-POSTER PRESENTATION

Topic: *2. Special groups of patients / 2.06 Minorities*

PROVIDING MEDICAL CARE AT A PORTUGUESE REFUGEE CENTER (CAR), A LIFE-CHANGING EXPERIENCE

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Background and purpose:

Refugees are a highly vulnerable population. Portugal, as part of the European network for asylum seekers, provides basic health services upon arrival at CAR (e.g. vaccination, medication, urgent care). However, this approach has proven insufficient for the needs of this population. Our work at CAR aims to improve the medical care of the residents.

Methods:

CAR residents who had a medical complaint or asked for a medical appointment were screened by the nursing team and received medical consultation when appropriate.

Results:

Consultation in this context was very challenging, especially due to communication difficulties (e.g. the translator´s interference) and the need to value nonverbal cues. Background information was scarce, reinforcing the need to value atypical manifestations of common diseases or less frequent pathologies in our country. We witnessed a wide range of clinical situations, from simple to complex and striking (e.g. rape, female genital mutilation, psychological/psychiatric pathology), mainly related to traumatic life episodes and uncertainty in the future. The high frequency of psychosomatic pathology should be highlighted, evidenced by the difficulty in sharing traumatic experiences and aggravated in men, who are less likely to accept help due to cultural standards.

Conclusion:

We intend to raise awareness of family physicians regarding refugees and their specific needs. With Europe being one of the main destinations of this vulnerable population, it is essential that physicians are able to evaluate patients with epidemiological and cultural differences, often in fragile situations. Our experience at CAR has been very enriching, providing a unique context of clinical learning and management of complex situations.

Disclosure: No significant relationships.

EPP017 / #258

E-POSTER PRESENTATION

Topic: *3. Overarching topics / 3.05 E-health*

USE OF E-HEALTH AMONG DUTCH GENERAL PRACTICES DURING THE COVID-19 PANDEMIC

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Background and purpose – The COVID-19 pandemic has forced general practices to search for (new) possibilities to deliver care safely by the use of remote healthcare solutions such as e-health. The aim of this study is to investigate the use of e-health in general practices during the COVID-19 pandemic, and their intention to continue using e-health more intensively afterwards.

Methods – Web surveys were sent to all Dutch general practices in April 2020, during the first wave of the COVID-19 pandemic in the Netherlands, and in July 2020, between the first and second wave, when infection numbers were lower. These surveys contained questions about the use of specific e-health tools.

Results – The response rate was 35% in April and 17% in July. In April, the COVID-19 pandemic caused that general practices started using e-health tools or that use of these tools was increased. In July, almost all practices used at least one e-health application (98%). E-consultations and online prescriptions ordering services were used by more than 80% of all practices. However, a minority of the practices intended to maintain the increased use of (new) e-health tools after the pandemic.

Conclusions – This study confirms the expectation that there was an increased uptake of e-health in Dutch general practices during the first period of the COVID-19 pandemic. That a relatively low number of practices is intended to maintain the increased use of e-health in the future, may point towards a temporary uptake of digital health care delivery rather than accelerated implementation of digital processes.

Disclosure: No significant relationships.

EPP018 / #1196

E-POSTER PRESENTATION

Topic: *3. Overarching topics / 3.06 GP and professional health*

MULTIDISCIPLINARY TEAMS IN PRIMARY HEALTH CARE

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Background and purpose: Chronic conditions are incessantly increasing, and policymakers need to foster organizational model in primary health care. Interprofessional care has been demonstrated as one of the keystones in effectively enhancing the delivery of care in primary health care. Thus, we conducted this review to map the composition of teams in the recent trialled organizational models.

Methods: We systematically searched three databases (Medline, CINAHL, Scopus). We included primary studies a) trialled complex care model of care including multidisciplinary team: b) conducted in primary health care d) published in English and e) in the last 10 years up to July 2020.

Results: Of the 6526 studies, half of the 34 included studies were observational in design (17) and 61.8% targeted a specific chronic disease. The most cited figures of the multidisciplinary teams were health care professionals – like dietician, pharmacist etc. - (39 times), physician (38), of which 12 were general practitioners, and nurses (38 times). Among the 12 studies that demonstrated only statistically significant improvements of outcomes, seven reported teams composed of four up to eight different roles.

Conclusion: Results have demonstrated the global efforts in developing multidisciplinary teams to tackle chronic conditions in primary health care. The highest prevalence of health professionals that are not physicians or nurses suggests that interprofessional work has been heavily put into practice. More detailed descriptions of involved figures in terms of education, training and scope of practice are needed to foster the feasibility and translation in different health care systems.

Disclosure: No significant relationships.

EPP019 / #365

E-POSTER PRESENTATION

Topic: *3. Overarching topics / 3.07 Health promotion and prevention*

THE DOMAIN OF DIGNITY IN PRIMARY HEALTH CARE ASSESSED BY MENTAL HEALTH PATIENTS and HEALTH PROFESSIONALS: QUALITATIVE STUDY.

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1.Background and purpose: Given the percentage of patients who suffer from a mental health disorder, and who are attended to mainly by primary health care services, it is relevant to analyze the patient perception of the Primary Health Care Response Capacity about the domain the dignity. The objective of this study is to deepen towards Primary Health Care Response Capacity by specifically using patients suffering from a mental disorder, as well as family doctors and management teams.

2.Methods: Qualitative methodology. For this study, in-depth interviews were conducted with 15 patients with mental health disorders and focus groups were held with 21 professionals. An inductive thematic content analysis by pairs was performed using grounded theory in order to explore, develop and define the categories of analysis.

3.Results: There is a majority perception by patients they are treated with dignity. However, there are some patients with mental health disorders who specifically comment on some negative experiences with respect to this domain. This fact could be complementary to the perspective of the professionals. They report that if the patient displays aggression or anxiety, has some personality disorder, and/or communicates guilt to the professional, they should maintain control. However, some circumstances, such as working under pressure, can make the situation more difficult and not satisfactory for either the professional or the patient.

4.Conclusions: The prevalence of patients with mental illness who use primary care is quite high. It is necessary to determine the factors that influence its responsiveness, in order to plan the resources to be offered to this population at this early care level.

Disclosure: No significant relationships.

EPP020 / #804

E-POSTER PRESENTATION

Topic: *3. Overarching topics / 3.07 Health promotion and prevention*

RCT TO EVALUATE THE EFFICACY OF A COMPLEX INTERVENTION TO IMPROVE THE QUALITY OF LIFE OF HOTEL HOUSEKEEPERS.

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Background and purpose

Hotel housekeepers (HHs) report many health problems related to their working conditions. Their job is seasonal, low-qualified and highly feminized.

Methods

A cluster randomized clinical trial (http://www.isrctn.com/ISRCTN14664526), including 900 HHs from 30 PHC centers of the Balearic Islands. The main objective is to evaluate the efficacy of a complex intervention aiming to improve HHs' quality of life, their lifestyles, psychological well-being and to reduce pain, analgesic consumptions and sick leaves.

Results

A total of 1,183 HHs were enrolled in the trial: 573 in the intervention group (IG) and 610 in the control group (CG). The intervention was delivered by nurses, physiotherapists and psychologists during an 8-week period. The IG participants received 2 individual and 5 group sessions focused on stress coping and lifestyles improving strategies (diet and physical activity). After 6 months of follow-up an individual interview was conducted by telephone. Control group attended to two individual interviews for data collection and usual health care recommendations were provided by nurses.

Provisional results: mean age 47 years old (±9); most of HHs had a recurring seasonal employment contract (70.2%) and 24.7% a temporary one. On average, participants had worked as HHs for 13.5 years (±9.8) and cleaned 17.8 rooms per day (±6.4).

Conclusions

COVID-19 crisis entailed that HHs worked less than previous years. Despite this, we aim at evaluate the efficacy of the intervention in terms of improving HHs' quality of life. In July 2021 we will be able to report results regarding the impact of the intervention.

Disclosure: No significant relationships.

EPP021 / #474

E-POSTER PRESENTATION

Topic: *3. Overarching topics / 3.08 Quality and safety of care*

IS CONTINUITY OF CARE IN PRIMARY HEALTH CARE ASSOCIATED WITH USE OF HOSPITAL SERVICES?

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1. BACKGROUND and PURPOSE: Continuity of primary health care is considered as an essential feature in high-quality health care. In Finland continuity of care in primary health care has decreased. At the same time number of hospitalization days per patient has increased. Is continuity of care associated with hospitalization days?

2. METHODS: The data are part of Health and Social Support –study (HeSSup) based on a random Finnish population sample. The cohort of the study is participants of 1998 (n=25898) questionnaire who returned follow-up questionnaire both in 2003 and 2012. Demographic, health related and issues describing primary health care services were inquired in the questionnaire. Hospitalization services of the cohort were found in national registries (HILMO).

3. RESULTS: Participants in the group that had continuity of care had more chronic diseases than participants in other groups. In the same group also the number of hospitalization days was higher. Factors associated with the findings are still under study. The results will be announced in the congress.

4. CONCLUSIONS: Population with chronic diseases needs and usually gets more hospital care than other population. Continuity of care should be studied between groups comparable with chronic diseases.

Disclosure: No significant relationships.

EPP022 / #816

E-POSTER PRESENTATION

Topic: *3. Overarching topics / 3.08 Quality and safety of care*

RELATIONAL QUALITY IMPROVEMENT: THE CASE OF CLINICAL EFFECTIVENESS SOUTHWARK

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Background and purpose

We carried out qualitative ethnographic research into the implementation and impact of a primary care long-term conditions management quality improvement (QI) scheme in a deprived area of London, England – Clinical Effectiveness Southwark (CES).

Methods

The implementation and impact of CES were studied ethnographically over a 2.5-year period. We observed 92 meetings (along with meeting documents and minutes where available), gathered 37 email communications, interviewed 32 healthcare professionals, and conducted a survey with 60 participants. Data consisting of field notes, interview transcripts, survey free text responses and document and email content were analysed using an inductive/deductive hybrid and evolving thematic analytical framework approach.

Results

Data analysis revealed a prominent ‘culture of teamness’. Much of the success of CES depended on the enthusiasm, credibility and cohesion of the implementation team, as well as their willingness to nurture relationships externally to overcome resistance to new QI programmes of work. CES implementation required time given for the team to pause, reflect and develop ideas and to build relationships with key stakeholders. The implementation team were supported by a QI Coach, which helped to establish this crucial reflective space.

Conclusions

Effective roll out of primary care QI schemes rest on a central team with strong working relationships – it is important to be mindful that such team cohesion can take time to establish. We propose that a QI coaching element is provided to support future QI implementation teams, to maintain momentum and effective relational working.

Disclosure: No significant relationships.

EPP023 / #249

E-POSTER PRESENTATION

Topic: *3. Overarching topics / 3.09 Health care management and policy*

THE IMPACT OF ORGANISATIONAL FRAMEWORK ON GP DEPRESSION CARE; REGISTRY-BASED STUDY

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Background and purpose

General practitioners (GPs) have a key role in diagnosing and following-up patients with depression. The Norwegian Regular General Practitioner (RGP) Scheme ensures that all residents are enlisted to a GP and sets framework conditions for care delivery. GPs provide comprehensive healthcare and act as gatekeepers to secondary care and social security benefits. However, the impact of organisational and structural factors in the RGP Scheme on healthcare is scarcely examined. The aim of this study is to investigate associations between financing model, practice centrality, list population and continuity of care, and GP depression care.

Methods

Nationwide cohort study based on linked data from national health- and welfare registries. The study population comprises all residents 18 years and older with a new depression episode in general practice, 2009-2015. The exposures are financing model, practice centrality, list population, and continuity of GP-patient relationship in the RGP Scheme. The outcomes are follow-up consultations, talking therapy, antidepressant medication, sick leave certification, and referral to secondary care provided by the GP during 12 months from index date. Poisson regression models will be used to investigate associations between exposures and outcomes.

Results

The study population comprises 415,133 patients, 62.7% women, 11.1% immigrants. Analyses are ongoing and the results will be presented at the conference.

Conclusion

Novel insight in how organisational factors in the RGP Scheme are associated with care provision can contribute to improve healthcare systems, enabling GPs to provide optimal care for depressed patients in Norway and European countries with similar systems.

Disclosure: No significant relationships.

EPP024 / #677

E-POSTER PRESENTATION

Topic: *3. Overarching topics / 3.09 Health care management and policy*

PROMOTING EQUITY IN PAY-FOR-PERFORMANCE: FINDING THE RIGHT RECIPE

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BACKGROUND: Pay-for-Performance (P4P) and Value Based Payments (VBP) have been shown to exacerbate health disparities if inadequately implemented. How do we advocate for our patients harmed by these programs? What should our specific advocacy demands be to reduce health disparities exacerbated by these payment programs? The objective of this presentation is to demonstrate which combinations of P4P and VBP design features are most likely to reduce health disparities.

METHODS: Speakers will demonstrate how combinations of design features can reduce health disparities. Participants will apply combinations of design features to their local P4P/VBP environment and share how this could increase equity promotion in their context.

RESULTS: Six major design features emerged as most promising in leveraging P4P to reduce disparities: 1) Risk/Case-Mix Adjustment; 2) Stratified Performance Measures/Stratification; 3) Disparity Reduction Metrics; 4) Exception Reporting; 5) Pay-for-Improvement; and 6) Population-Specific Metrics. Each design feature has its own mechanism, strengths, and weaknesses. We identify and define these features' direct and indirect effects on healthcare disparities. The interaction of each design feature with one another, with P4P as a whole, and within the larger reimbursement system can have considerable effects on disparities.

CONCLUSIONS: Promising strategies exist to leverage P4P to narrow disparities for clinically and socially complex patients. The six design features discussed in this review help P4P programs address structural disadvantages faced by such patients and their providers. Participants will leave this session with a tailored advocacy agenda to leverage P4P and VBP programs for promotion of health equity within their practice.

Disclosure: No significant relationships.

EPP025 / #234

E-POSTER PRESENTATION

Topic: *4. Education / 4.02 Medical student education and residency training*

MOTIVATION and PERCEIVED-COMPETENCE IN FINAL YEAR MEDICAL STUDENTS DURING A FAMILY MEDICINE COMPETENCY-BASED, BLENDED LEARNING CURRICULUM REDESIGN PROJECT

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Aim: Within a primary care curriculum redesign at Saarland University (UDS), we investigated students' motivational behavior in a competency-based blended-learning curriculum. Little is known about motivation of medical students within a compulsory primary care curriculum, especially in view of the current COVID-19 pandemic. This study assumes that medical educators should focus on fostering autonomous motivation "if [they] want to produce doctors of the future" (Kusurkar, 2019).

Methods: In an explorative, quantitative study-approach Academic-Motivation-Scale (AMS) and other validated tools were used to compare and analyse interactions of motivation and perceived competence within last year medical students.

Results: Motivational setup of students (N=55) differed between medical school and primary care curriculum. Higher scores of autonomous motivation (W=986; p=0.003) and controlled motivation (t=3.21; p=0.002), lower scores of amotivation (W=204; p=0.003) were found in medical school compared to primary care curriculum. In medical school, higher levels of autonomous motivation were found in students that engaged in facultative learning (t=3.24; p=0.002) and autonomous motivation indicated better clinical performance (rho=-0.256; p=0.02). Within primary care, perceived autonomy support (r=0.538; p<.001) and perceived competence for learning (r=0.750; p<.001) turned out to be good indicators for autonomous motivation, as predetermined by self-determination theory (Ryan & Deci, 2000).

Conclusion: Medical students differ from one another in their motivational set up. Further research on motivation within different compulsory curricula in medical schools is needed in order to create a comparability of data and a comparability of educational changes. Motivational distribution may undergo further research to determine what exactly it is that is deemed to be motivating in different groups of students.

Disclosure: We have received third party funding from Amboss, the Faculty educational fund and Association of Statutory Health Insurance Physicians. No influence on curriculum redesign or setup or research design or execution was granted or taken at any time.

EPP026 / #433

E-POSTER PRESENTATION

Topic: *4. Education / 4.03 Professional education and development*

THE ONLINE HEALTH INFORMATION NEEDS OF FAMILY PHYSICIANS: SYSTEMATIC REVIEW OF QUALITATIVE and QUANTITATIVE STUDIES

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Background: Digitalization and availability of online information have changed the way in which information is searched for and retrieved by health professionals. Although systematic evidence exists on the general information needs of specialists, and in particular, family physicians (FPs), there have been no recent systematic reviews to specifically address the needs of FPs and any barriers that may exist to accessing online health information.

Objective: This review aims to provide an up-to-date perspective on the needs of FPs in searching, retrieving, and using online information.

Methods: This systematic review searched databases spanning the years 2000 to 2020. Studies that analyzed the online information needs of FPs, any barriers to the accessibility of information, and their information-seeking behaviors were included.

Results: The initial search yielded 4541 studies. 144 studies were eligible for full-text screening and 41 were finally included. 20 themes were developed and summarized into 5 categories: individual needs of FPs before search; access needs, including factors that would facilitate or hinder information retrieval; quality needs of the information; utilization needs of the information, and implication needs for everyday practice.

Conclusions: This review suggests that searching, accessing, and using online information, as well as any preexisting needs, barriers, or demands, should not be perceived as separate entities but be regarded as a sequential process. FPs expressed concerns regarding applicability of information to their everyday practice and its relevance to patient care. Future online information resources should cater to the needs of the primary care setting and seek to address the way in which resources may be adapted to these specific requirements.

Disclosure: No significant relationships.

EPP027 / #790

E-POSTER PRESENTATION

Topic: *4. Education / 4.03 Professional education and development*

SHALL WE ALL UNMUTE? PARTICIPATION IN ONLINE REFLECTION SESSIONS FOR GENERAL PRACTITIONERS IN TRAINING DURING COVID TIMES

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1. Background and purpose

Collaborative group reflection occupies a central place in many medical curricula. From previous research, we know that participation is crucial to its educational value. During the COVID pandemic, however, most education has moved online. In The Netherlands, GP residents now have their group reflection sessions in Zoom. Does this mean that the 'offline' participatory frameworks that are a condition for group reflection are missing, and should we worry about the professional competencies that reflection supposedly contributes to?

2. Methods

We describe how GP residents accomplish participation in collaborative reflection sessions conducted on Zoom. We recorded one session of three different resident groups, 1,5 hour each and 33 residents in total. We analyzed these sessions using Conversation Analysis, a discourse analytic method to systematically examine the details of interaction. We focused on how participation is shaped by and is contingent upon the affordances of the online environment.

3. Results

Our analyses show that participants explicitly orient to the interactional accomplishment of participation in frameworks that change in the various phases of case discussion. Participants establish new procedures to deal with both familiar and sometimes new problems of participation introduced by the online environment. We describe these procedures in detail to contribute to the understanding of the accomplishment of participation in online environments.

4. Conclusions

We conclude that while participation in online environment is challenging, in our small-scale study participants do find creative ways to shape participation, drawing on unique features of the medium. Our findings can serve training purposes in online education across both medical and non-medical curricula.

Disclosure: No significant relationships.

EPP028 / #1254

E-POSTER PRESENTATION

Topic: *4. Education / 4.03 Professional education and development*

EMERGING INFECTIOUS DISEASES IN PRIMARY HEALTH CARE: CASCADE MULTIDISCIPLINAR TRAINING

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Background and purpose

The Spanish public Health System administration is divided by regions, Catalonia among them. Catalonia is divided in 7 subregions

Communication among different departments and PC (Primary Care) is not always fluid, many of the times due to the many layers of administrative barriers

Coordinate a multidisciplinary training leaded by International Health(IH), Public Health (PH), and Primary Care (PC) professionals aimed to empower PC professionals

Upgrade the diagnostic and management skills of emerging diseases in PC and Emergency Department

Increase the knowledge and use of the epidemiological surveillance circuits

Enhance the network professionals in each region

Methods

5 training sessions of trainers were given.

The initiative came from a working group of a PC scientific society in collaboration with the regional PH Agency and the different IH Departments of the main hospitals in the 7 Health Regions

Interactive clinic cases, protocols and lectures were given of 5 emerging diseases: Ebola, arbovirosis, Lassa Fever, Yellow Fever and MERS

Material was given to facilitate new sessions by the trained trainers

Results

Good outcome: 5 sessions in the region. More than 200 trained professionals

Cascade training was interrupted by the current pandemic

Good cooperation among PC, IH and PH department.

Creation of a regional and local network

Conclusions

Many PC and emergency room professionals were trained in emerging diseases management due to the coordinated work of PH, IH and PC trainers. At the same time a working network was built. The model is easy to reproduce in any other place with a similar Health System

Disclosure: No significant relationships.

EPP029 / #182

E-POSTER PRESENTATION

Topic: *5. Research and innovation / 5.02 Advances in clinical research*

COPD (CHRONIC OBSTRUCTIVE PULMONARY DISEASE) ASSESTEMENT TEST (CAT) and DIFFICULTY IN BREATHING. (COPD ASSESTEMENT TEST and DIFFICULTY IN BREATHING)

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COPD in Europe is the 3rd leading cause of death 8-10%. The CAT test evaluates the impact of the COPD. Materials and methods. Assess: a) the impact of COPD on health, b) related clinical symptoms diagnosed instrumentally c) Whether the CAT test in comorbidities is synonymous with COPD. A screening for COPD investigation was launched in the town of Martina Franca involving local population. 148 patients were enrolled (62 F, 41.9%; mean age 51.1 ± 18.3). The following measurements implemented: BMI (height, weight); blood pressure; ECG; simple spirometry; oximetry and questionnaire to be filled in [CAT test, comorbidity (Diabetes, Hypertension, chronic myocardial ischaemia, arrhythmia)]. Results: CAT score: <10 (M: 75.6%; F: 72.6%); 10-20 (M.23.3%; F: 27.4%); 20-30: (M: 1.2%; F: 0). CAT vs Tiffeneau (<70): <10 63.6%; 10-20: 34.4%. 34 patients with CAT 10-20 (normal Tiffeneau) had Obesity 44%, ECG changes 44%, Diabetes 8.8%, IA 44.1%. In a multivariate logistic regression with medium-high CAT score there was a correlation with ECG alteration (OR: 2.862; CI: 1.165-7.026; P: 0.02). CAT vs Tiffenaeu index (<70) not significant (OR: 1757; CI: 0.474-1.718; P: 0.40). Conclusions. Dyspnea in COPD with CAT comorbidity is not always reliable.

Disclosure: No significant relationships.

EPP030 / #732

E-POSTER PRESENTATION

Topic: *5. Research and innovation / 5.04 Big data research*

PREVALENCE OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE IN PORTUGUESE MEN, ASSOCIATED COMORBIDITIES and USE OF HEALTHCARE RESOURCES - A POPULATION-BASED STUDY

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Introduction:

Chronic obstructive pulmonary disease (COPD) is a major cause of worldwide morbidity and mortality, being a public health challenge. We analysed men with self-reported COPD regarding socio-demographic data, comorbidities and use of healthcare resources.

Methods:

We analysed data from a population-based survey with a representative sample of Portuguese men aged ≥40 years (n=5,707), in 2014. Men with self-reported COPD were described according to age, education level and household income. The comparison of comorbidities and use of healthcare resources according to COPD diagnosis was adjusted for age and education. We computed weighted prevalences with 95% confidence intervals (95%CI), and adjusted prevalence ratios (PR), using Poisson regression. This study was approved by ethics committee.

Results:

The nationwide prevalence of COPD in men was 6.4% (95%CI:5.5-7.2), increasing with age (prevalence of 13.7% for ≥75-year-old men), and decreasing with education level (17.1% if no education to 2.5% if more than 12 years of education) and household income (8.8% in the 1st quintile to 3.4% in the 5th quintile). Men with COPD had a higher prevalence of work absenteeism [PR=1.07(1.02-1.12)], activity restriction [PR=1.75(1.56-1.97)] and a higher level of comorbidities: cardiovascular diseases (CV) [PR=1.48(1.10-1.98)], obesity [PR=1.53(1.18-1.98)] and depression [PR=2.07(1.45-2.98)]. COPD was associated with higher healthcare consumption: medical consultations [PR=1.19(1.05-1.35)], prescribed medication [PR=1.20(1.13-1.27)], hospital visits [PR=1.33(1.16-1.52)] and hospital stay [PR=1.96(1.46-2.63)].

Conclusion:

COPD prevalence increases with age, low education level and low household income. CV diseases, obesity and depression are important independent comorbidities associated to COPD. The use of healthcare resources was more prevalent among these men.

Disclosure: No significant relationships.

E-Poster Viewing

EPV001 / #63

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.01 Cardiovascular*

QUALITY ASSURANCE OF MEDICAL CARE: PRESCRIBING, MONITORING and MANAGEMENT OF DIRECT ORAL ANTICOAGULANTS AT A PRIMARY HEALTH CARE CENTRE

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Background and purpose: The use of direct oral anticoagulants (DOACs) has spread in clinical practice and revolutionized anticoagulation management of thromboembolic risk (eg. in non-valvular atrial fibrillation). DOACs prescription has increased due to their convenience, safety and effetiveness. The suitable dose depends on several factors [eg. renal function (GFR), age, body weight (BW), bleeding risk] demanding an initial assessment and a mandatory follow-up. We aim to assess and improve the quality of medical care in the management of monitoring patients under DOACs.

Methods: A quality assurance audit was undertaken with identification of all of patients with DOAC prescription in our Primary Healthcare Centre in 2018 and 2019. A checklist was applied according to Heather Palmer methodology. Study dimension: technical and scientific adequacy. Studied units of care: Five family doctors; during a year. We assessed six explicit criteria in patients treated with DOACs: (1) prescription motive; (2) treatment duration; (3) BW and creatinine clearance records; (4) adjusted dose for age, BW and GFR; (5) without concomitant prescription of contraindicated drugs; (6) without contraindicated comorbidities.

Results: There were 274 patient records screened. The conformity rates obtained for each assurance criteria since data collection and 1st results were respectively: (global) 42—67%; (1) 84—95%; (2) 89—96%; (3) 58—81%; (4) 58—78%; (5) 99%—99%; (6) 99—99%.

Conclusions: We had an increase in all assessed criteria. All non-conformities have been revised. Correcting actions were implemented justifying the current 1st cycle outcome. It is imperative to maintain continuous quality assurance evaluations.

Disclosure: No significant relationships.

EPV002 / #168

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.01 Cardiovascular*

NOT EVERYTHING THAT WHEEZES IS ASTHMA: BASED ON A CASE REPORT

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Background and purpose: heart failure (HF) can manifest by coughing, wheezing and dyspnea, which results from reflex bronchoconstriction due to pulmonary congestion. Since this presentation is often overlapped with asthma, the diagnosis of dyspnea of cardiac etiology may be unsuspected in early stages of HF.

Methods: we present a patient who consulted in our health unit.

Results: this is a 62-year-old caucasian woman with hypertension, dyslipidemia, obesity, hypothyroidism, depression, and obstructive sleep apnea syndrome with no history of asthma. She presented with dry cough, wheezing and dyspnea for small-medium efforts for 15 days. Denied thoracalgia, fever or lower limb edema. She was anxious and wheezing, apyretic, 145/88 mmHg, 97% in ambient air, heart rate of 132, rhythmic pulse, normal S1 and S2 and bilateral expiratory wheezing. She was treated with IV hydrocortisone and salbutamol plus ipratropium nebulization with clinical improvement. Spirometry and chest x-ray were requested and ICS+LABA was prescribed. Spirometry showed a pattern compatible with non-controlled asthma, however the patient did not improve, even with an increased dose of ICS+LABA. Echocardiography, electrocardiography, and BNP were requested. Posteriorly, she presented to emergency care with atrial fibrillation with fast ventricular response and was medicated with beta blocker and hypocoagulant therapy. Later, she presented with periorbital bilateral edema and orthopnea. Echocardiogram showed severe left ventricular dysfunction, confirming the diagnosis of HF.

Conclusions: an asthma-like presentation in the elderly with risk factors for heart disease should alert the clinician to the possibility of HF.

Disclosure: No significant relationships.

EPV003 / #178

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.01 Cardiovascular*

"ADVERSE REACTION TO VARENICLINE. ABOUT A CASE."

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A 46-year-old male patient who went to the Emergency Department reported dyspnea. His personal background only was smoking. He has progressive dyspnea until minimal efforts that was accompanied by orthopnea of a day of evolution. He denied chest pain, palpitations or infectious clinic.
This had begun insidiously two weeks before coinciding with the start of his smoking cessation for which his primary care physician had prescribed varenicline. He consulted because of the mild dyspnea being diagnosed of anxiety disorder in relation to the disinhabitation and treated with alprazolam.
In the physical examination the cardiac auscultation was rhythmic with a systolic murmur in mitral focus and pulmonary auscultation presented crackles to midfields.

Analysis: D-Dimer 3.1; Troponin T 29; PCR 10 and Pro-BNP 2590.
ECG: sinus tachycardia at 115 bpm, right axis, R that did not progress in V1-2 and left ventricular hypertrophy.
Chest x-ray: cardiomegaly, vascular redistribution and impingement of both costofrenic sinuses.
CT pulmonary arteries: findings suggesting heart failure.

The radiologist on call proposed to assess whether there was a basic heart disease and also related it to a possible secondary adverse effect to varenicline.

The diagnosis was dilated cardiomyopathy with heart failure in functional class IV/VI probably triggered by taking varenicline.

He was admitted in the Cardiology department and treated with rest, diet without salt, furosemide, enoxaparin sodium, enalapril and bisoprolol.

Smoking cessation is a frequent reason for consultation in Primary Care. Whether with or without treatment, detoxification is associated with several symptoms. It is important to differentiate whether these symptoms could be an adverse reaction to the prescribed medication.

Disclosure: No significant relationships.

EPV004 / #299

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.01 Cardiovascular*

RESISTANT HYPERTENSION DUE TO CONN'S ADENOMA LEADING TO CARDIOVASCULAR COMPLICATIONS

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Background: Conn adenoma is one of the major cause of resistant hypertension requiring surgery to reduce the incidence of hypertensive complication. This case explain the cardiac complication of conn disease secondary to hypertension.

Introduction: 47year old male Hypertensive patient (on Valsartan & Amlodipine) admitted via Ambulatory care with complain of Chest Pain.

Case Description: On examination, patient had a Blood pressure of 185/106 mmHg with a heart rate of 61 beats per minute. Rest of the systemic examinations were unremarkable. ECG showed changes of Left Ventricular Hypertrophy. Initial investigations revealed Sodium of 139 mmol/L, Potassium 2.4 mmol/L and raised troponins. Urgent cardiology opinion was taken and acute coronary syndrome protocol was started. Potassium was replaced intravenously but persistently remained low. This prompted to check for Serum Aldosterone and Serum Renin levels in the blood which came back as 99 ng/dL and 0.18 ng/mL, respectively. Cortisol level was 12.4 Ag/dL. The Aldosterone/ Renin ratio was calculated to be 511 ng/dL per ng/(mL/hour).

A CT scan with contrast of the abdomen and pelvis showed an enhancing nodule at Left Adrenal gland. MRI of the Abdomen reported the presence of a probable Left Adrenal Adenoma measuring 13 mm. A selective Adrenal Venous sampling (AVS) test confirmed the diagnosis of Left Adrenal Adenoma.

Outcome: The patient was given IV Potassium and by fourth day of hospitalization, his electrolytes were corrected, Blood Pressure controlled and hence discharged on Doxazosin, Hydralazine and Eplerenone. The possibility of a Left Adrenalectomy has been discussed with the patient, to which he has agreed.

Disclosure: No significant relationships.

EPV005 / #373

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.01 Cardiovascular*

ANTIHYPERTENSIVE DRUG CLASSES and INCIDENT DEMENTIA – FINDINGS FROM THE PREDIVA OBSERVATIONAL EXTENSION (POE)-STUDY.

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Background and purpose Midlife hypertension is a risk factor for all-cause dementia. Treatment of hypertension with antihypertensive medication (AHM) may be a promising strategy to delay or prevent dementia. Recent reports have suggested that AHM are associated with differential effects on dementia risk, due to class-specific mechanisms. In this study, we assess the association between different AHM-classes and incident dementia, using data from the preDIVA observational extension (POE)-study.

Methods Participants who used AHM at baseline were included. We distinguished angiotensin-converting enzyme (ACE)-inhibitors, angiotensin-receptor blockers (ARBs), beta-blockers, calcium channel blockers (CCBs), and diuretics. Data on incident dementia were collected after 2, 4, and 6 years at study-end, and after a further 2-4 years of observational follow-up. Cox proportional hazards regression was used to study the association between different AHM-classes and incident dementia, compared with use of any other AHM-class.

Results 1953 participants were included, with a mean age of 74.5 (±2.5) and a mean systolic blood pressure of 156.4mmHg (±21.5). After a median follow-up of 10.4 years (IQR 6.7-11.0), 228 (11.7%) participants had developed dementia. Adjusted hazard ratios (HR) for dementia were 1.07 (95%CI 0.80-1.42) for ACE-inhibitors, 0.75 (95%CI 0.53-1.06) for ARBs, 1.00 (95%CI 0.77-1.31) for beta-blockers, 0.92 (95%CI 0.68-1.24) for CCBs, and 1.02 (95%CI 0.78-1.33) for diuretics.

Conclusions In contrast with previously reported, possible protective effects of ARBs and CCBs, no association between any AHM-class and incident dementia was found in this observational extension. Longer follow-up in older participants with high mortality- and dementia rates may have contributed to attenuation of AHM-class effects on dementia incidence.

Disclosure: No significant relationships.

EPV006 / #414

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.01 Cardiovascular*

IMPORTANCE OF A COMPLETE EXAMINATION IN CORONARY ARTERY DISEASE

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Background and objectives:

In Europe, four million annual deaths are caused by cardiovascular disease, primarily by coronary artery disease. Additionally, patients with atypical coronary symptoms (women, diabetics and elders), that visit the emergency department, are often misdiagnosed. Consequently, delaying treatment options and increasing rates of mortality (9.3% to 23.3%). Given the importance of early diagnosis, we present the following clinical case.

Material and methods:

76-year-old woman with a history of COPD, asthma, bronchiectasis and smoking, attended the emergency room complaining of bilateral low back pain (of sudden onset while resting). It was described as a six-hour-long non-irradiated stabbing pain accompanied by abundant sweating. Neither chest pain, dyspnea nor palpitations were reported. During physical examination bradycardia, mucocutaneous paleness and profuse sweating, were objectified. An exponential rise of Troponin I was further obtained from subsequent blood tests (from 422.8, to 39002.3 after 3 hours). Lastly, a Coronary angiography confirmed a 3-vessel disease.

Results:

Inferior and right ventricle acute myocardial infarction with ST elevation complicated by transient complete atrioventricular blockade. 3-vessel disease, revascularized with 3 stents.

Conclusion:

Our patient is an atypical presentation of coronary artery disease. Despite an original suspicion of osteomuscular and renal pathology, the performance of a systematic physical examination permitted a definitive diagnosis to be made, thus saving the patient's life. This demonstrates the importance of avoiding poorer examinations focused solely on referred symptoms. Performing complete explorations is the path to achieving early diagnosis and effective treatment practices for our patients.

Disclosure: No, I do not. My abstract is not based on any product or industry. However, It may be possible that Almirall pay my fee, as an exceptional fact. This year I do not have enough economical resources. I hope that this fact does not affect my acceptance.

EPV007 / #445

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.01 Cardiovascular*

BEAUTY REQUIRES CARE: PROBLEMS WITH MINOXIDIL TREATMENT

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Introduction: Although minoxidil is a well-known and often-utilized topical beauty drug for restoring hair loss, it can give relevant side effects usually described as an oral drug.

Case presentation: A healthy 27-year-old young man suffered hypotension and dizziness after 4 sessions of topical treatment with minoxidil in a cosmetic clinic during a week. The symptoms were getting worse during the next weeks although he didn't take more sessions. The patient described tachycardia, hypotension, tinnitus and palpitations especially during the night. He visited Emergencies several times where low blood pressure (BP) was found (BP: 80/50), physical exam, analytics and electrocardiogram were normal. Those symptoms improved with drinking oral rehydration.

Based on his continued symptoms, a primary care attendant was required and the patient underwent additional examinations.

Blood tests including hormonal results, holter-ECG were normal. Ambulatory blood pressure monitoring (ABPM) confirmed remarkable systolic and diastolic decreasing and nocturnal measures dropped to 74/43 mm Hg (average of 24h ABPM 105/82 mm Hg; average daytime ABPM 111/73 mm Hg; average night-time ABPM 94/58 mm Hg).

After the evaluation of the results, low blood pressure and symptoms were attributed to topical treatment with minoxidil.

Conclusion: This case highlights the importance of considering and identifying potential side effects of topical beauty treatments because of the possibility of cutaneous absorption and its systemic effect.

Disclosure: No significant relationships.

EPV008 / #643

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.01 Cardiovascular*

STUDY OF ACUTE CORONARY EPISODES IN PATIENTS WITH PROCARDIUM PAIN IN A PRIMARY HEALTH CARE CENTER (PHCC)

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Background and purpose Ischemic myocardial disease is the most common cardiovascular disease, associated with high morbidity and mortality. The purpose was to study and distinguish acute heart episodes from cases of chest pain, due to other causes, in patients attending a PHCC located in Goura of Korinthos, Greece.

Methods Among all cases of chest pain examined during June 2019 - February 2020, 90 patients with an acute coronary syndrome(ACS) were studied. Most participants were men (71%) aged 61-70 (31%).

Results A previous heart episode was mentioned by 28,6%. Among them, 22% did not comply with their medication regimen and 14.3% had been examined with coronary angiography. Percutaneous Coronary Intervention has been performed to 11.4% and 1.4% had undergone coronary-artery bypass. Risk factors were; hypertension(52.9%), smoking (37.2%), dyslipidemia (27.1%). Clinical manifestations were; chest pain 62.9%, perspiration 21.4%, numbness of extremities 18.6%, reflection of chest pain in the back 18.6% and nausea/respiratory distress 2.9%. Electrocardiographic findings consistent with STEMI were found in 32% of patients. A new Left Bundle Branch Block was apparent in 5.7% of patients. Episodes of unstable angina with ischemic repolarization disorders were recorded in 29.4%. All patients after evaluation and initial treatment were transported to a hospital. Finally, one patient (1,42%) died.

Conclusions There is a great incidence of acute coronary events in a Greek PHCC. General practitioners, following international guidelines deal with them successfully, despite lacking resources.Initial evaluation and treatment of ACS in a PHCC is of vital importance and contributes to lower morbidity and mortality rates.

Disclosure: No significant relationships.

EPV009 / #648

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.01 Cardiovascular*

HEART RHYTHM DISORDERS OF PATIENTS PRESENTING WITH PALPITATION IN A PRIMARY HEALTH CARE CENTER (PHCC) IN GREECE

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BACKGROUND and PURPOSE Heart rhythm disorders are often intermittent or transient, causing diagnostic problems and occasionally are severe and disabling. The purpose was to investigate true supraventricular arrhythmias among all patients presenting with palpitation.

METHODS The research was conducted on 550 patients presenting with palpitation during January 2019 - January 2020. Most participants were men (52.05%) aged 60-80 (61.64%).

RESULTS Supraventricular tachycardia was diagnosed in 73 patients (13.3%) while the rest 477 patients(86.7%) had sinus tachycardia. The co morbidities among patients were; hypertension (42.1%), coronary artery disease (26.95%), diabetes mellitus (19.65%) and dyslipidemia (11.3%). The cause of patients' palpitations was; paroxysmal supraventricular arrhythmias (PAT) 49.31%, paroxysmal atrial fibrillation (PAF) 41.09% and atrial fibrillation (AF) of unknown start 9.60%. From the 9.6% of the patients were found to have AF of unknown start, the 7% presented with a clinical manifestation of stroke and were transported to a hospital. The majority of patients achieved cardioversion (80%) in the PHC while the rest were transported to the hospital. The medication of choice was adenosine or verapamil upon failure. In the cases of PAF of unknown start, there was an effort to control heart rate with beta-blockers.

CONCLUSIONS Only 13.3% of patients presenting with palpitation in a PHCC in Greece proved to have true supraventricular arrhythmia. About half of the patients with PAF and the majority of the cases with PAT achieved cardioversion in the PHCC.

Disclosure: No significant relationships.

EPV010 / #932

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.01 Cardiovascular*

LDL-C and BLOOD PRESSURE FOLLOW UP IN PATIENTS WITH CORONARY HEART DISEASE DURING FIRST and SECOND COVID-19 WAVE IN SPAIN

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Background and purpose: The ESC-19 guidelines aim for a LDL-c goal <55mg/dl and blood pressure (BP) of <130/90mmHg, measured biannually, in secondary prevention. The COVID- 19 pandemic delayed the follow-up of coronary heart disease (CHD) patients. This study aims to describe the achievement of LDL-c and BP goals according to ESC-19.

Methods: Observational, retrospective study in Madrid (Spain). Participants: Patients with CHD diagnosed before 2020, >45 years (n:263). Time period: 01/01/2019 to 01/01/2021. Variables: sociodemographic data, physical examination (BP, BMI), comorbidities, LDL-c and BP before 13/03/2020 and LDL-c and BP during pandemic (first available data after 13/03/2020). Data collection: electronic health record. Analysis: Descriptive, bivariate performed by STATA 16

Proposed Results: Out of 263 patients 65.77% were male, mean age: 72.8 (SD: 0.78). 65.77% had hypertension, 58.17% dyslipidemia, 65.14% BMI>26 kg/m2 and 41.06% diabetes. There were 224 patients with suboptimal LDL and BP control. Before the lockdown, mean LDL-c was 79.1mg/dl (SD 24.3), mean BP: 130.6mmHg (SD 18.4)/ 72.2mmHg (SD 11.2). After lockdown the LDL-c mean was 74.9mg/dl (SD 30.2), Systolic BP 131 (SD 19.8) and median Diastolic BP 70 (IQR 60-80).

Conclusion: CHD patients had suboptimal LDL-c control but optimal BP levels according to ESC-19 guidelines. LDL-c improved after the lookdown, without intervention. We should consider whether a biannual blood test and physical examination were really necessary.

Disclosure: No significant relationships.

EPV011 / #942

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.01 Cardiovascular*

TAKOTSUBO SYNDROME: A WAY TO PRETEND TO BE A STEMI. CASE REPORT.

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Takotsubo syndrome: a way to pretend to be a STEMI. Case Report.

INTRODUCTION: When treating patients with chest pain we have to take under consideration several possible presentations of an acute coronary syndrome.

BRIEF CLINICAL HISTORY: A 71-year-old female with a history of: hypertension, auricular fibrillation and arthritis contacted her GP requesting an urgent visit because of an oppressive thoracic pain, irradiated to the interscapular zone and followed by nauseas and palpitations. On examination she appeared pale, sweaty, haemodynamically stable with a blood pressure of 140/80 mmHg. Cardiopulmonary examination revealed an irregular heartbeat, no murmurs and clear lung fields. The rest of the exam was normal. The first electrocardiogram showed, ST-segment elevation in the V2-V6 leads. An acute STEMI was diagnosed. Two intravenous access were cannulated, and the medication and fluid therapy were administered. The Advanced Life Support Ambulance transported the patient immediately to the local University Hospital where she was admitted to Intensive Care Unit. The blood test revealed leucocytosis and first troponin of 1,94 ng/ml. The urgent coronarography was performed and it revealed coronary arteries with no lesions and akinesia of the middle and apical myocardial segments with hypercontractility of the basal ones: findings compatible with Takotsubo Syndrome. The patient stayed in for 4 days and, finally, was discharged with a good prognosis an no additional treatment.

DIFFERENTIAL DIAGNOSIS:Acute myocardial infarction

FINAL DIAGNOSIS: Takotsubo Syndrome

DISCUSSION: The Takotsubo syndrome or transitory apical dyskinesia, is one of the acute coronary syndromes, characterised by normal angiogram and its heterogenous etiology. It is often related to acute stress, vasospasm and prothrombotic states.

Disclosure: No significant relationships.

EPV012 / #982

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.01 Cardiovascular*

ACUTE MYOCARDIAL INFARCTION: CHARACTERIZATION OF PATIENTS and THEIR FOLLOW-UP IN A FAMILY HEALTH UNIT

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Introduction: Cardiovascular diseases, including acute myocardial infarction (AMI), are the main cause of death in Portugal and one of the most important causes of morbidity, disability and potential years of life lost early.

Objective: Characterize the group of patients in the family health unit (FHU) who suffered AMI and post-event approach.

Methods: Retrospective, observational study. Population: users with follow-up at the FHU. Inclusion criteria: users with AMI coded between 01/01/2018 and 12/31/2020. Exclusion criteria: users without at least one appointment in the year prior to the event. Data: sex, age, comorbidities, body mass index (BMI), habits, metabolic control data, and follow-up in medical appointments. Data obtained by consulting clinical records and processed using Microsoft Excel®.

Results: Of the 23 users with AMI coded, 82,6% were male. Regarding comorbidities, 52,2% had hypertension, 13,0 % diabetes and 56,5% dyslipidaemia. Only 30,4% had normal weight, and 34,8% never smoked. Regarding dyslipidaemia, 21,7% had lipoprotein cholesterol below 70 mg/dL. About post-event follow-up, 78,2% had an appointment in FHU in the first month after the event.

Discussion/Conclusions: The incidence of AMI is similar that reported nationwide. There is a high percentage of users with at least one cardiovascular risk factor. Post-event follow-up is shared by primary and secondary health care; however, patients are monitored by the family doctor for a short period of time. Primary health care can play a key role in both primary prevention (cardiovascular risk factors control and event prevention) as well as secondary prevention.

Disclosure: No significant relationships.

EPV013 / #1001

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.01 Cardiovascular*

PRECORDIAL PAIN: DIFFICULTIES IN THE PRIMARY CARE

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Background and purpose

A precordial pain requires an accurate differential diagnosis since it could result from a cardiac or a non-cardiac cause. Whenever a cardiac cause is suspected, care should be taken to distinguish between a common but underestimate etiology as myocarditis/pericarditis from acute coronary syndrome. Note that both cause abnormal levels of myocardial necrosis.

Methods

Male, 29 years old, with no relevant comorbidity, presents with a moderate burning and no radiated retrosternal pain which peaks in deep inspiration and has no relief factor associated.There was no travel history, recent infectious intercurrence, medication use or allergy.

Results

A physical exam showed a normal temperature and no dehydration, cyanosis nor hemodynamic instability.The extremities were perfused with no edema; normal jugular vein turgescence. There was no dyspnea nor hepatomegaly.A rhythmic first and second cardiac sounds were found with no associated friction or heart murmur. There was a superficial respiratory rhythm with no increased expiratory time but a normal pulmonary auscultation. Diagnostic exams presented with creatine kinase fraction, troponin I and C-reactive protein abnormal high levels (412U/L, 1.68ng/mL and 12.18mg/dL) and high hepatic aminotransferases. Blood count, ionogram, total bilirubin and myoglobin were in the normal range. Electrocardiogram/chest X-ray were normal. Echocardiogram presented with a significant left ventricular motility change.

Conclusions

A perimyocarditis is the result of a concurrent myocyte damage and pericardium inflammation. It´s a high risk clinical disease which deserves hospital management. This diagnosis needs a notably high level of suspicion the primary care setting since there is a need for an abnormal necrosis markers level confirmation.

Disclosure: No significant relationships.

EPV014 / #1046

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.01 Cardiovascular*

BMCS TRANSPLANTATION FOR AMI ON CARDIAC FUNCTION and INFARCT SIZE and CLINICAL EVENTS: A META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS

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AMI pose a great threat to human health and the effect of BMCs transplantation on cardiac function in patients with AMI is not well established and the effects of different time-period were unclear.

Seven databases (PubMed, Cochrane Library, Clinical Trial Registry, EMBASE, MEDLINE...) were searched to August 2020. The Cochrane bias risk tool was used for risk evaluation and JADAD scale assessed quality. Meta-analysis with the quality evaluation scores >= 3 was carried out by Review Manager 5.3, further subgroup analysis were based on the different time-period (short term: <3 months, median term: 3 to 6 months, and long term: >=12 months). Begg's test was used for publication bias by Stata 15.1.

Fifty-five eligible RCT studies with quality scores >= 3 and 3,772 AMI patients were included in meta-analysis. Compared with control group, BMCs transplantation group significantly increased LVEF [MD=1.82, 95%CI (1.19, 2.45)], reduced LVEDV [MD= -1.89, 95%CI (-3.28, -0.50)] and LVESV [MD= -2.27, 95%CI (-3.64, -0.91)] and WMSI [MD= -0.08, 95%CI (-0.14, -0.01)] and infarct size [MD= -3.16, 95%CI (-4.22, -2.10)] and LVDd [MD= -1.59, 95%CI (-3.08, -0.11)] and reduced rehospitalization of HF (OR=0.38, P<0.05) and with trends towards reduced recurrent MI (OR=0.59, P=0.06). Subgroup analysis showed that the effects of BMCs transplantation were different within the different time-period and were significant on improving cardiac function and reducing infarct size and recurrent MI in median term and reduced rehosipitalization of HF in long term.

BMCs transplantation provides statistically clinical benefits on cardiac function and infarct size reduction and clinically relevant events beyond PCI, what were different with the different time-period.

Disclosure: No significant relationships.

EPV015 / #1156

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.01 Cardiovascular*

PREVALENCE OF CARDIOVASCULAR RISK FACTORS IN THE ADULT POPULATION OF THE GOVERNORATE OF SOUSSE IN 2014.

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1.Background and purpose:
Cardiovascular diseases (CVD) kill 17.9 million people every year. In Tunisia, although several national programs have been implemented to reduce their risk factors (RF), CVD still represent the leading cause of death.
Aim : To determine the prevalence of cardiovascular risk factors in the adult population of the governorate of Sousse in 2014.
2.Methods:
A cross-sectional study was conducted among 1977 adults living in 16 districts randomly selected from the governorate of Sousse in 2014. A pre-tested questionnaire was administered to the participants by pre-trained physicians during face to face interviews in their homes to collect data about: sociodemographic characteristics and risk behaviors. At the end of the interview, weight and height were measured.
3.Results :
The mean age of the participants was 39.8 ± 13.8 years. Women represented 61% of them. Prevalence of overweight and lack of physical activity were identified in 64.7% and 60.4% of participants respectively. Among men, 47.6% use tobacco and 14.7% consume alcohol, versus 3.3% ($p < 0.001$) and 0.6% ($p < 0.001$) among women. The accumulation of 3 RFs or more was objectived in 41.5% of men and 43.3% of those aged over 40 years old, against 29.6% in women ($p = 0.010$) and 26.1% in those aged under 40 years old ($p < 0.001$).
4.Conclusion :
Behavioral CVD RFs are highly prevalent in the adults of the governorate of Sousse. A national strategy to promote healthy lifestyle should be implemented in Tunisia.

Disclosure: No significant relationships.

EPV016 / #1173

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.01 Cardiovascular*

A CASE OF SEPTIC SHOCK WHICH POSTMORTEM PATHOLOGICAL AUTOPSY REVEALED BACTERIAL MYOCARDIAL ABSCESS

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Background and purpose: Myocardial abscess is a scarce condition, but it is significant due to its high mortality. We aimed to seek for the insight into myocardial abscess by presenting a case report.

Methods: A 73 years old male was emergently transferred to our hospital with disorientation and hypotension. He had a past medical history of diabetes mellitus, hypertension, myocardial infarction, atrial fibrillation, and calculous cholecystitis. He had complained of lumbago since 1 week before arrival at our hospital. We diagnosed him with septic shock due to pyogenic spondylitis and psoas abscess by the laboratory and imaging findings. We could not find abnormality in his cardiac status of echocardiography. Despite the treatment, his condition worsened rapidly, and he died after 24 hours of arrival. We performed a postmortem pathological autopsy, which revealed the condition of myocardial abscesses. We examined medical literature about myocardial abscess.

Results: According to a previous treatise, pyogenic spondylitis was reported as a causative disease of myocardial abscess to the same extent as infective endocarditis. Bacterial myocarditis may lead to decreased cardiac function and arrhythmias. Our case did not show cardiac asynergy, decreased cardiac function, and sudden fatal arrhythmias during the course. We thought that the myocardial abscess was due to a hematogenous metastasis from the pyogenic spondylitis. and we thought the direct cause of death was septic shock, not the myocardial abscess.

Conclusions: We experienced a fatal septic shock case revealed myocardial abscess by the postmortem pathological autopsy. It is possible that we cannot notice the existence of myocardial abscess without a pathological autopsy.

Disclosure: No significant relationships.

EPV017 / #1239

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.01 Cardiovascular*

AFTER ALL, THERE WAS SOMETHING!

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Background/purpose: Discussion of a case clinical of cerebellar stroke.

Stroke is prevalent in the population, with high morbidity and mortality. The risk is higher in women; for their greater life expectancy. The aim is sensitize family doctors (GP) to this diagnosis.

Methods:Data collection through computer system.

Results: 50 years old, woman, with hypertension, dyslipidemia, depression. Apparently well until November 2020, when she was evaluated by GP for anxiety onset, dizziness triggered by cervical movement, posterior cervical pain and trapezius pain. Patient returns to GP after 2 days, due to anxiety and migraine. The neurological examinations, cranial CT and ECG did not show alterations. Later, she was evaluated by ophthalmology for right retroauricular pain and diplopia, without changes in neurological exam. The hypothesis of ocular migraine was proposed. The patient was oriented to neurology. She was admitted in the emergency room due to right hemicranial headache, diplopia with 10 days of evolution and imbalances with right lateralization. The cranial CT was discussed with Neurosurgery, having concluded the probability of the V2-V4 segments of vertebral artery to be occluded, although without cerebellar infarction. The patient was hospitalized for study, but was discharged on request with the hypothesis of ischemic stroke of the cerebellum, waiting ecodoppler and NMR at home.

Conclusions: Although, the patient exhibited congruent focal symptoms with the diagnosis of possible stroke, this was not evident in the first neurological examinations, with an inconsistent clinical picture and poor imaging. In the present case, seems to be no ischemic infarction but there is still a need for a targeted imaging study.

Disclosure: No significant relationships.

EPV018 / #1281

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.01 Cardiovascular*

TRIFFUSAL - THE FORGOTTEN ANTIPLATELET DRUG? AN EVIDENCE-BASED REVIEW

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1. Background and purpose: Triflusal is an antiplatelet agent that targets platelet aggregation; however, aspirin is more commonly used in clinical practice for preventing secondary vascular events. Our main purpose is to find evidence which supports that triflusal is as effective as other antiplatelet therapy in secondary prevention of vascular events.

2. Methods: A literature search for systematic reviews (SR), meta-analysis (MA) and randomized clinical trials, (RCT) published in English or Portuguese, in the last 5 years, with the Mesh terms: "Triflusal" and “vascular disease" was made using multiple databases. The recommendation strength was evaluated with the SORT scale by the American Academy of Family Physicians.

3. Results: Out of the 14 articles found, we selected 2 SR, 2 MA and 1 RCT. The SRs and the MAs showed that there were similar results in reducing ischemic events as secondary prevention after acute myocardial infarction and non-cardioembolic cerebrovascular events with aspirin and triflusal. Moreover, the overall incidence of major and minor haemorrhagic events was significantly lower with triflusal.

4. Conclusions: Antiplatelet therapy is a widely used secondary prevention strategy for ischemic vascular events. The reviewed guidelines show triflusal as an option for secondary prevention of vascular events, however aspirin is more commonly prescribed. Evidence shows there is not a significant difference between aspirin and triflusal for secondary prevention of vascular events.

We found that triflusal has a comparable antiplatelet effect to aspirin for the secondary prevention of vascular events and offers a lower bleeding risk.

Disclosure: No significant relationships.

EPV019 / #134

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.02 Diabetes mellitus*

FINNISH DIABETES RISK SCORE APPLICATION IN PRIMARY CARE SETTINGS – A QUALITY IMPROVEMENT PROJECT (2ND MEASUREMENT)

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Background and purpose: There is an increase in the burden of type 2 diabetes mellitus (T2DM) worldwide. Identifying individuals with higher risk of developing T2DM or with undiagnosed T2DM is an important approach to prevent and delay T2DM complications. Finnish Diabetes Risk Score (FINDRISC) calculates the probability of developing T2DM during the following 10 years. The aim of this study was to evaluate the application and registry of FINDRISC among Family Physicians (FP) after implementing a training programme in this area.

Methods: We performed a quality improvement project at our Health Care Center using the PDSA model (Plan-Do-Study-Act). Population: Patients ≥18 years of age, non-diabetic. Quality measure: FINDRISC registry. Quality standard: More than 22% of the patients with a FINDRISC score calculated in the last 3 years. 1st measurement: February 2020. Measures: Multidisciplinary meeting to explain the FINDRISC and its importance, discuss the main difficulties and suggest strategies to improve. 2nd measurement: October 2020.

Results: The initial proportion of FINDRISC application and registry was 2,39% (95%CI; 1,63-6,13). After discussion in a multidisciplinary meeting and the implementation of corrective measures, this proportion increased to 6.87% (95%CI; 6,5-7,24). This difference is not statistically significant (p=0,32).

Conclusions: After the development of an educational project about the importance of calculating and registering FINDRISC, there were little improvements in clinical practice. These results may be due to pandemic consequences, underestimation of the score importance and poor teamwork. We intend to continue to involve professionals in this project, motivating them to calculate and register FINDRISC.

Disclosure: No significant relationships.

EPV020 / #247

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.02 Diabetes mellitus*

COHESION and FAMILY ADAPTABILITY OF PATIENTS WITH DIABETES MELLITUS TYPE 2 CONTROLLED and UNCONTROLLED.

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Background:

In the control of the diabetic patient, 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 type 2 controlled and uncontrolled. Design: Observational, transversal, descriptive and comparative.

Material and methods:

We included 147 patients with diabetes mellitus 2, who attended consultation in 33 family medicine unit, applied a metabolic control, and FACES III survey for family adaptability and cohesion.

Results:

71 out of control patients (48.29%) and 76 patients controlled (51.71%). Patients with metabolic control was found for family Cohesion: not related: 72.36%, Semi related: 15.78%, related: 6.66% and Aglutinada: 5.26%. For family adaptability: Rigid: 1.31%, structured: 9.21%, Flexible: 3.94% and chaotic 85.54%. For patients with metabolic disorder, was found: family Cohesion: not related: 85.93%, Semi related: 7.04%, related: 1.40% and Aglutinada: 5.63%. Family adaptability: rigid: 12.67%, structured: 1.40%, Flexible: 9.85% and chaotic 76.08%. For family Cohesion, was a chi square 5.39; 0.020 p. For family adaptability: Chi square 0.12; 0.726 p.

Conclusions:

Families with diabetic patients tend to extreme cohesion, which is emphasized in the uncontrolled patients. Uncontrolled patients have rigid structures compared with the controlled. So the lack of cohesion and the rigidity of the family influence the lack of control of diabetes mellitus.

Disclosure: No significant relationships.

EPV021 / #425

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.02 Diabetes mellitus*

FEASIBILITY STUDY OF AN ARTIFICIAL INTELLIGENCE DEVICE TO MONITOR DAILY ACTIVITIES IN PATIENTS WITH TYPE 2 DIABETES LIVING ALONE.

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Background and purpose: The key to managing type 2 diabetes (T2DM) is a healthy lifestyle (in some cases to add medication could be needed): to reach this goal patient involvement is essential. The aim of this study is to assess the feasibility and preliminary efficacy of an artificial intelligence (AI) device in the monitoring and metabolic control of patients with T2DM living alone.

Methods: Controlled, randomised, feasibility pilot study. We will test a multi-purpose home activity monitoring solution that reports people's routines through the individual labelling of objects related to them, using a mobile application. 20 patients with T2DM (10 in the intervention group and 10 in the control group). Data on satisfaction with the tool will be collected from professionals and patients, as well as other clinical/epidemiological data from their digital health record and several questionnaires, at baseline and at 6 months, to assess changes and compare them between the two study groups.

Odds Ratios (OR) were estimated to measure the magnitude of the association between those variables and the presence of SARS-CoV-2 infection (logistic regression).

Expected results and conclusions: The use of a home activity monitoring system will be well accepted by patients and their healthcare professionals. It will improve adherence to the behaviours agreed with patients before starting the study. This will help to increase patient empowerment and improve quality of life and disease control.

Disclosure: No significant relationships.

EPV022 / #597

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.02 Diabetes mellitus*

DIABETIC FOOT - THE IMPORTANCE OF LOOKING INSIDE THE SHOES

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Background and purpose: Diabetic foot is a serious complication of Diabetes mellitus. In its origin are peripheral neuropathy or peripheral vascular disease, often in combination. Neuropathy causes an insensitive foot, so minor trauma can lead to an ulcer of the foot. The purpose of this clinical case is to show the importance of regularly inspecting footwear in the prevention of diabetic foot ulcers.

Methods: We present a clinical case of a man with a diabetic foot ulcer and perform a literature review about its etiology and how to prevent it.

Results: A seventy-two year-old man with diabetes, complicated by peripheral sensory neuropathy and peripheral artery disease, presented with a diabetic ulcer, for more than a month of evolution, with necrotic tissue in the first toe of the left foot. The forefoot had erythema and edema and the pedal pulse was weak. Inspecting the footwear, we saw it was comfortable, but it had a sponge in the tip, because it was too large. The patient was promptly referred to the Emergency Department.

Conclusion: A foreign body inside the shoe caused repetitive minor trauma, leading to an ulcer of the neuropathic foot. So, beyond physical examination of the foot, that should occur at least once a year, we should also inspect the footwear. Patient education about self inspecting and hygiene care has a major role in prevention and recognition of ulcers.

Disclosure: No significant relationships.

EPV023 / #778

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.02 Diabetes mellitus*

DIABETES MELLITUS: RELATIONSHIP OF SOCIOECONOMIC FACTORS WITH QUALITY OF LIFE, ANXIETY and DEPRESSION

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Introduction and purpose: Diabetes Mellitus (DM) is a chronic metabolic disease highly prevalent worldwide. Depression and anxiety are common comorbidities among diabetics. Socioeconomic factors influence the quality of life and appear to be associated with depression and anxiety in these patients. The purpose of this study is to assess the relationship between socioeconomic factors and quality of life, anxiety and depression in a group of people with diabetes.

Methods: Cross-sectional observational study in a convenience sample of people with diabetes followed-up in five primary care units. Data referring to 60 diabetic patients was collected between May 2020 and January 2021. An informed consent and a questionnaire including a sociodemographic charaterization and two scales (SF-12 and HADS) were applied. A descriptive and inferential statistical analysis was performed using the following tests: Spearman correlation, Mann-Whitney U and Kruskal-Wallis. A multiple linear regression was conducted.

Results: Sample of 60 individuals, 58,3% male, mean age 68,88 ± 13,85 years, 68,3% married, 63,3% with an education level up to the 4th year, 71,7% retired and 15% with an income ≤ 1029€. A negative and statistically significant correlation between age and self-perceived physical health was observed (p = 0,040). A statistically significant relationship between female sex and self-perceived physical health was found (p = 0,003).

Conclusions: Older age and female sex subgroups had worse self-perceived physical health, and therefore lower health-related quality of life. These results support the adoption of specific strategies aiming to prevent and improve the quality of life in these diabetic patients.

Disclosure: No significant relationships.

EPV024 / #990

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.02 Diabetes mellitus*

ARE HOME BLOOD GLUCOSE MEASUREMENT RESULTS OF DIABETES PATIENTS ACCURATE?

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Background and purpose:

Home Blood Glucose Monitoring is defined as the monitoring of blood glucose (BG) levels by the patients with a glucometer.

Although different brands of glucometers are accepted all over the world, their reliability has been tested only in laboratories.

The validation studies of glucometers are generally performed in hospital or laboratory settings.

The aim of this study is to determine the accuracy of home BG measurement results of patients in daily life and primary health care.

Method

This study is planned as an observational study. The research will be carried out in Dokuz Eylul University Education Family Health Centers(EASM). Volunteer patients aged 18 years and older who applied to EASMs with glucometers for BG measurement at home will be included in the study. 278 patients will be evaluated. Patients will be asked to bring their glucometers. Demographic data, BG measurements and information about the instruments will be collected with a questionnaire. The patient will be asked to perform a BG measurement using own glucometer. This process will be monitored and the application technique will be evaluated by the researcher, BG results will be recorded. Simultaneously, patient blood will be taken and sent to the reference laboratory. Fasting BG and HbA1C analysis will be performed in the reference laboratory. Descriptive analysis, t test, chi-square and correlation analysis will be performed.

Conclusion: There is no study on the accuracy of the measurements performed by glucometers in patients daily life.

We will determine the accuracy of home BG measurement results of patients in primary health care.

Disclosure: No significant relationships.

EPV025 / #99

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.03 Respiratory*

BETA-BLOCKERS and ASTHMA

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Background and purpose:

Asthmatic patients may have some conditions for which the use of betablockers is required. Therapy with these drugs is used in several diseases and it is widely used in clinical practice. This means that it is important to clarify possible contraindications to its use in subjects with asthma. The purpose was to evaluate the effects of cardioselective and non-selective beta-blockers in asthmatic patients: changes in the pulmonary function tests; acute exacerbations of the disease and its symptomatology; frequency that they need to use rescue drugs; the need to use an emergency department and frequency of hospitalizations related to the adverse effects caused by this drugs.

Methods:

This systematic review included articles searched in PubMed electronic database. The search term used was "Asthma and Beta-blockers".

Results:

There were 151 articles identified, from which 49 were selected after reading the titles and abstracts. Of these, after reading the complete article and applying the inclusion criteria, 30 articles were selected. Atenolol and propranolol were the most frequently studied beta-blockers. Two randomized clinical trials and one cohort were about topical beta-blockers; 22 randomized clinical trials studied oral or intravenous beta-blockers. 5 cohorts were also discussed.

Conclusions:

Beta-blockers in mild to moderate asthma can be used but always with monitoring of pumonary function and symptoms of the patient. We could not demonstrate a preference for drug selectivity. Topical ocular beta blockers in asthma can have detrimental effects by reducing FEV1 and increasing asthma exacerbations.

Disclosure: No significant relationships.

EPV026 / #115

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.03 Respiratory*

THE PREDICTIVE VALUE OF PEAK EXPIRATORY FLOW METER AS A SCREENING TOOL FOR COPD AMONG HIGH RISK PATIENTS

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Background : There is an increasing prevalence of Chronic Obstructive pulmonary Disease (COPD) globally and in Africa due to increased aging and exposure to risk factors such as smoking etc . However there are challenges in the diagnosis of COPD at primary care due to scarcity of spirometers.

Aim: To evaluate the predictive value of Peak Expiratory Flow Meter as a screening tool of COPD among high risk patients.

Methodology: This was a cross-sectional study carried out from August to November 2018 which evaluated the use of Peak Expiratory Flow Meter (PEFM) as a screening tool of COPD among high risk patients. A total of 190 participants with risk factors for COPD were recruited. The patient's socio-demographic details, history of risk factors, International primary airway group (IPAG) questionnaire scores, Peak Expiratory Flow Rate (PEFR) and Spirometry values were obtained. Pearson linear correlation was used to assess linear relationship between PEFR and spirometry. Sensitivity, Specificity, Negative and Positive predictive values of Peak Flow Meter were calculated. A receiver operating curve (ROC) was used to find the best cut-off for PEF as a screening tool. The prevalence of COPD when using PEFM was 65.8%. The prevalence using Spirometry was 50.5%. PEFM had a Sensitivity of 82.3%, Specificity of 51.1%, and PPV of 63.2% and NPV of 73.8% in detecting COPD. ROC revealed best cut off for PEFR as 79.5% which would give a sensitivity of 81.3% and specificity of 57.7%

Conclusion: The use of Peak Expiratory Flow Meter would be useful as a screening tool for COPD especially in primary care.

Disclosure: No significant relationships.

EPV027 / #200

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.03 Respiratory*

CHRONIC BRONCHOSPAM EXACERBATION ASSOCIATED WITH POSTCOVID SEQUELS

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Chronic bronchospam exacerbation associated with postcovid sequels

Background and purpose

Even 1 year later, we are still learning about the reach of post SARS COV2 sequels and their influence on previous pathologies. Looking at them, ARDS (and pulmonary fibrosis) is one of the most prominent, appearing in almost 40% of the patients in some studies. These respiratory sequels influence on pre-existing pulmonary conditions, such as chronic bronchospam crisis, can lead to significant changes on the treatment and even on the outcome of these patologies.

Case presentation

We present a case of a 86 year old man, with a medical history of COPD, hypertension, chronic isquemic heart disease, hyperthyroidism and multiple crisis of abdominal pain that associate severe bronchospasm since the beggining of 2020. For those crisis the patient required treatment with morphine, corticoesteroids and bronchodilators with good resolution. After multiple blood, imaging and allergic tests, the cause of those events was never found. On October 2020 the patient was admitted in the hospital diagnosed of SARS COV2 pneumonia and sent home 1 month later with pulmonary fibrosis. After 2 weeks, new crisis without response to the usual treatment, needing at the end orotracheal intubation and admission on the ICU perishing 3 day later.

Conclusion:

SARS COV2 sequels can change the way we act and treat some pathologies, so it will be extremely important to keep them in mind to try preventing unexpected and possibly dangerous outcomes.

Disclosure: No significant relationships.

EPV028 / #722

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.03 Respiratory*

SHORTNESS OF BREATH, FEVER and COUGH: NOT ONLY COVID-19

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BACKGROUND and PURPOSE

The main symptoms of covid-19 are shortness of breath (dyspnea), fever and cough. When a patient arrives at the emergency services with these symptoms an antigenic test is performed (if the symptoms are less than 5 days), or a PCR (more than 5 days)

METHODS

Review of medical report:

54-year-old man. Active smoking (1 pack/day). He went to the emergency department due to fatigue for three months of evolution, cough and dyspnea of 3 weeks and fever for 3 days. He says he was afraid of catching Covid-19 if going to the hospital. Breathing rate 22 b/min T 37.6 C

Respiratory system: Hypophonesis in the left lung field.

Chest X-ray: Radiopacity of upper 2/3 of left lung field compatible with lung mass.

PCR covid 19: Negative.

Diagnostic orientation: Lung mass

Evolution:

A thoracic tomography was performed to confirm the radiological finding. The test result showed 35 x 63 mm right basal pleural thickening suggesting metastatic extension and a 91 x 98 mm lung mass in the apical segment of the left upper lobe.

RESULTS/DISCUSION

During the pandemic, the health system has had to adapt to care for patients with covid-19, with the aggravation that diagnoses of other pathologies such as cancer and other, stroke have been delayed and it has not been possible to carry out adequate control of chronic pathologies.

CONCLUSIONS

In front of a patient with respiratory symptoms, it is not only necessary to think about covid-19 because it exposes a wide spectrum of diseases of the respiratory system.

Disclosure: No significant relationships.

EPV029 / #1206

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.03 Respiratory*

CLINICAL and ENVIRONMENTAL IMPLICATIONS OF VIGILANCE IN PRESCRIBING SHORT ACTING BRONCHODILATORS.

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Background and purpose

'Why asthma still kills: the National Review of Asthma Deaths (NARD) in the UK, 2015' identified patients prescribed more than 12 short acting reliever inhalers in the previous 12 months to be a high risk of death. A key recommendation was that these patients should be invited for urgent review with the aim of improving their asthma management.

Methods

We undertook an audit of all salbutamol inhaler prescriptions in our GP surgery in 2020. Patients prescribed more than 12 salbutamol inhalers were contacted for an urgent review which included the diagnosis, preventer management, smoking status and any documented annual review.

Results

1570 salbutamol inhalers were prescribed to 428 patients. 9.6% our practice population had been prescribed at least one salbutamol inhaler (range 1-37). 29/428 (6.8%) patients had > 12 inhalers. In this high risk group, 11 had a diagnosis of asthma, 7 COPD, 5 mixed asthma/COPD and 5 no documented diagnosis. 12/29 (41.4%) were smokers. All were contacted for an urgent review, diagnoses confirmed, management plans altered and secondary care referrals made when necessary. This data will be presented. Number of inhalers prescribed is now an integral component of our annual reviews. 99% inhalers were meter dose (MDI), which have a carbon footprint 40 times that of dry powder inhalers (DPI), and equated to a carbon footprint of driving 268,100 miles. We are working to switch to DPI when appropriate and liaising with local pharmacies regarding inhaler recycling schemes.

Conclusions

Vigilence in prescribing, and regular auditing of short acting bronchodilator inhalers, can lead to important clinical and environmental benfits.

Disclosure: No significant relationships.

EPV030 / #1248

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.03 Respiratory*

PERSISTENT SYMPTOMS OF COVID-19 INFECTION - EXPERIENCE IN A PRIMARY CARE UNIT

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Background and purpose

Prolonged symptoms in patients with severe COVID-19 infection have been documented in several studies, however, to date, and to the best of our knowledge, little is known about post-acute COVID-19 symptoms in asymptomatic or mild COVID-19 patients, which appears to be the most frequent form of the disease. The aim of our study is to identify the most frequent persistent symptoms of COVID-19, possible association with comorbidities and the impact of COVID-19 infection in people's perception of health status.

Methods

This is a prospective, analytical, transversal investigation. Patients (n=289) with a SARS-Cov-2 positive test that were assisted during the acute phase of COVID-19 in a portuguese primary care unit, were identified and interviewed, by phone, in the 6th week of follow-up. They were asked about their symptoms (before, during the infection and at the moment), comorbidities and health status.

Results

From preliminary results, 47% of the patients have symptoms that they attribute to COVID-19, being fatigue the major symptom (29%), which can either be persistent (22%) or new (9%). Anosmy (14%) and dysgeusia (10%) are frequent symptoms. Myalgias, dyspnea and odynophagia have also been identified. Finally, from patients' own perception of their health status, COVID-19 had a negative impact.

Conclusions

Most COVID-19 patients have asymptomatic to mild/moderate disease and, from this study, we can conclude that long COVID-19 symptoms also occur in these patients and we have to take special attention to them.

Disclosure: No significant relationships.

EPV031 / #1048

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.04 Gastroenterology*

GASTRIC INTESTINAL METAPLASIA A REVIEW

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Background and purpose: Gastric Intestinal Metaplasia (GIM) is a precancerous lesion. The objective of this work is to review the classification, diagnosis, cancer risk and guidance in Primary Health Care.

Methods: A bibliographic search was carried out on PubMed and other databases of Evidence-Based Medicine, using the terms MeSH: "Metaplasia" and "Stomach". Articles were selected according to title, abstract and / or content.

Results: Of the 20 articles obtained, 7 were selected: 1 meta-analysis, 1 systematic review and 5 classic reviews. GIM consists of the replacement of gastric epithelium by intestinal. It can be classified by extension (focal; extensive) and histology (complete; incomplete). It is usually asymptomatic and an endoscopic finding. It´s a histological diagnosis. The factors of increased cancer risk are: extensive or incomplete GIM, autoimmune gastritis, persistent H. Pylori infection, family history of 1st degree Gastric Cancer (GC), racial / ethnic minorities or immigrants from areas with a high incidence of GC. Endoscopic surveillance is recommended every 3 years if extensive or incomplete GIM or if focal or complete GIM with an additional risk factor. The detection of dysplasia or adenocarcinoma implies referral to more differentiated care.

Conclusions: GIM is often an endoscopic finding, unrelated to the complaints that motivated the examination. However, it’s a precancerous lesion, so it’s essential that the family doctor is familiar with the recommended endoscopic surveillance, which allows earlier detection of cancerous lesions and improves survival.

Disclosure: No significant relationships.

EPV032 / #1072

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.04 Gastroenterology*

HIDDEN CHOLECYSTITIS, AS CLINICAL ULTRASOUND CHANGES MANAGEMENT IN PRIMARY CARE.

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Background and purpose: To introduce the ultrasound in our public health system and use it as another diagnostic tool.

Methods: Clinical case collected from the patient medical record.

A 50-year-old male, presenting with crampy pain in the right hypochondrium and epigastrium, unrelated to the day meals. Valued at the beginning of the picture by a compounder who asks for complete analysis. The patient came again for worsening pain with inability to fall asleep. No vomiting, no changes in bowel movement. No fever.

Results:

Physical examination and exams: BP 120/80 mmHg, 65HR, 97% oxygen saturation. Abdominal examination: Soft and depressible, no abdominal distension, painful palpation of right hypochondrium, positive Murphy. Peristalsis present. Normal rest. Normal blood test. No relevant alterations in the analysis. Abdominal ultrasound was performed in our primary care centre: dilated gallbladder with fundus protusion in abdominal wall. Packed with heterogeneous content, predominantly hyperechoic, which could correspond to biliary mud / purulent content, as well as an infundibular lithiasis. Non thickened walls. Findings compatible with acute lithiasic cholecystitis. He was referred to the emergency department where the radiologists performed an abdominal ultrasound again and confirm the diagnosis.

Diagnostic orientation: Acute lithiasic cholecystitis.

Conclusions: X-ray of abdomen is not indicated due to only 10% of the stones are radiopaque. On suspicion of biliary lithiasis or one of its complications, the choosen test should be the ultrasound. Ultrasound is a safe diagnostic technique for patients, fast, cheap and reliable in trained professionals. It is a diagnostic test available to family doctors that improves the performance of the patient's physical examination.

Disclosure: No significant relationships.

EPV033 / #1234

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.04 Gastroenterology*

BEZOAR – TRUST THE METHOD

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Background: Bezoars are solid masses of undigested products found anywhere in the digestive tract, most often in the stomach. Sometimes asymptomatic, they can be the cause of anorexia, nausea, vomiting, abdominal pain and even life-threatening situations like obstructions, intussusception, bleeding and perforations. We present a case report of a bezoar and discuss the approach to abdominal pain in primary care.

Case report: Male, 57 years old, who requested urgent consultation with his family doctor due to severe epigastric pain for the last 24 hours. From previous medical history, it is worth mentioning a history of gastric surgery. He brought recent routine analyses, with triglycerides of 1017mg/dl. An exhaustive examination was inconclusive and the patient was referred to the emergency department for etiological clarification. Analytical study and abdominal radiography were performed, which revealed no changes. After vomiting and lipothymia, a CT-scan was performed showing gastric, duodenal and jejunal dilatation induced by an obstructive endoluminal mass suggestive of bezoar, which prompted urgent laparotomy.

Conclusion: With this case we demonstrate the importance of a systematic approach to abdominal pain in primary care. It is imperative to collect a complete clinical history and physical exam and characterize abdominal pain with particular emphasis on: onset, progression, migration, character, intensity, and location. It must be identified the presence of any red flags and always valuating the patient's complaints.

Disclosure: No significant relationships.

EPV034 / #1237

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.04 Gastroenterology*

GASTROINTESTINAL STROMAL TUMORS: CLINICAL IDENTIFIERS IN A POPULATION UNDERGOING HIATAL HERNIA REPAIR

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Background and Purpose: The most common nonepithelial neoplasm in the digestive tract are gastrointestinal stromal tumors (GIST). The purpose of this study was to determine whether there were any clinical identifiers of GIST in a population undergoing hiatal hernia repair.

Methods: A retrospective study of 183 hiatal hernia surgical patients was conducted. Health profiles for each patient included: age, gender, race, body mass index, tobacco usage, pre-operative diagnosis, surgical type, presence and history of hypertension, diabetes, cancer, anemia, and chest pain.

Results: Of the 183 surgical cases, 3.8% of patients were diagnosed with GIST. The majority of the patients were identified to be female (70.5%) and Caucasian (94.0%), with patients who were detected to have GIST ($p=0.006$) having a mean age of 70±7.4 years and those without GIST being 55.1±14.3 years. Principal approach of repair for 92.9% of the cases was laparoscopic. About 8.2% of the population were current tobacco users and had a BMI of 28.9 Kg/m^2. Hiatal hernia patients with GIST had a higher prevalence of hypertension ($p<0.001$), anemia ($p=0.092$), and chest pain ($p=0.12$). There were no patients with a diagnosis of GIST who had a prior history of diabetes or cancer.

Conclusions: Our study population undergoing hiatal hernia repair observed a strong association between the age of a patient and the diagnosis of GIST. Given the identification of this clinical parameter, appropriate care should be exercised while caring for older patients undergoing hiatal hernia surgical repair in view of missing detection of this neoplasm.

Disclosure: No significant relationships.

EPV035 / #74

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.05 Genitourinary*

URINARY BLOOD LOSS

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Background and purpose

Primary care physicians regularly see patients with urinary blood loss. To find the cause can be challenging, especially with persistent loss of erythrocytes. Diagnostic tests should be minimised for benign causes such as urinary tract infections or urolithiasis. However, physicians must be aware in which case further action is needed. To date there is no tool available for the primary care how to deal with this problem.

Methods

We report a case of a woman in whom urinary blood loss eventually was caused by endometrial cancer but was difficult to distinguish from a concomitant urinary tract infection. A review of the existing Dutch protocols on how to deal with loss of erythrocytes in the urine reveals us only the protocol of the urologists. The Dutch General Practice Society (NHG), which develops protocols for primary care, does not have such a protocol. Therefore additional literature was reviewed.

Results

We developed a step-by-step table, which can be helpful in how to deal with urinary loss of erythrocytes. The table consists of five steps: in step one and two, persistent loss of erythrocytes without a cause is identified using anamnesis, physical examination and urine stick tests. In the third and fourth step, urinary sediment is performed. Depending on the percentage dysmorphic erythrocytes, further action is described. The last step indicates when referral to the urologist is recommended.

Conclusions

Persistent urinary loss of erythrocytes can be a difficult problem for the primary care. We provide a tool to evaluate this problem.

Disclosure: No significant relationships.

EPV036 / #113

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.05 Genitourinary*

RARE ASSOCIATION BETWEEN INFECTIOUS MONONUCLEOSIS and HEMATURIA - CASE REPORT

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Background/Purpose: Infectious Mononucleosis (IM) is a clinical manifestation of Epstein-Barr virus (EBV) infection, more prevalent in childhood/adolescence. Diagnosis commonly involves odynophagia, fever, lymphadenopathy and lymphocytosis, and despite being rare, genitourinary manifestations such as hematuria and proteinuria may occur in up to 16% cases. This report aims to relate a case of a patient with hematuria as a clinical manifestation of IM.

Methods: Case study. The information was retrieved from the patient's electronic medical record.

Results: 20-year-old female, middle class (Graffar scale) and nuclear family member, went to hospital on 24/7/2020 for odynophagia, grayish-white bilateral tonsil exudate and painful cervical adenopathies, no fever. Blood tests showed leukocytosis and serological tests were compatible with IM. She was given corticosteroids, with good response. On 29/7/2020 visited her Family Doctor (FD) for recente onset of macroscopic hematuria, no abdominal pain nor dysuria. Combur® test was positive for blood. She was encouraged to reinforce hydration and was reevaluated on 31/7/2020, reporting good general condition. Hematuria was assumed to be a rare complication of the infectious condition. The patient kept follow-up with FD.

Conclusions: This case reports the rare association between IM and hematuria, in order to alert FD that hematuria can also be a complication of EBV infection rather than a manifestation of some other pathological entity, avoiding overuse of medical tests and drugs. The role of the FD is important both in disease surveillance, as well as in clarifying both patient and family about the self-limited nature of IM and its complications.

Disclosure: No significant relationships.

EPV037 / #357

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.05 Genitourinary*

VASECTOMY IN GENERAL PRACTICE

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Background and purpose: Vasectomy can be another way in which the general practitioner can make an increased contribution to population control. Vasectomy is a safe and effective contraceptive. Annually 35.000 vasectomies are performed in the Netherlands, around 6-10 males per average population of one fulltime general practitioner. Vasectomy in general practice offers the possibility to give patients access to this procedure in a patient-friendly and accessible way, usually at lower costs as compared to vasectomies performed in the hospital.

Methods: In the Julius Health Centers (JHC), the Utrecht academic primary care practice with 46.000 patients and 35 GPs, we introduced the possibility to refer to a vasectomy performed by a trained colleague general practitioner. We analyzed referrals between January 2020 - December 2020. The operations were performed according to a recognized technique described in literature.

Results: During the 1 year period, which was discontinued multiple times because of the COVID-19 pandemic, 27 vasectomies where performed. Complications have been limited to minor local bruising. In no case has it been necessary to call in consultant help, and there has been no call on hospital resources. Time required off work has averaged about two days. Patients have been able to have the vasectomy performed on the premises of their own doctor without having to be on a waiting list for more than a week or so.

Conclusions: Vasectomy is a very acceptable method of family completion especially when it is performed in general practice. The technique is relatively simple and easily learned by any interested general practitioner and doesn't need to be limited to hospitals.

Disclosure: No significant relationships.

EPV038 / #931

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.05 Genitourinary*

ACUTE OR CHRONIC? – A CASE OF URINARY RETENTION

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1. Background and purpose

Urinary retention is the acute or chronic inability to voluntarily pass an adequate amount of urine. This condition, common in men, typically presents itself with lower abdominal or suprapubic discomfort. Constitutional symptoms can also be present.

2. Methods

Clinical history and physical examination.

3. Results

72-years-old male, presents with vomiting and 8kg weight loss for the last 2 weeks. Marked anorexia, nausea and constipation for 5 days. Without history of fever, abdominal pain or urinary symptoms.

Bowel sounds were decreased and an abdominal, not painful, mass in the right lower quadrant was evident upon examination.

Suspected subocclusion, the patient was referred for urgent surgical observation. At the same time, urgent thoraco-abdomino-pelvic CT was requested to clarify the abdominal findings.

Rectal and X-Ray examination was performed revealing fecal impactation. An enema was administered and the patient was discharged for ambulatory study. Creatinine results were obtained-2,1mg/dL. In previously requested studies-1,93mg/dL.

CT was performed 5 days later.

One week after discharge, and worsening of clinical conditions, the patient was readmitted for urgent care with creatinine 2,6mg/dL. Urgent CT report was requested: “enlarged bladder occupying the entire hypogastrium and right lower quadrants measuring 17x14x13cm…very enlarged prostate conditioning low obstructive uropathy”. After urinary catheterization the patient was discharged after 3 days with resolution of all symptoms and improved renal function.

4. Conclusions

We intend to highlight this case of urinary retention with an uncommon presentation - without abdominal pain or urinary symptoms.

Doubt remains if it is a really acute retention or a chronic one without previous signs.

Disclosure: No significant relationships.

EPV039 / #1119

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.05 Genitourinary*

SECONDARY ENURESIS IN A TEENAGER - IS IT ALWAYS ORGANIC?

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Background and purpose - Enuresis is a common problem in childhood. It can be classified as primary or secondary. Although it is essential to exclude an organic cause, most are associated with a functional disorder, as well as emotional shifts.

Methods - We analyzed a case report regarding a teenage patient with secondary enuresis.

Results - 12-year-old adolescent, nuclear family, Duvall cycle phase VI; since she was 5 years old, after changing schools, she started to have episodes of nocturnal and daytime enuresis, which forced her to take a change of clothes to school, with a frequency of 3 episodes weekly, increasing with stress; she denied dysuria, pollakiuria, urinary urgency, changes of urine color, without discharge or vaginal itching; her older brother left the previous year to study in Lisbon, without family problems, with good school performance. Her father and brother had bedwetting up to 11 years old. Objective examination without changes, shy girl. Renal and bladder ultrasound (without changes) were requested and she was referenced to a Psychology appointment. After the psychological intervention, her self-esteem was reinforced and she became asymptomatic, with no evidence of day or night enuresis and not needing pharmacological treatment.

Conclusions - With this clinical case, we concluded that secondary enuresis is not always attributed to organic causes, so it is important to investigate the presence of a mental or emotional disorder. The Family Doctor is in a privileged position, taking into account his holistic approach to the patient.

Disclosure: No significant relationships.

EPV040 / #1331

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.05 Genitourinary*

ERECTILE DYSFUNCTION, AN EARLY MARKER OF SYSTEMIC ENDOTHELIAL DYSFUNCTION IN A YOUNG PATIENT

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Erectile dysfunction (ED) is the inability to achieve or maintain an erection sufficient for satisfactory sexual performance. It'll affect 300 million people in 2025. It's associated with cardiovascular disease, stroke, coronary artery disease (CAD) and all-cause mortality. Atherosclerotic disease is responsible for 40% of its cases with more than 50 years.

Man, 52 years, married, accountant. History: overweight, dyslipidemia. No medication. Smoker (40 pack-years).

In 03/2018, in consultation with his General Practitioner (GP), complained about problems for the past 9 months maintaining an erection asking for "magic blue pills".

After evaluation and assessing his medical and sexual history, ED was confirmed. Suspicion of an organic cause since: no nocturnal erections, ejaculation without erection, conserved libido and good marital relationship. Further evaluation was ordered, stress test revealed shorter exercise time with less than 4min of the standard Bruce treadmill protocol and ST segment changes.

Initially management of expectations and treatment of co-morbidities, explaining the benefits of physical exercise, weight loss and smoking cessation. After further evaluation, started tadalafil had excellent results.

The ED evaluation offers an authentic clinical barometer of the general state of health and it can be a good form of research and early identification of patients at risk for CV events. Efforts to improve ED management are crucial for its prevention, health promotion and increased survival.

ED is associated with markers of adverse cardiovascular prognosis, and is an independent predictor of CV disease. Questioning about sexual function may be a useful tool for stratifying risk in individuals.

Disclosure: No significant relationships.

EPV041 / #1332

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.05 Genitourinary*

A RARE CAUSE OF PRIMARY OVARIAN INSUFFICIENCY (POI)

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Background/purpose: Primary ovarian insufficiency (POI) is defined as the development of primary hypogonadism before the age of 40 years. The presenting symptoms are similar to those of menopause. Autoimmune POI due to autoimmune oophoritis is one of the rare causes of POI.

Methods: We present the case of a 42-year-old woman with 5 years of amenorrhea who had a family planning consultation. The clinical investigation revealed that autoimmune oophoritis was the cause; this was essential for the appropriate follow-up and treatment of this patient.

Results: This is the case of a healthy 42-year-old woman with 5 years of amenorrhea, with no known health problems. The laboratory results of serum estradiol, FSH and LH confirmed the diagnosis of POI. To exclude other causes of menstrual irregularities, prolactin and TSH and T4L were ordered, which came out normal, however 21-hydroxylase autoantibodies and antithyroid peroxidase antibodies were present. The patient was diagnosed with autoimmune oophoritis after the exclusion of other causes such as chromosomal abnormalities, surgery, radiotherapy, toxic drugs, thyroid disease. Menopausal hormone therapy (MHT) was started.

Conclusions: Women with autoimmune POI are at increased risk of autoimmune hypothyroidism and autoimmune adrenal insufficiency and should be evaluated annually. MHT is recommended to reduce the risk of osteoporosis, cardiovascular disease and urogenital atrophy. This case shows the importance of an early detection of POI, for an adequate follow-up and treatment in order to prevent the consequences inherent to this pathology.

Disclosure: No significant relationships.

EPV042 / #153

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.06 Musculoskeletal*

THE USE and SAFETY OF CORTICOSTEROID INJECTIONS FOR SHOULDER PAIN IN GENERAL PRACTICE: A RETROSPECTIVE COHORT STUDY

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Background and purpose

Guidelines for shoulder pain in general practice recommend treatment with corticosteroid injections (CSI) if initial pain management with advice and analgesics fails. However, the actual use and safety of CSIs by general practitioners (GP) has been sparsely evaluated. The purpose of this study to gain insight in the use and safety of CSIs for patients with a new episode of shoulder pain in general practice.

Methods

A retrospective cohort study was conducted using a healthcare database containing the full electronic medical records of approximately 200.000 patients in general practice. A search algorithm was constructed to identify incident cases of shoulder pain from January 2012 to December 2017. Data on the use of CSIs was manually validated until 12 months after the diagnosis in two random samples of 1000 cases.

Results

In total, 26% of the patients with a new episode of shoulder pain received a CSI. Patient's age (OR 1.03, 95%CI 1.02-1.04) and a history of shoulder pain (OR 1.55, 95%CI 1.13-2.13) were significantly associated to the administration of a CSI. Half of the patients received the CSI in the first consultation. Patient's age was positively associated with the likelihood of receiving the CSI in the first consultation (OR 1.01, 95%CI 1.00-1.02). No serious adverse reaction was recorded by the GP.

Conclusions

Corticosteroid injections are commonly used by the GP in the treatment of shoulder pain and seem relatively safe. GPs administer the corticosteroid injection more frequently in older patients and often already in the first consultation.

Disclosure: No significant relationships.

EPV043 / #310

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.06 Musculoskeletal*

INJECTING and APPLYING PLASMA IPRF/APRF, UNDER ULTRASOUND CONTROL IN THE GP'S OFFICE. INTRAMUSCULAR, PERITENDON, SUBCUTANEOUS and LIGAMENTAL INJECTIONS.

Tomasz Kardacz
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Background and purpose: Treatment of bed sores, sores and simple post-traumatic, overload and sports injuries in a GP's surgery. Films from tests and injections of plasma fractions. Very frequent post-traumatic interventions and the availability of simple and inexpensive high-frequency heads of ultrasound devices from 8-20Mhz allow to depict damage of the simplest areas. The most frequent are injuries to the anterior fibula ligament, tennis elbow, golfer's elbow, damage to the rotator ring, overload of the sinewy goose's foot.

Methods: Using an 8-20 Mhz head ultrasound device, the author in the GP's office gives plasma fractions such as IPRF to the bed sores and sites of tendon, muscle and ligament damage.

The method of treatment with centrifuged plasma fractions is extremely safe, harmless, free of side effects, simple and cheap. However, a good knowledge of anatomy, a steady hand and a minimum of 12-14 Mhz linear heads are required. and centrifuges in which you can set the appropriate parameters. Plasma is administered under the control of the ultrasound head.

For the treatment of bedsores we have injecting and after applying different fractions of plasma.

As a result of the treatment, we obtain an improvement at first injection in about 70% of younger people, the treatment is slightly less effective in older people. After a few weeks we can repeat the injections. Bedsores treatment is longer but effective.

Conclusions: Administering the plasma fraction to muscles, skin, tendons and ligaments is a relatively simple, inexpensive and safe procedure. However, the head of the ultrasound must be in the hand of an experienced doctor.

Disclosure: No significant relationships.

EPV044 / #694

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.06 Musculoskeletal*

"THE ESSENTIAL IS INVISIBLE TO THE EYES" — THE IMPORTANCE OF A MULTIMODAL APPROACH

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Complex Regional Pain Syndrome Type I (CRPS) consists of intense neuropathic pain due to sensitive, motor and autonomic changes without associated neuronal lesion. It affects mainly body extremities after trauma, especially the arm, with an incidence of 26.2/100.000 — 37% after radius distal fracture.

Woman, 59 years old, with Depressive Disorder medicated with duloxetine, fell off her own height suffering radius distal fracture, presented with pain, edema and redness of the styloid process, with neither deformities nor neurological deficits.

A plastered splint was placed for immobilization. After four weeks, the X-ray revelead disuse artropathy with bone demineralization and a mottled pattern typical of Sudeck Syndrome, compatible with the hyperesthetesia the patient had.

A physical rehabilitation program (PRP) and behavioral cognitive therapy (BCT) were started to minimize the complications of this condition.

CRPS demands a multimodal approach, encompassing pharmacological and non-pharmacological therapies, especially PRP and BCT due to the functional and cognitive modulation they provide to improve the patient's quality of life.

Disclosure: No significant relationships.

EPV045 / #742

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.06 Musculoskeletal*

A CASE OF SUFFERING: COMPLEX REGIONAL PAIN SYNDROME and RECURRENT FACIAL PALSY

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Chronic painful syndrome is common in general and family medicine, and a good doctor-patient relationship is essential. We describe an unusual case of multifactorial suffering associated with complex regional pain syndrome (CRPS), uncommon disorder with a clinical diagnosis, presenting persistent sensory, vasomotor, sudomotor and motor symptoms.

A 49-year-old woman, store operator, with history of an inaugural episode of left facial palsy (FP) in 2013, recurrent episodes in 2016, 2017 and 2019, associated with work anxiety. In 2016 suffered a work accident, blunt trauma to her right elbow compressing the cubital nerve, submitted to surgical release without success. Presenting complaints compatible with CRPS of the right upper limb, started being followed by pain specialists, with progressive worsening, and a new diagnosis of adhesive capsulitis of the ipsilateral shoulder. Only in 2019 was referred to neurology consultation to study the recurrent FP. The patient resorted several times to her general practitioner (GP), in pain and in a recent depressive condition, leading to the referral to psychiatric emergency due to suicidal ideation in 2019.

In this case, pain, suffering and the inability felt by the patient are the main focus. It is a complex entity with great impact on the patient and family.

This case demonstrates how pain and functional limitation can trigger a psychiatric illness. It highlights the essential role of the GP in the person's evolutionary follow-up and in the early approach to the consequences of suffering through an effective doctor-patient relationship, in addition to stressing the importance of a multidisciplinary approach.

Disclosure: No significant relationships.

EPV046 / #774

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.06 Musculoskeletal*

PATIENT REPORTED OUTCOME AFTER INITIAL CONSERVATIVE FRACTURE TREATMENT IN PRIMARY CARE – A SURVEY-STUDY

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Patient reported outcome after initial conservative fracture treatment in primary care

Background and purpose

The primary healthcare in Norway has first-line responsibility for medical emergencies, including fractures. Normally, patients with fractures are referred to specialist care. However, some municipalities have X-ray facilities and treat fractures.

We investigated 1) patient reported outcome after initial treatment of radiologically diagnosed fractures at a primary healthcare centre, 2) differences in outcome scores by patients' age, gender, and by specialisation of treating physician, and 3) patient's general satisfaction with the treatment.

Methods

A questionnaire was sent to patients with wrist-, collarbone- or ankle fractures, Quick Dash (Disability of Arm, Shoulder and Hand) and FAOS (The Foot and Ankle Outcome Score). Satisfaction was measured by three questions.

Results

148 (62%) of 238 patients answered. Patients with distal radius fracture had a mean Quick DASH score of 5.1 (SD 11.4), significantly lower for males (p=0.013), and increasing by age (p=0.024). Patients with collarbone fracture had a mean Quick DASH score of 2.1, there was no age/gender differences. Among patients with ankle fractures, the FAOS scores revealed no age/gender differences. The scores were independent of type of treating physician. 88% of patients were highly/very highly satisfied with primary healthcare service.

Conclusions:

The patients had low rates of disability. The function among radius fracture patients was better among men and worse by increasing age. The function among collarbone and ankle fracture patients showed no age or gender differences. Type of physician, orthopaedic surgeon or general practitioner was not associated with function outcomes. The satisfaction with the treatment given was good.

Disclosure: No significant relationships.

EPV047 / #919

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.06 Musculoskeletal*

OSTEOCHONDROMA: REPORT OF A CASE WITH ATYPICAL LOCALIZATION and SYMPTOMATOLOGY

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Osteochondroma: report of a case with atypical localization and symptomatology

Osteochondromas are bone protuberances surrounded by a cartilage layer. Osteochondromas represent the most common bone tumor accounting for 20 to 50% of all benign osseous tumors and 10 to 15% of all bone tumors. It can occur frequently as solitary osteocartilagineous exostosis or rarely as hereditary multiple lesions. The most common sites of occurrence are long bones of the lower arm (50%), the lower end of the femur and upper end of the tibia. Although osteochondromas do not directly affect these patients' life expectancy, certain complications may occur, with varying degrees of severity. Symptoms are not very specific. The authors present an atypical case of osteochondroma.

A 15-year-old female not known to have any medical illness was presented to our health center complaining of right hip and knee pain, limitation of right hip joint movement and numbness for the prior 11 months. Examination of the patient revealed limpness and an abnormal posture of right lower limb. Pelvic radiograph didn´t reveal significant changes on the right side but the in the left side was found a pedunculated osseous mass measuring 2.9×1.9x1.2 cm attached to the posteromedial aspect of the femoral neck just above the lesser trochanter. Surgery removal was the treatment of choice and histopathology examination revealed a benign solitary osteochondroma.

Osteochondromas of the proximal femur are not common and can cause multiple clinical manifestations. According with the location of the osteochondromas, different patients' symptoms and clinical examination findings can be found.

Disclosure: No significant relationships.

EPV048 / #958

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.06 Musculoskeletal*

DOCTOR IS THE PAIN AGAIN! – RHEUMATOID ARTHRITIS DIAGNOSIS DURING COVID-19 PANDEMIC

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Chronic pain is one of the most common reasons for patients to seek medical attention.

A 76-year-old-man was evaluated at the primary care clinic after a teleconsultation with his family doctor in July-2020 where he complained about a recurring limiting hand pain.

Personal history: chronic obstructive pulmonary disease and action tremor. No family history of rheumatologic disease.

First reported in December-2018, the hand pain affected the 1st and 2nd left proximal-interphalangeal-joints. Association with paraesthesia in the left wrist led to the diagnosis of carpal tunnel syndrome.

In January-2020 the patient started to feel pain in the left metacarpal-phalangeal-joints and in symmetric joints in the right hand, which seemed to be inflammatory and nociceptive. He denied suffering any trauma, infection or trying new medications. He also reported shoulder weakness.

Physical examination confirmed weak proximal shoulder muscles and oedemas in the 2nd and 3rd left metacarpal-phalangeal-joints, and 3rd and 4th left proximal-interphalangeal-joints. Negative signs for hip, spine or cutaneous alterations.

Anti-citrullinated-peptides and rheumatoid-factor tests were strongly positive. Imageology showed an enlargement of the synovial in the affected joints and some bone degeneration. Rheumatoid arthritis was confirmed. The patient was referenced to rheumatology and started oral methotrexate and prednisolone and is now stable.

This case illustrates the crucial role of the family doctor. He is the more accessible medical care with a holistic knowledge of his/her patients. The COVID-19 pandemic has showed that family doctors must master the usage of telemedicine and other advanced tools to maintain high standards in medical care.

Disclosure: No significant relationships.

EPV049 / #986

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.06 Musculoskeletal*

GIANT CELL TUMOR OF THE TENDON SHEATH - A CASE REPORT

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Introduction: The giant cell tumor of the tendon sheath is a benign tumor and is more frequently located in the sheaths of the tendons of the hands or feet. It usually develops in the 4th-5th decade of life and is the second most common soft tissue tumor in the hand. The diagnosis includes a physical examination followed by radiographic and Magnetic Resonance Imaging (MRI).

Case description: A 29-year-old woman with no relevant medical history, who consulted with her primary care physician because of swelling of the 5th finger of her right hand, with progressive growth over more than 9 years. The patient denied pain or other symptoms. To the physical examination limited flexion of the 5th finger was observed, besides the evident tumor in the middle phalanx of the finger. An X-ray showed a bilobed lytic lesion occupying almost 2/3 of the middle phalanx of the 5th finger.

The patient was referred to Orthopedy and an MRI was requested, which showed typical aspects of a giant cell tumor of the tendon sheath.

The patient missed several consultations given the asymptomatic characteristics of the tumor. A few years later the patient returns to primary care physician, being referred to Orthopedy again.

Discussion/Conclusion: Clinically it presents as a mass with progressive growth, usually asymptomatic, which leads to a delayed diagnostic, that should be confirmed through MRI. Etiology is uncertain. Treatment involves complete excision. Incomplete removal of the tumor and the presence of unidentified satellite lesions are related to recurrence (5-50%).

Disclosure: No significant relationships.

EPV050 / #992

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.06 Musculoskeletal*

WATER AEROBICS IN IMPROVING PAIN ASSOCIATED WITH GONARTHROSIS - AN EVIDENCE-BASED REVIEW

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Background: Osteoarthritis is a very common chronic disease that is characterized by gradual degeneration of articular cartilage and subchondral bone. Physical exercise such as water aerobics is an auspicious therapeutic option for pain relief. The aim is to review the evidence of the effect of water aerobics in improving pain associated with gonarthrosis.

Methods: A bibliographic search was carried out in evidence-based medicine databases. Articles published in the last 10 years, with the MeSH terms “Osteoarthritis, Knee”, “water aerobics”, “aqua aerobics” and “aquatic exercise” were included. For the assignment of levels of evidence and strengths of recommendation, the American Family Physician's SORT (Strength of Recommendation Taxonomy) scale was used.

Results: From the bibliographic search, 95 articles resulted, and 82 were excluded. Overall, water aerobics has been shown to have a slight beneficial effect on gonadal associated with gonarthrosis. Some studies report that this beneficial effect emerges in the short term, while others mention that water aerobics is a safe and effective exercise, constituting an adjunctive therapeutic option. Nevertheless, the recommendation can be conditioned by the frailty associated with the risk of accidental injury, especially in patients with various comorbidities.

Conclusion: The current evidence suggests that water aerobics has beneficial effects, even if partial, on pain associated with gonarthrosis (SORT B). However, there were some limitations that can compromise the robustness of scientific evidence. In view of the impact of pain associated with gonarthrosis on biopsychosocial incapacity and the consequent repercussions on the health system, it is essential to carry out further studies that reinvigorate the existing evidence.

Disclosure: No significant relationships.

EPV051 / #994

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.06 Musculoskeletal*

PATHOLOGICAL FRACTURE OF A NON-OSSIFYING FIBROMA IN A 11-YEAR-OLD BOY

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Non-ossifying fibromas (NOFs) or fibroxanthomas are benign intracortical, multilocular and well-circumscribed lesions, which most commonly affect children and adolescents with an estimated prevalence of 30%-40% of all normal children. Most lesions are detected incidentally. The actual incidence of NOFs is unknown. In orthopedic literature, it is estimated that NOFs have an estimated prevalence of 30%-40% of all normal children. The vast majority of the lesions develop in the metaphysis of the long bones of the lower extremities (79% in the region of the knee). In half of the cases, non-ossifying fibroma is revealed by a spontaneous fracture.

We report a 11-year-old male with pain and functional disability of the lower limb with two years of evolution and a fracture after a minor trauma. This case was referred for bone tumor consultation at the Instituto Português de Oncologia (IPO). Radiographic evaluation of the leg concluded that the fracture was pathological and minimally displaced: the lesion was the result of a NOF in the middle third of the tibia. Non-operative treatment with cast immobilisation was the preferred method of treatment with satisfactory results (consolidated fracture after 6 weeks).

Non-ossifying fibromas are most often asymptomatic, the prognosis is good and spontaneous regression over the years is typical. We concluded that an open mind remains an important characteristic a doctor must have in order not to miss less frequent diagnoses.

Disclosure: No significant relationships.

EPV052 / #64

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.07 Mental*

FEMALE SEXUAL DYSFUNCTION INDUCED BY ANTIDEPRESSANTS: HOW TO MANAGE?

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Background and purpose: According to the World Health Organization, in 2015, depression was estimated to affect 4.4% of the global population, being more prevalent in females. In 2019, antidepressants were the most prescribed drugs for the female population, in Primary Health Care in Portugal. Sexual dysfunction is a common side effect of this pharmacological class. This study aims to recognize the drugs most associated with female sexual dysfunction induced by antidepressants and strategies to alleviate this problem.

Methods: Search for meta-analysis, systematic reviews (SR) and randomized clinical trials (RCT) were performed in the PubMed and Cochrane databases, using the following MeSH terms and conditions: "Antidepressive Agents" and ("Sexual Behavior" OR " Sexual Dysfunctions OR "Sexuality") and ("female" OR "Women"), published between January / 2010 and June / 2020, in Portuguese, English, French and Spanish.

Results: Out of 51 articles, 7 met the eligibility criteria: 2 SR and 5 RCT. SSRIs and SNRIs appear to be the classes most associated with antidepressant-induced sexual dysfunction. In women, Bupropion, Agomelatine, Vortioxetine and Amitriptyline seem to contribute less to the dysfunction. Testosterone appears to increase the number of satisfactory sexual events. Practice physical exercise immediately before sexual activity can lessen the effects of this problem.

Conclusions: Potential strategies to mitigate this problem in women were found. New quality studies directed to female population will be essential to validate the proposed strategies and find new ones. It's important to address sexual complaints in order to individualize the prescription and consequently improve the health care provided.

Disclosure: No significant relationships.

EPV053 / #133

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.07 Mental*

PREVENTING and DETECTING ALCOHOL-RELATED PROBLEMS IN PRIMARY CARE SETTINGS - A STUDY ON FAMILY PHYSICIANS KNOWLEDGE and CONDUCT

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Background and purpose: Alcohol abuse (AA) is the third leading cause of preventable morbimortality worldwide, with Europe presenting the highest levels of alcohol consumption. Family Physicians (FP) play a key role in AA early detection, but they find it difficult to diagnose and treat these patients. Our aim was to evaluate the knowledge of FP about screening and brief intervention in AA and to understand their main limitations in clinical practice.

Methods: Analytic observational study. Population: specialists and residents of Family Medicine (FM) from Portugal. Data were collected through an online questionnaire consisting of 12 questions about the recognition and intervention on alcohol related problems. The final sample consisted of all fully answered questionnaires with given consent. Statistical and inferential analysis was performed.

Results: We obtained 62 valid questionnaires. Average age: 30.4±5.8 years, 79% women, 93.5% FM residents. A third of the sample does not know the definition of standard drink and/or the maximum recommended daily amount of alcohol (33,9%). Most respondents know the AUDIT questionnaire (91.9%) but of these only 73.7% apply it. Those who apply AUDIT know the available resources better than those who do not (p=0.030). The most frequently encountered difficulty is the lack of time (96.8%) and 79.9% of colleagues feel that resources in their work area are limited.

Conclusions: FP have the responsibility to identify patients at risk for AA but they are inadequately trained to meet this challenge. FM internship should include educational programs to provide clinical competence in AA screening, intervention and treatment.

Disclosure: No significant relationships.

EPV054 / #260

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.07 Mental*

COMPARISON OF GP DEPRESSION CARE IN NORWAY and THE NETHERLANDS: REGISTRY-BASED STUDY

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Comparison of GP depression care in Norway and the Netherlands: registry-based study

Background and purpose

Depression is highly prevalent in general practice, and treatment consists mainly of consultations with talking therapy and/or drug treatment. In Norway and the Netherlands, general practitioners (GPs) have a fixed patient list ensuring all residents equal access to primary medical care. In the Netherlands, primary health teams have been established with mental health nurses who assist GPs in the care of depressed patients, but not yet in Norway. Cross-national differences in primary mental health systems probably influence the provision of care. The aim of this study is to assess and compare GP depression care for adult patients in Norway and The Netherlands.

Methods

We conduct a registry-based cohort study comprising patients aged 18 years and older with a new depression episode in general practice, 2011-2015. In Norway, the sample was drawn from the entire population (national health- and population registries), and in the Netherlands, a representative sample of residents (Netherlands Institute for Health Services Research) was included. The outcomes are: consultations, home visits, short contacts, and antidepressants provided by GP during 12 months from the date of diagnosis. Differences between the two countries will be tested in generalized linear models with adjustments for patient gender, age, and comorbidity.

Results

The analyses are ongoing, and the results will be presented at the conference.

Conclusions

Knowledge on GP depression care across countries may provide valuable insight in how primary mental care can be organized to meet the needs of patients with depression.

Disclosure: No significant relationships.

EPV055 / #405

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.07 Mental*

PHYSICAL ACTIVITY and ANXIETY and DEPRESSION YOUNG ADULTS: AN ANALYSIS OF THE HEALTH SURVEY FOR ENGLAND.

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Background

In adults, evidence suggests physical activity (PA) is associated with decreased risk of anxiety/depression. 75% mental health disorders begin before age 24, yet fewer studies investigate PA and anxiety/depression in younger people.

Data from the Health Surveys for England (HSE) 2012 and 2016 were used to investigate:

- Self-reported anxiety/depression and PA in those aged 16-24.

- The relationship between self-reported anxiety/depression and PA in those aged 16-24 years.

Method

In total, data from 2012 & 2016 included 14,211 participants, 1368 aged 16-24. GHQ-12 scores indicating likely anxiety/depression was the outcome measure.

Logistic regression, adjusting for demographic/lifestyle variables, was performed to calculate odds ratios for anxiety/depression in those reporting PA in the past month, those doing the most versus the least PA compared to those not reporting any PA.

Results

Compared to those aged >24, those aged 16-24 were significantly more likely to report PA in the past month (2012: OR 2.80, 95%CI 2.39-3.31; 2016: OR 2.32, 95%CI 1.95-2.76) and more likely to report anxiety/depression (2012: OR 1.09, 95%CI 0.89-1.35; 2016: OR 1.27, 95%CI 1.04-1.55).

When combining data from 2012 & 2016, those age 16-24 reporting PA in the past month were significantly less likely to report anxiety/depression (OR 0.72,95%CI 0.55-0.96). When adjusting for demographic factors, the relationship was no longer significant.

Conclusions

Despite being significantly more likely to report PA in the past month, a higher proportion of those aged 16-24 reported anxiety/depression. The relationship between PA and depression and anxiety in those aged 16-24 may be different to the relationship in older adults, perhaps more susceptible to confounding.

Disclosure: No significant relationships.

EPV056 / #456

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.07 Mental*

MIND-BODY CONNECTION and PSYCHOCARDIOLOGY

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The mind-body connection and Psychocardiology

Background and purpose: Mind and body are strongly connected in health, illness, and during the healing process. Many of the diseases which at the outset seems to be due to an organic cause still have a strong psycho-emotional connection in causing or precipitating a catastrophic event or continued symptoms. It is imperative to address these psychological aspects. The purpose of this presentation is to inform the physician audience about the importance of this mind-body connection in healing, coping, and management of diseases, with particular emphasis on cardiac diseases.

Methods: The presentation will give an overview of major conditions that we each work with within our daily practice, e.g., coronary artery disease, hypertension, hyperlipidemia, heart failure and associated stress, depression, anxiety, fear of death, and quality of life. We will also present two relaxation practices or coping strategies and tips that the audience can take home to work with their patients and self-care. We will also present the training that physicians need and how to obtain it in Europe and USA.

Results: We will present the clinical results we observe with our patients and how we holistically manage their disease process.

Conclusions: Addressing the psyche is extremely important in majority of the disease process for complete healing. This is more emphasized in cardiac diseases and cardiac disease equivalents. Physicians need education and training to understand the importance of this and implement it individually in their clinics.

Disclosure: No significant relationships.

EPV057 / #466

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.07 Mental*

ANXIETY PROBLEMS IN CHILDREN and ADOLESCENTS IN GENERAL PRACTICE: A COHORT STUDY ON INCIDENCE and MANAGEMENT

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Background: Because of a large strain on youth mental health care, general practice has been suggested as an alternative treatment setting for children with anxiety. However, there is at present a lack of information on the current management of anxious children in general practice.

Purpose: To investigate the occurrence of anxiety in children and adolescents, characteristics of affected children, and management by general practitioners (GPs).

Design: Cohort study with data from a GP Database from the (sub)urban region Rotterdam, the Netherlands, between 2012-2018.

Methods: Data of 51.212 children aged 0-17 was analyzed. We calculated the incidence rate of anxiety using the ICPC code P01/P74 (949 cases), per age brackets and sex. For qualitative review we used an extended search query to identify children with anxiety problems diagnosed in a general practice setting, with data from two years prior until two years after diagnosis (381 cases). The characteristics of diagnosed children and initial management of GPs was studied.

Results: The incidence of anxiety was 5.36 per 1000 persons-years. Adolescent girls had the highest incidence with 14.01 per 1000 persons-years. Of the 381 children diagnosed in general practice (median age 13.3 years, 40.4% boys) with a first episode of anxiety, 70.7% were referred during the first year after diagnosis for additional investigations or treatment, usually (>75%) at the first consultation. 10.5% of affected children was prescribed psychiatric medication during the first year after diagnosis.

Conclusion: Despite being a frequently encountered problem, Dutch GPs are hesitant to explore and manage anxiety problems in children and adolescents themselves.

Disclosure: No significant relationships.

EPV058 / #481

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.07 Mental*

DESCRIPTIVE STUDY ON BURNOUT IN GENERAL PRACTICE: BEING A MUM PROTECTS US.

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AIM OF THE STUDY: To find out what factors influence the general practitioner (GP) suffering from burnout syndrome.

METHODOLOGY: Descriptive study. 1. MBI-HSS test. 2. Socio- demographic data. 3. Family conditions. 4. On-call. 5. Sleep rhythm. 6. Physical activity. Burnout was diagnosed when: a) Emotional exhaustion (EE) >=27 + Despersonalisation (DE) >=10 + Personal accomplishment (PF) <=33.

RESULTS: We analysed 84 comprehensive surveys. 75% were women. In the 52,38%, the average age was 35 and 50 year old respectively. 39,29% were >50 year old and just 8% were<35. 82% were officially certificated Family Doctors. 80% had children. 19% of GP never practiced any physical exercise. 29,7% had sleeping disorders. 50% were on-call shifts , 29% weren't. 58,3% suffered burnout Sd. (78,57% located on EE scale, 78,57% on DE and 73,81% on PF). 67.9% of GP after working under covid conditions thought about moving out for a better job (18% out of Catalonia). There is a positive statistical correlation between burnout, age and sleeping quality. and a negative correlation between burnout and having children. The rest of determinations didn't show any significant results

CONCLUSIONS:

The levels of burnout shown in our study are the highest found in any of the scientific articles related to this matter we have reviewed up to now. It takes us to conclude that work conditions during pandemic have had a considerable impact on GP's. Another relevant factors are: the older the GP is the more burnout he will suffer. Having children is a protective factor against this syndrome.

Disclosure: No significant relationships.

EPV059 / #570

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.07 Mental*

IS COGNITIVE BEHAVIOURAL THERAPY EFFECTIVE IN GENERAL PRACTICE? A SYSTEMATIC REVIEW

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Background: Cognitive Behavioural Therapy (CBT) is well-known and well received in the general psychotherapeutic community. However, little is known regarding its use and effectiveness in General Practice.

Purpose:

(1) Is CBT clinically effective in General Practice even with the time constraints?

(2) Does CBT lead to economic benefit for General Practitioners (GPs)?

Methods: A systematic search was carried out using electronic databases to find articles relevant to the research objectives. Combinations using the following specific terms were used; ‘CBT’, ‘General Practice’, ‘Primary Care’, ‘effectiveness’. 163 articles were initially identified in PubMed (n=61), Science Direct (n=48), and the Cochrane Library (n=54). These articles were analysed and those that did not meet the research objective along with certain inclusion/ exclusion criteria were discarded (n=153). The remaining articles (n=10) were reviewed and critiqued.

Results: 8/10 articles reviewed demonstrated that CBT is effective in general practice. Only 2/10 articles showed conflicting evidence that CBT was ineffective in general practice, however these studies had their limitations due to the patient population studied.

Conclusion: This systematic review of the literature demonstrates that CBT is effective in general practice. Moreover, this review outlines a strong argument in favour of its potential as both a clinical and an economic asset to general practice. Limitations include that GPs are not adequately trained in CBT. Furthermore, this review supports the view that more resources be made available for GPs to gain CBT training, as it is clear that such training has both an economic and clinical benefit for general practice.

Disclosure: No significant relationships.

EPV060 / #766

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.07 Mental*

HOTEL HOUSEKEEPERS and COVID-19 IN THE BALEARIC ISLANDS: EMPLOYMENT STATUS and PSYCHOLOGICAL WELL-BEING

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Background and purpose

Current research on the impact of the COVID-19 pandemic identified a high prevalence of anxiety and stress among health workers. Other groups have been understudied. We analyze the concerns of hotel housekeepers (HHs) in Balearic Islands regarding employment insecurity due to the COVID-19 pandemic and assess their psychological well-being.

Methods

Cross-sectional during lockdown and six months later including HHs working in 2019 in Balearic Islands.

Results

We enrolled 290 female HHs (March 25-April 17) and 279 the last trimester of 2020. Mean age was 46.9 (±9.8); 61.6% had a recurring seasonal employment contract. Before lockdown, 28.6% of HHs were working and 51.7% were receiving unemployment benefits; 74.7% reported a high degree of concern about their employment status, 24.3% had moderate-severe anxiety and 21.9% moderate-severe depression. Difficulties in performing usual daily tasks were reported by 11.7%.

In the second wave, 47.3% had worked as HH during 2020, 2.3 months on average (±1.4), while 11.1% had worked in another job and 72.3% had perceived some government benefit. Degree of concern regarding their labor status was high among 87.5% of the participants. Those having moderate-severe anxiety decreased to 22.6% and moderate-severe depression to 16%, while having difficulties in performing daily tasks increased to 12.6%.

Conclusions

Results confirmed an increase in concerns about HHs' employment status and difficulties in performing daily tasks, while anxiety and depression decreased moderately. Results provide a warning about the possible effects of the current crisis on workers' mental health in economic sectors affected by measures taken to control the spread of COVID-19.

Disclosure: No significant relationships.

EPV061 / #775

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.07 Mental*

THERAPY PROGRAM ASSISTED WITH THERAPY DOGS FOR CHILDREN WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

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Background and purpose: Attention Deficit Hyperactivity Disorder (ADHD) affects 5% of children around de world. Symptoms affect cognitive, academic, behavioral, emotional and social functioning. The purpose of the study was to investigate the influence of a group animal-assisted (dogs) intervention program on ADHD symptoms and executive functions in children with ADHD.

Methods: 20 children aged 7-12 years diagnosed with ADHD were randomized in two groups (5:5) (experimental group: animal assisted therapy (AAT) + treatment as usual and control group: treatment as usual. Participants were recruited from a community Child and Adolescent Mental Health Service and a Primary Health Care Center. Experimental group received usual treatment and 14 AAT sessions (once-a-week, 60 minutes) Assessment included clinical interview for diagnosis assessment, Conners Parent Rating Scale for ADHD symptoms, executive functions measures (working memory and processing speed index of WISC-IV) and an Intelligence Scale (K-BIT). A pre-post intervention evaluation was applied. U-Mann-Whitney and Wilcoxon test were performed. Ethic committee approved, zoonosis prevention and animal welfare protocol.

Results: Preliminary results show a positive and significant effect on hyperactive-impulsive ($p=0.02$) and combined ADHD symptoms ($p=0.04$) referred by parents in experimental group No differences between groups were observed in inattention symptoms ($p=0.57$) and executive functions ($p=0.83$).

Conclusions: Although a small sample has been studied and future is needed, the results suggest a useful treatment option and open the opportunity to continue studying the clinical effectiveness of an animal assisted therapy for children with ADHD.

Disclosure: No significant relationships.

EPV062 / #891

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.07 Mental*

OBESITY and SADNESS, AN ATTRACTION? – A STUDY OF A FAMILY DOCTOR FILE

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Background and Purpose: Obesity is a common disorder, frequently associated with high morbimortality. Depression is an important health problem affecting 4,4% of world population, especially women. A potential association between them has been presumed and they are likely to occur together, although this relation is not well studied.

This study goal was to find the prevalence of obesity and depression in a family doctor file and to verify if there is any association between them.

Methods: We verified the total of patients with obesity, overweight and depression. The population with both diagnoses was studied. Data was analysed using Excel® and SPSS® software's.

Results: 29% of the population had overweight with no difference between women and men. Obesity prevalence was 14% with no significant difference considering gender. Studying depression, we found a 20% prevalence with significant difference comparing men with women (30% versus 9%). Comparing patients with both diagnostics, there was no significant prevalence difference between genders with the diagnosis of depression and overweight, but in those presenting simultaneously obesity and depression an evident difference was found in gender (21% in men versus 78% in women).

Conclusion: The prevalence of obesity and overweight in this study is in accordance with the prevalence of the disease worldwide, however depression showed a higher prevalence. Also, we found that depression was more common in women. Studies have showed an association of obesity and depression specially in women. In this study, both diagnoses occurred together 5 times more often in women than in men.

Disclosure: No significant relationships.

EPV063 / #908

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.07 Mental*

PATIENT-CENTERED GENERALISTS: PRIMARY CARE OCCUPATIONAL THERAPISTS DELIVERING MENTAL HEALTH SERVICES

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Background and purpose: Primary care is being called upon to bridge the gap between mental health/psycho-social care needs and the lack of available services. Occupational therapists working in primary care are well positioned to make a contribution to bridging this service delivery gap. To date, occupational therapists' contributions to mental health/psycho-social service delivery in primary care have not been explored. The purpose of this presentation is share the contribution and experiences of primary care occupational therapists delivering mental health and psycho-social services.

Methods: A qualitative case study design was used to explore occupational therapists' experiences delivering mental health/psycho-social services in primary care settings in an urban centre in Canada. Data collected via individual and group semi-structured interviews were analyzed inductively, guided by Braun and Clarke's (2006) six-step approach: 1) data familiarization 2) generate initial codes 3) develop themes 4) review themes 5) define and name themes 6) report.

Results: Occupational therapists are holistic practitioners who as patient-centered generalists, deliver mental health/ psycho-social services in primary care. Environmental influences at the micro, meso and macro levels, create gaps in service. Primary care occupational therapists use their patient-centered generalist lens to identify the environmental barriers and facilitators; then mitigate the barriers and use the facilitators to provide mental health/psycho-social services.

Conclusions: As patient-centered generalists, occupational therapists are bridging the service delivery gap by providing access to needed mental health/psycho-social services to patients in primary care settings. Primary care occupational therapists are improving access to mental health/psycho-social services; thereby improving patient care.

Disclosure: No significant relationships.

EPV064 / #926

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.07 Mental*

MANAGEMENT OF PATIENTS WITH METABOLIC CHANGES DUE TO PSYCHOTROPIC DRUGS

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Background and purpose: Metabolic syndrome is characterized by signs and symptoms that constitute independent risk factors for coronary and cerebrovascular disease and diabetes. With this review, we intend to summarize the pharmacological management of patients with metabolic changes due to psychotropic drugs.

Methods: We searched for articles and guidelines published in the last 15 years, in portuguese and english, related to metabolic syndrome, psychiatric disorders, hypertension, dyslipidemia and diabetes.

Results: Severe mental illness independently increases the risk of developing metabolic changes. Multiple factors contribute to the increasing metabolic risk in these patients, such as psychotropic drugs (antipsychotics, antidepressants and mood stabilizers), psychiatric disorders (schizophrenia, depression and bipolar disorder), lifestyle, biological and genetic factors. Insulin resistance, neurohormonal activation and chronic inflammation have a major role in the transition from metabolic syndrome to cardiovascular disease. Patients with severe mental disorders have reduced life expectancies and cardiovascular disease is the major cause of death. Diagnosis and treatment of metabolic changes is often underestimated in clinical practice. Treatment of metabolic syndrome should encompass the treatment of each altered factor (arterial hypertension, dyslipidemia and diabetes) and it's independent from the use of psychotropic drugs.

Conclusion: Metabolic syndrome has a financial, emotional and psychosocial impact in patients and their families. In psychiatric patients, it's important to be aware of the increased risk of metabolic syndrome and its possible consequences on health and well-being. Family doctors can play a major part in managing these patients and communicating with secondary health care services.

Disclosure: No significant relationships.

EPV065 / #927

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.07 Mental*

EVIDENCE-BASED REVIEW: WHAT IS THE EVIDENCE FOR VALERIAN IN SLEEP QUALITY IMPROVEMENT IN ADULTS WITH INSOMNIA?

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1. Backgroud and purpose: : Insomnia is the most frequent sleepdisorder in adults, being present in about 28% of thePortuguese population. This change is associatedwith important medical, family and social consequences, resulting in functional limitations andan decreased in life quality up to 15% of thepopulation. The Family Doctor plays an importantrole in the diagnosis and treatment of this verycommon disorder. Therapeutic options are multipleand the use of valerian is approved for adults andadolescents (> 12 years). The objectives is to review the most recent scientificevidence on the effectiveness of Valerian in sleepquality improvement in adults with insomnia.

2. Methods: Bibliographic search in the MEDLINE database and evidence-based medicine sites, usingthe terms MeSH: Valerian and Insomnia, fromarticles published in the last 5 years, in English andPortuguese. The American Academy of FamilyPhysicians' Strength Of Recommendation Taxonomy(SORT) was used to rate the level of evidence andassign the strength of recommendation.

3. Results: 54 articles were found, and 8 of themfulfilled the inclusion criteria. Six Evidence-BasedReviews and 2 Systematic Reviews were analyzed. None of the studies showed evidence of the benefitof valerian in sleep quality improvement.

4. Conclusion: Insomnia in adults should beinvestigated and treated by the Family Physician (ou Family Doctor? Em cima tens family doctor. Mas pelo que vi também pode ser Family Physican, acho que deves ser é coerente e usar sempre o mesmo)due to its high prevalence and its seriousconsequences if not diagnosed and treated. It isimportant to act based on the latest scientificknowledge and the Family Physician should not use Valerian as a treatment for insomnia (SORT A).

Disclosure: No significant relationships.

EPV066 / #1153

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.07 Mental*

CHRONIC DEPRESSION IN GENERAL PRACTICE: REPRESENTATIONS, MANAGEMENT and COLLABORATION WITH PSYCHIATRISTS.

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Background

General practitioners (GP) in Switzerland have the opportunity to complete additional training in psychosocial and psychosomatic medicine. In French-speaking Switzerland, this training was set up 20 years ago by a group bringing together GPs and psychiatrists, based on the training needs defined by practitioners. Chronic depression (CD) is frequent in general practice and may necessitate coordination with a psychiatrist. The current research focuses on GPs representations and management of CD as well as their coordination with psychiatrists.

Methodology

A qualitative methodology referring to the grounded theory was chosen without giving a definition of chronic depression to explore caregivers' representations, their management of patients and GP-psychiatrist collaboration. 3 focus groups with GPs were carried out, ensuring a purposive sampling based on sex, age, place of installation (city-country). The open, axial and selective coding processes were led by researchers with different professions: GP, psychiatrist, psychologist and sociologist.

Results

GPs define 3 categories of patients, those who are ready to consult a psychiatrist, those who require preparation and those who have not the resources to elaborate their complaint and necessitate an attitude of care rather than of cure. They define tools of skills and attitudes for this support. GPs emphasized difficulties in collaboration with psychiatrists and many of them hold prejudices against psychiatrists.

Conclusion

Current findings suggest to include knowledge, skills and management of CD in the training of GPs in the same way as other chronic sufferings such as chronic fatigue, fibromyalgia, etc… Future research will focus on actual collaboration with psychiatrists.

Disclosure: No significant relationships.

EPV067 / #1193

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.07 Mental*

PREVALENCE OF NOMOPHOBIA AMONG FIRST-YEAR UNIVERSITY STUDENTS OF HEALTH SCIENCE AT SURANAREE UNIVERSITY OF TECHNOLOGY, THAILAND

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Background and purpose

Addiction to mobile phone has given rise to the term nomophobia, defined as fear of being without phone or unable to use it. The objectives of this study to describe behaviors of mobile phone using and to identify the prevalence of nomophobia among first-year university students of health science, Suranaree University of Technology (SUT).

Methods

A cross-sectional study was conducted among first-year university students of health science (medical, dental, public health and nursing students) during October, 2019. Nomophobia questionnaire (NMP-Q) was adapted and validated into the Thai context using a Likert scale from 1-7 of 20 items. The total scores were classified into severe (>=100), moderate (60-99), mild (21-59) and no nomophobia (=<20). Data analysis used mean, SD and percentage.

Results

Among 274 students, 20.1% were male and 79.9% were female. The average age was 18.6 yr. (SD = 0.62). The main purposes of mobile phone using were for movie watching/music listening (39.4%), phone call (23.0%) and chat via application (22.6%). Average spending time a day for all purposes was 6.9 hours (SD =3.8). Students frequently used mobile phone when they had free time, stayed in their rooms and at time 7 PM-10 PM.The prevalence of severe, moderate, mild and no nomophobia were 13.1%, 74.5%, 12.0% and 0.4% respectively. Prevalence of severe nomophobia was higher in female (14.6%) than in male (7.3%).

Conclusions

Most of first-year university students of health science suffered from nomophobia at different levels. Thus, nomophobia should be screened and closely observed among them.

Disclosure: No significant relationships.

EPV068 / #1289

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.07 Mental*

EKBOM SYNDROME: A RARE CASE REPORT

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Delusional parasitosis also called delusional infestation or Ekbom's Syndrome is a rare psychiatric disorder of the somatic type, hypocondrial psychosis, in which the affected individuals have strong belief that they are infected with parasites.

We present a case of primary delusional parasitosis in a 92 years-old female patient with intense pruritus and self-inflicted detachment of skin tissue in both arms in order to attempt the removal of the parasites.

In patients with delusional parasitosis it is important to exclude organic causes responsible for this clinical presentation. These patients can take a long time before seeking medical assistance, with first medical contact being frequently a dermatologist. Treatment with antipsychotic drugs is recommended, but it can pose a real challenge in primary delusional parasitosis as no organic cause can be identified and patients present a strong conviction of real infection not accepting the proposed diagnosis and subsequent therapeutic.

Disclosure: No significant relationships.

EPV069 / #53

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.08 Cancer*

BE CAREFUL! NEITHER SORE THROAT IS COVID-19 NOR A COMMON COLD: CASE PRESENTATION

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1.BACKGROUND and PURPOSE: Learning trough clinical experience.

2.METHODS

Reason for consultation: 37-year-old man came to our primary health center, during COVID-19 pandemic, referring sore throat, general malaise and asthenia for the last month. During the anamnesis he referred 5Kg weight loss and night sweating. The patient consulted several times before and underwent to many SARS-CoV-2 PCR tests and S.pyogenes detection which both tested negative.

Clinical history: no allergies, toxic habits or pathological conditions.

Physical examination: BP 130/70mmHg, Temperature 36,8ºC, HR 96bpm.

Cardiac, respiratory, abdominal: normal. Otorhinolaryngological: no reactive adenopathy, mild oropharyngeal hyperemia with a small exudate in right tonsil. No other relevant findings.

Plan: Blood test to dismiss any other condition.

Blood test: Hemoglobin 12.2g/dL, Leucocytes 90.4*10^9/L (at the expense of leucoblasts), Platelets 95*10^9/L, Hyperuricemia 464mmol/L, LDH 537 U/L, CRP 23.3mg/L.

Suspected diagnosis: Acute leukemia

Management: Immediate transfer to hospital A&E department to be admitted at Hematology department to complete complementary test and decide therapeutic attitude.

3. RESULTS

The patient is final diagnosed of Acute myeloid leukemia, requiring chemotherapy. Evolution was right and after 7 months since diagnosis the patient has been cured.

4. CONCLUSIONS

It is important not to forget that there are other clinical conditions than COVID-19.

A good differential diagnosis always is compulsory. But, in pandemic days, it is essential because there are other illnesses that may require a well-funded clinical judgement and urgent attention. Even when the symptom may seem banal.

Healthcare organizations must do a greater effort in order to guarantee quality, equity and safety.

Disclosure: No significant relationships.

EPV070 / #112

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.08 Cancer*

SEXUAL DYSFUNCTION SECONDARY TO PROLACTINOMA – CASE REPORT

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Background/Purpose: In sexual dysfunction (SD) sexual intercourse is unsatisfactory for the individual and/or his partner. Its prevalence is 25%-63% worldwide. Prolactinoma (most common pituitary adenoma) is an organic cause of SD, which increases circulating prolactin, causing hypogonadism, with consequent impact on male sexual function. This report aims to relate a case of a patient with sexual dysfunction secondary to prolactinoma.

Methods: Case study. The information was retrieved from the patient's electronic medical record.

Results: 44-year-old male, middle class (Graffar scale) nuclear family's member, visited his Family Doctor (FD) on 7/2/2020 with complaints of hypodesire and erectile dysfunction. Sexual history was made (International Index of Erectile Function: moderate) and possible causes of SD and cardiovascular risk were investigated. He presented no hypogonadism signs. On reevaluation, analytical study showed testosterone deficit and sharp increase in prolactin level. Brain magnetic resonance was preformed and the suspicion of prolactinoma was confirmed by the presence of pituitary macroadenoma on the right lobe (2cmx1,4cmx1,7cm). Currently, the patient is in charge of his FD, Neurosurgeon and Endocrinologist, medicated with Cabergoline, with good therapeutic response.

Conclusions: This case reports that variations in sex hormones caused by prolactinoma can lead to sexual dysfunction. Despite its indolent evolution, prolactinoma had a negative impact on patient's personal and family life. Sexual symptoms' systematic approach may be useful to screen for other organic pathologies – emphasis to the privileged role that FD has in this context, which can help to improve men's life quality, improving the prognosis of a secondary's SD cause.

Disclosure: No significant relationships.

EPV071 / #322

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.08 Cancer*

RECURRENT ISCHEMIC STROKES IN A PATIENT WITH POLYCYTHEMIA RUBRA VERA

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Background and Purpose: Thrombo-embolic events are significant complication of polycythemia rubra vera. This case presents a patient with recurrent ischaemic strokes on a background of polycythemia rubra vera.

Introduction: A 55 years old male patient presented to emergency department with a 2 days history of left side weakness and numbness. The background history include polcythemia rubra vera, ischemic stroke and hypertension.

On examination, Glasgow coma scale was 15/15. Neurological exam revealed 4/5 power in left upper and lower limbs on MRC grading scale.

Investigations: Laboratory investigations showed Haemoglobin 198g/L, Haematocrit 0.62L/L, platelet 599*10^9/L and WBC 6.4*10^9/L. The lipid profile was highly deranged.

CT head and CT Angiogram of carotid and aortic arches showed multiple intracranial aneurysms.

MRI head shows progression of right middle cerebral artery stenosis and occlusion. There is right sided cortical and white matter infarction. The images are compared with previous MRIs.

Transthoracic and transoesophageal echocardiography, carried out to detect an embolic source for the recurrent strokes, were negative.

Treatment: The patient was treated with aspirin, clopedogril and atorvastatin in addition to physical and occupational therapies. Two venesections were carried out in the hospital to reduce the haemoglobin from 198g/L to 170g/L and his haematocrit from 0.62L/L to below 0.45L/L. Hydroxyurea 2000 mg once daily was continued as a cytoreductive drug.

Outcome and Follow-up: Upon improvement,the patient was discharged with neurology and haematology outpatient follow-up. Regular physical and occupational therapies were arranged.

Disclosure: No significant relationships.

EPV072 / #333

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.08 Cancer*

A CLINICAL CHALLENGE WITH 12 YEARS OF GALACTORRHOEA – BASED ON A CASE REPORT

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Background and purpose: Pituitary adenomas (PA) can be indolent. Prolactinomas are the most common PA and several causes of hyperprolactinemia are described. The most recognized symptom of hyperprolactinemia is galactorrhoea, but other symptoms may co-exist. Normally, other aetiologies rather than PA are excluded first which can delay its diagnosis until tumour size symptoms appears. Portuguese GPs face an economic problem due to the scarce access to MRI in the primary setting.

Methods: we present a patient who consulted in our health unit.

Results: this is a 38-year-old caucasian woman with intermittent complaints of mastalgia, galactorrhoea and menstrual irregularities. In 2008, she first reported mastalgia and galactorrhoea. Between 2009 and 2017 she returned for several times with the same symptoms. She was evaluated by an endocrinologist, who purposed the association of oral contraceptive (OC) and antidepressive medication, as a possible cause. In 2019 she returned with amenorrhea for 5 months. Pregnancy was excluded and analytical study revealed a high prolactin value. In 2020, she presented with right sided haemicranial headache for 3 days, retroocular pain and sudden loss of visual acuity (VA). Neurological exam revealed temporal hemianopsy of the right eye with decreased VA: 3/10. Cranial CT excluded compressive lesion. Later, a cranial MRI revealed a microprolactinoma. Targeted therapy was instituted with significant improvement of mastalgia, and resolution of galactorrhoea and amenorrhea.

Discussion: PA remain a clinical challenge. Patients with persistent hyperprolactinemia or galactorrhoea of unknown aetiology should perform cranial MRI which has higher diagnostic acuity for microprolactinomas than CT.

Disclosure: No significant relationships.

EPV073 / #413

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.08 Cancer*

INCREASED INDEX OF SUSPICION IN ABDOMINAL NEOPLASMS

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Background and purpose:

Abdominal pain accounts for 5-10% of the emergency department visits. Despite current advances, 25% of patients seen with abdominal pain are discharged without an etiological diagnosis. Diffuse large B cell lymphoma is the most common histological subtype of Non-Hodgkin lymphoma. In this pathology (usually located intra-abdominally), B cells, morphologically change, increase their size and rate of cell proliferation, and diffusely invade the lymph nodes. In Europe, the incidence is around 4.92 cases per 100,000 habitants per year. Given its poor early diagnosis, we decided to present the following clinical case.

Methods:

40-year-old male, with no relevant history, attended the emergency room on numerous occasions. He reported a diffuse abdominal pain (predominantly in his left flank and epigastrium), low-grade fever and 3 kg-weight loss, over the past month. On all occasions, he was discharged without an etiological diagnosis (due to normal blood tests and physical explorations). However, due to pain persistence, an ultrasound was performed, revealing a solid left subhepatic tumor (92x78x77mm) without peripheral organic dependence. Given these findings, he was admitted to the Internal Medicine Department, where a CT scan detailed the known mass and with pathological anatomy, the suspicion was confirmed.

Results:

Stage IIB diffuse large cell lymphoma B with bulky mass.

Conclusions:

Some abdominal neoplasms are overlooked, until it is too late. However, our patient became an exception to this norm. His case elucidates the importance of suspecting other etiologies and providing adequate follow-up. These, together, conform the cornerstone of efficient primary care.

Disclosure: No, I do not. My abstract is not based on any products or industry. However, It may be posible that Almirall pay my fee, because of my lack of economical resources. I firstly consider applying for a Scholarship, but I guess I do not reach the requirements

EPV074 / #559

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.08 Cancer*

CHALLENGES IN BREAST CANCER DIAGNOSIS DURING THE PANDEMIC - A CLINICAL CASE

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Background and purpose

Breast cancer is one of the most prevalent cancers in women. In Portugal, around 6000 new cases are diagnosed and 1500 deaths are estimated per year. Five to 10% of breast cancers can be detected through clinical breast examination alone. This case presents a challenging breast cancer diagnosis on a previously healthy woman with no family history, in February 2020, when COVID-19 pandemic resulted in nationwide state of emergency.

Methods

In February 2020, a healthy 47 year-old woman presented to her Primary Care Center in Arazede (Coimbra, Portugal) for consultation because of a left breast lesion that she described as a skin discoloration she noticed 3 weeks before. On physical examination there was a large (3cm) palpable irregular hard lump, highly suggestive of malignancy. Because of COVID-19 restrictions, the patient couldn't complete the imaging exams (mammography and breast ultrasound). Hospital referral was denied because of the lack of exams. This delayed access to biopsy, diagnosis confirmation and planning for treatment in several months.

Results

Pandemic COVID-19 caused millions of deaths all around the world, many of them of non-covid causes, because of the limited response of health system, including unavailability of imaging exams.

Conclusions

Contingency plans should be planned and adapted to every national reality so severe and potentially fatal diseases may have a timely response. Also, clinicians should keep in mind the value of breast clinical examination, as there is a high specificity of certain abnormal findings that greatly increase the probability of breast cancer.

Disclosure: No significant relationships.

EPV075 / #585

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.08 Cancer*

PARANEOPLASTIC NEUROPATHY AT DIFFUSE LARGE B-CELL LYMPHOMA PATIENT

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Background and purpose. Lymphoma causes various neurological manifestations that might affect any part of the nervous system and occur at any stage of the disease. The peripheral nervous system is one of the major constituents of the neurological involvement of lymphoma.

Methods. Patients medical documentation and observation.

Results. A 63-year-old man presented with subacute painful left leg weakness. He had a history of diffuse large B-cell lymphoma and had been treated with rituximab, cyclophosphamide, doxorubicin, vincristine and prednisone as well as intrathecal methotrexate. He had been in remission for nine months at the time of presentation, then reported deep, aching, shock like pain that radiated down the lumbar region into the lateral left leg. Noted numbness and tingling in the first three toes and dorsum of the left foot and lateral left leg and weakness lifting the foot. Symptoms had progressed over two months to complete foot drop. Electrodiagnostic testing demonstrated an active sciatic neuropathy. The presence of neuropathy was clinically defined through the presence of sensory and motor signs and the reduction of deep tendon reflexes without pathological reflexes. Nerve conduction studies were used to confirm the presence of neuropathy. Diagnose was neurolymphomatosis and he was treated with high-dose intravenous methotrexate followed by chemotherapy.

Conclusions. Patients can present with subacute to chronic radiculopathies or a symmetric polyneuropathy. Sciatic nerve is the most common mononeuropathy. Early recognition by general practitioner is important as a delay in treatment can adversely affect patient outcome.

Disclosure: No significant relationships.

EPV076 / #632

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.08 Cancer*

UNDERSTANDING MELANOMA RISK ASSESSMENT and ITS MANAGEMENT AMONG AUSTRALIAN GENERAL PRACTITIONERS: A QUALITATIVE STUDY

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Background and purpose

Melanoma incidence rates continue to increase among fair-skinned populations. A risk-stratified approach to melanoma prevention is recommended, however, physicians rely on traditional methods of melanoma risk assessment involving the integration of patient findings using both intuition and analytical processes. The purpose of this study was to understand how general practitioners (GPs) conceptualised melanoma risk assessment and management, and the opportunities for using melanoma risk prediction tools in primary care.

Methods

This was a qualitative, descriptive-interpretive study. We recruited Australian GPs who had completed a cross-sectional online questionnaire study on melanoma risk. GPs were purposively sampled for semi-structured telephone interviews with latter theoretical sampling. The interviews were audio-recorded, professionally transcribed, and analysed using a grounded theory approach.

Results

A total of 20 GPs were interviewed. The model showed GP's melanoma risk assessment and its management can be understood as a linear workflow consisting of five clinical process themes: opportunistic patient selection, identification of individual melanoma risk factors, overall melanoma risk estimation, risk-appropriate management, and patient education. GPs were largely open to integrating melanoma risk prediction tools into clinical practice sharing opportunities for them to improve and complement current clinical processes.

Conclusions

Our study found variation between care processes in melanoma risk assessment and management based on patient and physician factors. Further work to support melanoma risk assessment and management is warranted. These new interventions need to be sensitive to clinical workflows.

Disclosure: No significant relationships.

EPV077 / #1297

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.08 Cancer*

FROM BREAST MASS TO LUNG CANCER: A CASE REPORT

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Background and purpose: Lung cancer is the most common cancer and the most common cause of cancer death in the world. Tobacco smoking is the primary cause of lung cancer and squamous cell carcinomas are most commonly associated with heavy tobacco use. The majority of lung cancer patients present with advanced disease or metastatic disease at the time of diagnosis. Breast is an unusual site for metastases particularly from primary lung cancer.

Methods: We present a clinical case of a man diagnosed with metastatic lung cancer after the appearance of a breast mass.

Results: A sixty-five year-old smoker man complained the appearance of a mass in the right breast with a week of evolution. At physical examination we palpated a hard, irregular, painless mass in the upper inner quadrant of the right breast, fixed to the underlying chest wall. The mammography and breast ultrasound revealed a 26 mm nodule with high suspicion of malignancy that motivated a percutaneous biopsy revealing an infiltrating squamous cell carcinoma. The thoracic-abdominal CT scans showed a 51 mm expansive lesion involving the segmental bronchi of the right lower lobe and an 8 mm liver nodule in the segment V that confirmed the diagnosis of metastatic squamous cell carcinoma of the lung. After evaluation by a multidisciplinary team the patient initiated systemic chemotherapy with cisplatin and gemcitabine.

Conclusions: Abnormal physical and imagiological findings require tissue sampling to make an accurate diagnosis and to differentiate between primary cancer and a metastatic disease. As demonstrated by this case report, a breast nodule is a possible metastatic manifestation of a primary lung cancer.

Disclosure: No significant relationships.

EPV078 / #75

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.09 COVID-19*

DIAGNOSIS OF POSSIBLE COSTOCONDRITIS THAT ENDED IN COVID-19 DISEASE.

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Introduction:

The role of Primary Care is essential to screen for mild processes (such as costochondritis) from more serious processes (such as pulmonary involvement by COVID-19).

Case development:

A 72-year-old woman, hypertensive and asthmatic, who presents pain in the right side, is treated with NSAIDs but due to the refusal of improvement after 5 months, a chest X-ray is requested, which resulted in no findings of interest (only small fibrous tracts secondary to an old process, already present on the previous year's plaque). As the patient does not improve, she is sent to the hospital thoracic surgeon who requests a chest CT scan, the result of which is:

“The lung parenchyma has fibrocicatricial lesions. Several pseudonodular images are also visualized, in ground glass, which are affecting the left upper lobe, lingula and right lower lobe. Some have a tree morphology in a bud and that in principle could be related to infectious / inflammatory involvement of the small airway".

Before the PCR test for SARS-COVID19 a positive result comes out.

Conclusion:

It is also interesting to know that in Covid-19 disease there is a radiological evolution as the disease progresses, it has been observed that lung lesions are detected in CT studies even BEFORE THE APPEARANCE OF THE SYMPTOMS of the disease, appearing the Normal chest X-ray (this is the case of our patient who had very mild symptoms and lesions appeared on the CT scan).

Disclosure: No significant relationships.

EPV079 / #126

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.09 COVID-19*

COVID-19 and MANAGEMENT OF TYPE 2 DIABETIC PATIENTS VIA TELEPHONE CONSULTATION IN LAGOS, NIGERIA

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Background: COVID-19 pandemic affected the ability to patients with chronic medical conditions to access care. This was worsened by national lockdowns which hampered movement of patients. There is a need to assess the ability of e-medicine to impact care.

Aim: To explore the impact of the coronavirus disease lockdown on the clinical outcome of diabetes patients attending a primary care Diabetes Clinic in Lagos State, Nigeria.

Methods: A cross sectional audit of the clinical characteristics of patients was carried out. Telephone calls were made to type 2 diabetes patients who attended the chronic medical disorder of the Family Medicine Department. The information obtained included questions on demographic data, type of medications, glycemic control, amongst others. Data analysis was performed using SPSS program version 26.

Results: A total of 178 patients participated and all of them had type 2 diabetes. Most (87%) reported using their medication as prescribed, 74% had checked their glucose during lockdown, though only 29 % checked regularly and 54% had checked their blood pressure. Medication was modified in 34% of the patients. Biguanides and Sulfonylureas were the most prescribed oral antidiabetic medications. The use of sphygmanometer was associated with lower systolic blood pressure (t-test 3.49, p-value 0.0008).

Conclusions: The findings of this review suggest that the use of e- consultation can play a role in patient management of Diabetics even beyond the COVID-19 era including reaching patients in distant locations who are unable to come to the hospital. There is a need for further studies on e-medicine role on various aspects of medical care.

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Disclosure: No significant relationships.

EPV080 / #190

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.09 COVID-19*

PRIMARY CARE ENCOUNTERS DURING COVID-19: A RETROSPECTIVE ANALYSIS AT A PRIMARY CARE CENTRE IN IRELAND

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1. Background and purpose

A comparison on how reasons for encounter during the Covid-19 pandemic (March 12, 2020 – March 11, 2022) compared to those observed in a previous study carried out in 2015 (Molony et al., 2015). Covid-19 has resulted in unprecedented times for general practitioners and the way that the public seeks medical care. It has also resulted in a change as to why the public seeks medical care. We aim to examine the differences in reasons for encounter and to quantify these differences.

2. Methods

A search of all patient encounters with the practice GPs for 24 months from March 12 2020 will be carried out. All clinical encounters are 'reasons for encounter' and coded using ICPC2 classification method. Exclusion criteria include encounters with administration staff and practice nurses. There will be no age or diagnostic exclusions. The total number of encounters will then be broken down according to the reason for encounter (RFE) and also by group, a measure which is coded at the time of consultation.

3. Results (proposed)

Results will reflect reasons why patients attended their GP (RFE) during the Covid-19 Pandemic (March 12, 2020- March 11, 2022) (TIME 1), and to compare findings during this time (March 12, 2020 – March 11, 2022) with that reported in a previous study in 2015 (Molony et al., 2015) (TIME 2). An initial interim report of the first 12 months (March 12, 2020- March 11, 2021) will be available by time of presentation.

4. Conclusions (proposed) On how Covid 19 enstilled a change in General Practice

Disclosure: No significant relationships.

EPV081 / #193

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.09 COVID-19*

CHILDREN FIRST! UNDERMINED PAEDIATRIC COVID-19

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Background and purpose: In the early beginning of COVID-19 there was a wide spread information fewer cases of COVID-19 have been reported in children than in adults. During the firsts months of the epidemic it was constantly repeated. But later the paediatricians have raised their voices and have reported increasing number of severe COVID-19 symptoms and complications in children (incl. myocarditis and multisystem inflammatory syndrome).

Methods: The author presents part of a study in the frame of COVID-19 project. The selection of the scientific publications was done by 3 level selection process.

Results: After careful selection and analysis of scientific publications some very important for the General practice issues are outlined and discussed. Practical proposals for clinical practice and research are formulated.

1. Children as an important spreaders of COVID-19

2. Broad spectrum of clinical signs and symptoms of COVID-19 in children and their accurate interpretation in general practice

3. Severe pathology as myocarditis and multisystem inflammatory syndrome

4. Children's immunity and prophylaxis in General practice in regard to SARS-COV-2 and COVID-19 (incl. critical analysis of the role of mandatory immunization schedule)

The problems are discussed in the context of general practice specificity of tasks and responsibilities.

Conclusions. Paediatic cases are still growing and the warnings of paeditricians became more and more loud. That is why GPs should be aware of the broad spectrum of paediatric COVID-19 clinical presentation and approach every child with suspected symptoms according to the newest best practice COVID-19 guidelines and scientific evidence.

Disclosure: No significant relationships.

EPV082 / #208

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.09 COVID-19*

COVID-19 PATIENTS WITH VASCULAR EVENTS and PSYCHOSIS: GENERAL PRACTICE CONSIDERATIONS (PART OF A STUDY)

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Background and purpose:

The number of patients with or after COVID-19 who subsequently develop arterial and/or venous thrombosis and/or embolism is increasing. Some of these patients during the treatment present also with psychotic reactions or even with depression, agression, suicidal/homicidal thoughts and attempts. An association between thrombosis and psychosis has been observed before. Patients with COVID-19 with or without vascular pathology also prone to develop psychosis or other mental illness. It is difficult to distinguish to what extent psychosis is due to a previous vascular problem and to what extent to COVID-19 because of vascular pathology and Covid-19 associated coagulopathy or neural direct impact.

Methods: Bibliographic review with three step selection was performed and clinical cases were collected and analyzed. COVID-19 case selection and was performed (case-based study, structured cases)

Results: Here we present part of a study on vascular patients with/after COVID-19 and psychosis in the frame of COVID-19 project. COVID-19 patients were diagnosed, treated and observed in general practice. Some of them later were sent to vascular surgery. The neuropsychiatric symptoms were observed after the second week (for not hospitalized patients and during their stay and after vascular surgery in hospitalized patients). The authors focus attention to several combined pathology cases, one of them with suicidal ideation immediately recognized, consulted with psychiatrist and properly treated.

Conclusions: General practitioners should be aware and well prepared to recognize the early vascular and neuropsychiatric signs and symptoms in COVID-19 patients because of their severe consequences.

Disclosure: No significant relationships.

EPV083 / #283

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.09 COVID-19*

BRINGING THE VIEWS OF HEALTHCARE PROFESSIONALS INTO THE REGULATION OF COVID-19 VACCINES and TREATMENTS

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The European Medicines Agency (EMA) is contributing to global efforts to save lives during the COVID-19 pandemic.

The COVID-19 EMA pandemic Task Force (COVID-ETF) is at the centre of the efforts to enable EMA, the European medicines regulatory network and the European Commission to take quick and coordinated regulatory action across all EU Member States.

The COVID-ETF brings together key experts from European medicines regulatory agencies to support EMA's expert scientific committees on human medicines. Since October 2020, it also includes patient representatives and healthcare professionals from both family medicine and hospital medicine.

A representative from the European Respiratory Society and from the European Union of General Practitioners have been witnessing first-hand how available information is analysed and debated as part of the development, authorisation and safety monitoring phases of therapeutics and vaccines for COVID-19. Bringing on board their clinical expertise and frontline experience in the management of COVID-19 patients, they have already made important contributions to the discussions leading to decisions. In addition, their role in governance of the process and its transparency is essential to build trust in the regulatory decision-making process.

There is a clear role for these representatives in the Task Force especially as more therapeutics and vaccines will become available, and there is an obligation to develop trustworthy communication and educational materials for patients, the public and healthcare professionals.

Experiences and insights gained from such participation should help raise awareness on content of communication and educational materials specifically developed to inform and help healthcare professionals answer questions around the development, regulatory review and ongoing safety monitoring of COVID-19 vaccines.

Disclosure: No significant relationships.

EPV084 / #293

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.09 COVID-19*

COVID RADAR APP: DESCRIPTION and VALIDATION OF POPULATION SURVEILLANCE OF SYMPTOMS and BEHAVIOR IN RELATION TO COVID-19

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Background

Monitoring of symptoms and behavior may help predict emerging COVID-19 hotspots and guide planning of primary healthcare resources. The COVID Radar is a smartphone application active in the Netherlands with which users can anonymously report COVID-19 related behavior and symptoms. The objective of this study is to describe the validation of the COVID Radar data.

Methods

COVID Radar users are asked to complete a daily questionnaire consisting of 20 questions assessing symptoms, social distancing behavior, and COVID-19 status. We describe the relation between symptoms and behavior and both user-reported COVID-19 status (i.e. criterion validation) and state-reported COVID-19 case numbers (i.e. external validation).

Results

Since April 2nd, 2020, over 6 million questionnaires from over 250,000 users have been collected by the COVID Radar app. Almost 2,000 users reported testing positive for SARS-CoV-2. Results of our analyses show the incidence of all self-reported symptoms increased in the week prior to a positive COVID-19 test. Furthermore, between 20 and 10 days prior to a positive test, users showed above-mean risk-behavior, consistent with the time between transmission and confirmation of test result. Per-capita user-reported positive COVID-19 tests closely match government-reported per-capita case counts, especially in regions with high user engagement.

Conclusions

The COVID Radar app enables collection of COVID-related symptom and behavior data in the general population. The results support criterion and external validation of the COVID Radar data. COVID Radar may be a valid instrument for surveillance and predictive analytics to identify emerging hotspots and guide allocation of primary healthcare resources.

Disclosure: COVID radar app is hosted by the company ORTEC and is payed for its services. Analyses were done primary by the LUMC. ORTEC had no influences on these analyses.

EPV085 / #313

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.09 COVID-19*

SEROPREVALENCE STUDY OF SARS-COV-2 INFECTION IN GENERAL PRACTICE IN IRELAND

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Background and purpose: SARS-CoV-2 antibody testing in community settings may have a role in tracking viral spread and guide public health efforts.

Methods: This seroprevalence study utilised two manufacturers' point-of-care (POCT) SARS-CoV-2 IgM-IgG combined antibody tests, offered to patients and healthcare workers in general practice.

Results: From mid-June to 10th July 2020, 971 participants from 15 general practices were tested. Seroprevalence was 12.9% in patients attending general practice and 12.9% in staff working in general practice, with administrative staff having the lowest seroprevalence at 6.5% and nursing staff having the highest at 16.3%. Previous symptoms suggestive of SARS-CoV-2 and history of a polymerase chain reaction (PCR) test were associated with higher seroprevalence. Sensitivity was 78% and 79% for each test kit type, giving a combined sensitivity of 82%. Average length of time between participants testing positive for SARS-CoV-2 on laboratory PCR testing and testing positive for IgG antibodies was 83 days.

Conclusions: Patients and healthcare staff in general practice in Ireland had relatively high rates of IgG to SARS-CoV-2 compared to the national average (1.7%). These rates were lowest in older participants and highest in general practice staff with high patient contact, especially nursing staff. While not proof of immunity and requiring further study, SARS-CoV-2 POC testing can establish serological prevalence in general practice settings with a sensitivity of approximately 80%. Persistence of antibodies for an average of 12 weeks in four-fifths of participants with previous COVID-19 infection may be encouraging as we learn more about the SARS-CoV-2 immune response.

Disclosure: No significant relationships.

EPV086 / #332

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.09 COVID-19*

REINFECTION WITH SARS-COV-2: AN INTRIGUING POSSIBILITY?

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Background and purpose: new insights about COVID-19 natural history are crucial to fight the SARS-CoV-2 pandemic. Data show antibody-related immunity against SARS-CoV-2 may not be long-lasting.

Methods: we report three cases of patients regarded as cured from COVID-19, that presented again with symptoms and a positive SARS-CoV-2 RT-PCR test.

Results: Case 1: 60-year-old immunocompetent male, presented with fever and myalgia. RT-PCR test was positive. His symptoms resolved 26 days after onset and tested negative in the following week. Asymptomatic until the 94th day, he presented again with fever and sore throat and had a positive RT-PCR test. His symptoms resolved 3 days after. He tested negative on 105th day. Anti-IgG blood and rapid serology were negative. On 114th, day he presented with fever, asthenia and cough. Analytics showed a high C-Reactive Protein value and RT-PCR was positive.

Case 2: 21-years-old immunocompetent female, presented with fever, myalgia, and dyspnea. RT-PCR test was positive. By day 20, she was asymptomatic and had a negative RT-PCR test. By day 51 after onset, she presented with anosmia, ageusia and myalgia. RT-PCR test was positive.

Case 3: 25-year-old immunocompetent female, had a positive RT-PCR test at hospital screening. She remained asymptomatic and tested negative in the following week. Anti-IgG blood serology by day 103 was negative. On the 143rd day, she presented with fever and myalgia. RT-PCR test was positive.

Conclusions: our case series shows that SARS-CoV-2 reinfection may be possible. Previously cured patients should be encouraged to comply with health public preventive measures.

Disclosure: No significant relationships.

EPV087 / #370

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.09 COVID-19*

EVOLUTION OF PROFESSIONAL BURNOUT IN CATALONIA (SPAIN) FROM 2017 TO 2020

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1.Backgroud and purpose

Four years ago, in the Maresme region, a research team created a scientific observatory to learn about the activity and professional status of a medical group that cares for a population of 300,000 population dispersed in more than 20 health centres and working in four different public companies. We know the impact of COVID-19 professional burnout on family doctors.

2.Methods:

In December 2017, December 2019 and November 2020, the Maslach MBI - HSS scale with 22 items was passed to doctors who were members of l'Observatori del Maresme and other colleagues who did not belong to that research team but who also worked in the area. The professionals were considered to suffer from burnout syndrome when the three dimensions of analysis -emotional exhaustion (EE), depersonalization (DP) and personal accomplishment (PA)- were highly affected (EE ≥>27; DP> 10; PA < 33).

3.Results:

Of approximately 250 family doctors who work in the region, 82 carried out the test in 2017, resulting in 6% burnout. Of 84 doctors who did it in 2019, 11% presented it and in 2020 of 84 respondents, 58% suffer from it.

4.Conclusions:

The studies published to date, which use the burnout criteria such as the affectation of the three dimensions of the MBI scale, range between 2.3% and 11.9%, in line with our first two cuts (2017 and 2019). Exceeding results of 50% in 2020 is an astonishing increase. We can conclude that the effect of the COVID-19 pandemic has been devastating for family doctors.

Disclosure: No significant relationships.

EPV088 / #388

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.09 COVID-19*

INTIMATE PARTNER VIOLENCE DURING COVID-19 LOCKDOWN: PREVALENCE and RISK FACTORS IN A TUNISIAN COMMUNITY SAMPLE

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Background and purpose: Intimate Partner Violence (IPV) is a serious public health concern. As supported by a number of studies, lockdowns, instituted over COVID-19 pandemic, have had a profound impact on the families and the occurrence of IPV. As IPV is underreported in Tunisia, it becomes increasingly important to understand how to prevent such violence. Thus, this study aimed to determine the prevalence and the risk factors of IPV among men and women in a Tunisian community sample over the first lockdown.

Methods: We undertook a cross-sectional study. 156 married participants consented to participate. The survey, circulated on social media in May 2020, included questions about sociodemographic information, physical and mental health status and types of domestic violence.

Results: The sample study consisted mainly of women (85.5%). IPV was found in 24.4% including psychological (23.1%), physical (3.8%) and sexual (1.9%) violence. Even though females were more likely to experience domestic violence than males (25.2% versus 19% respectively), the difference between gender was not statistically significant ($p = .842$). Participants with psychological conditions (reported in 9%) were 4.133 times more likely to suffer from violence ($p = .039$). Conflicts (reported in 71.2%) increased the likelihood of violence by 5.341 ($p = .008$). However, a lower financial situation was associated with a reduction of IVP by 2.183 ($p = .033$).

Conclusion: IPV during lockdown was relatively high. Therefore, health care providers and policymakers should be aware of the risk factors to prevent IPV and provide those who are affected with adequate care.

Disclosure: No significant relationships.

EPV089 / #436

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.09 COVID-19*

RESILIENCE and BURNOUT OF GENERAL PRACTITIONERS DURING THE COVID PANDEMIC

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BACKGROUND and PURPOSE

In order to know the work conditions of the GP in Catalonia (Spain) we created a scientific observatory (research group) sponsored by Jordi Gol Foundation and Medicina Familiar i Comunitaria Catalonia Society. This team studied GP's work condition. The outbreak of covid infection in 2020 headed us to complement the preliminar study with further data collected during the epidèmic. We later compared this data with the one known in general population. To know the GP resilience's level and its correlation with burnout during covid-19 epidemic.

METHODS:

This is a descriptive study of GP belonging to the mentioned area passed 2 different tests: 1. Connor-Davidson scale (CD-RISC, 25 items from 0- no resilience, 100- top resilience). 2. MBI-HSS Maslach scale (specifically in Health workers) wtih 22 items (3 dimensions: Emotional Exhaustion (EE), Despersonalisation (DE) and Personal Accomplishment. Diagnostic criteria were EE≥27, DE≥10, PA≤33). To analyse the relationship between burnout and resilience we have used simple regression method.

RESULTS:

84 GP participated in the study (75% women, average age 47 year old, +/-8 years). burnout was diagnosed in 58% on the 3 dimensions described. Average score observed in resilience scale was 71.9% (DT010.5, range 56-96). There is a significative negative correlation (p=0,001) between resilience and burnout.

CONCLUSIONS:

The resilience of GP in primary care teams is similar to that of the Spanish population (68.86 (SD =11.65, range :18-99) according to recent published studies. However, we have to take into account that the level of burnout is very high. Professionals showing more burnout score show less resilience.

Disclosure: No significant relationships.

EPV090 / #541

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.09 COVID-19*

IDENTIFICATION OF BASELINE PHARMACOLOGICAL TREATMENTS ASSOCIATED WITH COMPLICATIONS DUE TO COVID-19

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Objectives: To identify previous treatments as a protective factor against complications, death and/or hospitalization due to COVID-19 .

Methods: Cross-sectional study. A total of 3856 subjects diagnosed with COVID-19 on cronic treatment were selected in both Primary Care and Hospital Care in Castilla y León, using a database from CyL Government since March 1, 2020 to June 1, 2020. Average age 63.78 years(SD 20.45); 1725(44.7%)men, 2131(55.3%)women, 2571(66.7%)positive covid test. We have registred the chronic medication before COVID-19 diagnostic and the complication of COVID disease.

Results: Of the 3856 subjects, 3357(87.1%) were diagnosed with COVID-19 dissease and 499(12.9%) with pneumonia. 1058(27.4%) were admitted to the hospital, 48(1.2%) to the ICU and 400(10.4%) died. They were taking ACEI/ARB-2(14.3%), statins(11.2%), pentoxifylline(0.5%), amlodipine(2.8%), metformin(5.2%), ASA(6.5%) and vitaminD-calcium(2.9%). We have found that consumption of ACEI/ARB-2(OR=2.10) and amlodipine(OR=1.75) maintains positive associations with income hospitable and statins(OR=0.69) or vitaminD-calcium(OR=0.61) have a negative association. For admission to the ICU, a positive association has been seen with consumption of ACEI/ARB-2(OR=1.97). Finally, consumption of pentoxifylline(OR=3.67) is associated with an increase in mortality. While consumption of ASA(OR=0.65) and vitaminD-calcium(OR=0.39) is associated with a decrease in mortality.

Conclusion: We found that hospital/UVI admissions and mortality are associated with older age, being male and having a positive diagnostic test. In addition, the risk of hospital admission increases with consumption of ACEI and amlodipine and decreases with consumption of statins and vitaminD-calcium. Admission to the ICU is associate with consumption of ACEI. Finally, mortality from COVID is associated with consumption of pentoxifylline and consumption of ASA and vitaminD-calcium is associate to lower risk.

Disclosure: No significant relationships.

EPV091 / #556

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.09 COVID-19*

BRADYPSYCHIA and SPEECH DISTURBANCE IN THE CONTEXT OF NONSEVERE COVID-19 DISEASE AT A PRIMARY CARE CENTER IN BARCELONA, SPAIN

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1. Background

As the COVID-19 pandemic progresses, a wide array of neurological symptoms and complications are being described. However, the prevalence and clinical characteristics of these features remain not fully elucidated.

2. Methods

We report the case of a 33-year-old woman who presented an acute episode of dysarthria and bradypsychia in the context of a nonsevere COVID-19 disease.

3. Results

The patient presented at the primary care level with a 5-day history of fever, asthenia, headache, dizziness, anosmia and ageusia, without respiratory or gastrointestinal symptoms. Nasopharyngeal swab for real-time PCR SARS-CoV-2 was positive. On day 11 after the symptom's onset, she complained of speech and word-finding difficulties. She was transferred to a hospital emergency room (ER).

At the ER she presented stably, with vital signs within normal limits. The neurological examination showed bradypsychia, bradylalia, mild dysarthria and positive Romberg. Blood tests revealed an altered liver profile with a slight increase of D-Dimer and Ferritin. ECG and Multimodal CT were unaltered. Cerebrospinal fluid studies showed the presence of 12/mmc nucleated cells and unremarkable microbiology analysis. She was discharged the same day with a diagnosis of probable SARS-CoV2 encephalopathy. Her neurological condition resolved 2 weeks later.

3. Conclusions

Although only the temporal sequence of events suggests the causal effect of SARS-CoV2 on the patient's symptoms, we suggest speech disturbance as a possible COVID-19 manifestation.

Clinicians need to be aware of the neurological complications to diagnose and treat them timely. Further clinical and epidemiological studies are needed to better define the heterogeneous spectrum of COVID-19 neurological manifestations and their burden.

Disclosure: No significant relationships.

EPV092 / #582

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.09 COVID-19*

TRACE COVID-19 PLATFORM IN A FAMILY HEALTH UNIT: USERS CHARACTERIZATION and SATISFACTION LEVEL

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Background

The SARS-CoV-2 (COVID-19) pandemic has posed major challenges for health services worldwide. There was a need for the health service to adopt several measures to contain and mitigate the disease. In Portugal an electronic platform was implemented – Trace COVID-19® -, which allows a remote monitoring of positive cases with indication for self-care at home, suspects and contact tracing.

Methods

This study aims to characterize the clinical follow-up in a Portuguese Family Health Unit , of patients inserted in this platform, from 30thof March to 24th of May, and assess their degree of satisfaction through an online questionnaire adapted from the validated portuguese version of European Task Force on Patient Evaluation of General Practice Care (EUROPEP).

Results

In a total of 108 people, followed up for a maximum of 48 days and a median of 6 days, 14 were health professionals. From the total, 52 had comorbidities, 11 tested positive for COVID-19 and during the follow up 12 occurrences emerged requiring medical observation.

The questionnaire was completed by 20 people, mostly females aged over 40, schooled and portuguese. Most participants agreed that the team showed interest in their personal situation, that confidentiality was respected, preventive measures were made available, plans were explained and the team showed competence, courtesy and affection.

Conclusions

Despite the constant updating of knowledge related to the COVID-19 pandemic, the platform Trace COVID-19® remains the national monitoring and registration system, where family doctors play a crucial role, with a huge impact on the other primary care activities.

Disclosure: No significant relationships.

EPV093 / #608

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.09 COVID-19*

IMPACT OF ISOLATION MEASURES IN THE SOCIAL and MENTAL HEALTH IN THE ELDERLY

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1 . Background and purpose

With the Covi-19 pandemic decreed in March of 2020, governments had to apply several measures to prevent viral dispersion, such as social distancing and isolation. Vulnerable groups, like the elderly were encouraged to remain indoors, leaving their homes only if extremely necessary, and to avoid social contacts. This study aims to evaluate the social and mental impact of isolation.

2. Methods

Narrative review based on a Pubmed and UptoDate research of scientific articles published in 2020, in English, Portuguese and Spanish.

3. Results:

During the pandemic, anxiety and depression, , increased in the elderly, mainly in those that lived alone or in widows/widowers. However, the elderly that were institutionalized seemed to have experienced even greater isolation that those living in their own homes. Furthermore, those with a very active social life that were still working or previously belonged to voluntary groups felt an abrupt and marked worsening of their quality of life, comparatively with those that were sedentary.

4.Conclusions

With increasing mental health problems during the covid-19 pandemic, we need to make sure that health services are prepared to cope and to provide adequate support with early interventions. These must be addressed by multidisciplinary teams comprised not only of physicians but also psychologists and social workers. This review reveals a massive impact on the elderly's mental health during the pandemic, however, the long-term impact is hard to predict and additional research is necessary.

Disclosure: No significant relationships.

EPV094 / #641

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.09 COVID-19*

PHYSICAL and MENTAL HEALTH IN PRIMARY CARE PATIENTS DURING COVID-19

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Background and purpose: The impact of COVID-19 have been disastrous, with large numbers of people infected and deaths. Without a specific treatment we can only adopt preventive behaviors to stop the transmission. These changes in people's lifestyles could compromise their Health Related Quality of Life (HRQoL), physically and psychologically. Objective: To assess HRQoL in a group of patients who came to primary care nurse´s office during the pandemic.

Methods: Descriptive study (april-may 2020) into Region of Murcia. Population study: patients who came to health centre during pandemic. Data was collected through an individual personal interview in the nursing practice. To mesure the HRQoL it was used the EQ-5D questionnaire and the EVA scale (0-100). Descriptive, bivariant and correlation analysis.

Results: Analysed 54 patients: 63% (n=34) were women. Medium age 42,44±2,35. Regarding HRQoL, obtained for EVA scale an average score of 71,63±2,59. The mayority of patients did not present problems for physical activities: walk (85,2%), personal care (92,6%) or to carry out their daily activities (87%). But, until 55,6% (n=30) were moderately anxious and/or depressed. In addition, only 7,4% (n=4) claimed to be in better health than the previous year, while 37% (n=20) felt worse and 53,7% (n=29) felt equal. Finally, it was observed a negative correlation (R=-0,267;p=0,056) between age and HRQoL, therefore, the greater age, the less HRQoL.

Conclusions: The patients who came to primary care nurse´s office during the pandemic shown a good HRQoL mainly at the physical level. The psychological dimension (anxiety/depression) being the most afected during containment.

Disclosure: No significant relationships.

EPV095 / #649

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.09 COVID-19*

EMOTIONAL REGULATION IN PRIMARY CARE PATIENTS DURING COVID-19

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Background and purpose: The consequences of COVID-19 have been disastrous in many aspects of our lives. In a short period, there have been a large number of infections and deaths, as well as the collapse of the health system. This has generated great uncertainty with behaviours of social isolation and changes in the usual lifestyle, causing great stress on the psychological level. Objective: To evaluate the emotional state of patients who attended the Primary Care nursing consultation during the pandemic.

Methods: Descriptive study into Region of Murcia. Study population: patients who came to their health centre during pandemic (April-May 2020). The data was collected with a personal interview in the nursing practice. Tool: DERS questionnaire was used to measure emotional state (puntuation:28-140); the higher the score, the higher emotional dysregulation. Descriptive, bivariant, and correlation analysis.

Results: Analysed 54 patients: 63% (n=34) women. Medium age 42,44±2,35. The mean score obtained in the questionnaire was 53±2. According to sex, no significant differences were obtained, with women having the highest scores (54±2,6vs.51,2±3,1; p=0,43). There are no differences for age, although it was younger groups that presented the highest scores. Regarding marital status, single and separated patients presented greater emotional dysregulation than those who lived as a couple (60,3±3,3vs.58,3±1,4vs.47,2±2; p=0,011). Similarly, who did not have children showed higher emotional dysregulation (58,42±3vs.47,89±2,2; p=0,012).

Conclusions: Patients who visited primary care nurse´s offices during the pandemic, shown a good emotional regulation state. However, patients who had family support (partner and/or children) showed a greater emotional regulation capacity.

Disclosure: No significant relationships.

EPV096 / #650

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.09 COVID-19*

FEAR and CONCERN DURING COVID-19 IN PRIMARY CARE PATIENTS

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Background and purpose: The COVID disease has led to a high number of infections and deaths, as well as a crisis of the health system and also situations of uncertainty, fear, and concern. Objective: To evaluate if patients who attended the Primary Care nursing consultation during the pandemic experienced fear and concern with COVID-19.

Methods: Descriptive study into the Region of Murcia. Population: patients who assisted in the health centre (April-May 2020). Data collection: individual personal interview in the nursing practice with a list of questions about the situation generated by the pandemic. Descriptive analysis was carried out.

Results: Analysed 54 patients: 63% (n=34) were women. Medium age 42,44±2,35. When asked if they had felt lonely during confinement, 70.4% (n=38) answered no, being divorced (p=0.002), and those who did not have children (p=0.049) were the most alone. For their health status, 83.3% (n=45) have been concerned about it, and 96.3% (n=52) have also about the health of their relatives. However, although the majority were concerned about their health status, both their own and that of their relatives, there have not been many cases of COVID-19 detected (14.8%; n=8) in their close environment. Finally, 50% of them (n=27) were afraid of returning to "normality" in their day-to-day life, but without significant differences between groups.

Conclusion: Patients who came to the primary care nurse´s office during the pandemic were concerned about both, their health and that of their relatives, with fear and uncertainty about his return to "normality" in his daily routine.

Disclosure: No significant relationships.

EPV097 / #715

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.09 COVID-19*

CHRONIC COUGH, SARS-COV-2 CONSEQUENCE OR HAIRDRESSING HAZARD?

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Background: The folowing case presents a challenging diagnosis and illustrates another symptom of how the Covid-19 pandemic has disrupted our clinical practice and has introduced an important factor to our differencial diagnosis and may even impair our ability to correctly diagnose our patients.

Case: We report a 64 year old female hairdresser, with known GERD, diagnosed with Covid-19 in the first semester of 2020. She was under our covid 19 surveillance system for about a month before being discharged with 2 consecutive negative PCR tests, in accordance to our health legislation at the time. While under surveillance she reported no major symptoms other than frequent dry cough and light tiredness. At the time of discharge, she maintained the same symptons albeit, with less intensity. The patient reported no shortness of breath,lung auscultation was normal and her peripheral saturation values were normal aswell. Several months later, despite a slight improvement after PPI and antihistaminic medication she still reported the same symptons. Further diagnostic testing was performed with and the Pulmonary CT scan highlighted a near mediastin ground-glass pattern densification on the left lung.

Discussion: What could be the cause of the symptons and CT scan findings? Could it be a Covid-19 infection scar and if so will it be permanent? On the other hand, can this be a consequence from the patients lifelong haidressing profession and hair product inhalation?

Conclusions: At this day and age, Covid-19 has to be a permanent item in most respiratory findings differential diagnosis and may delay other diagnoses but these must not be forgotten.

Disclosure: No significant relationships.

EPV098 / #718

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.09 COVID-19*

CHARACTERISTICS OF COVID-19 PATIENTS IN PRIMARY CARE IN RIJEKA and PAZIN

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Background: Coronavirus is a serious infectious disease caused by SARS-CoV-2 and has spread worldwide. Most infected people will experience mild to moderate illness but those with underlying medical problems can develop a more severe clinical course.

The aim of this study was to analyze demographic and clinical characteristics of COVID- 19 patients in several GP' offices in Pazin and Rijeka.

Methods: Data was collected from 1.1.2020. to 2.1.2021. on a sample of 13,746 respondents. COVID-19 patients were divided by sex and age, by the assessment of disease severity to clinical criteria and by duration of symptoms. Also, the most common comorbidities associated with positive patients were observed.

Results: Of the total number of subjects, 1,030 were positive for SARS-CoV-2 (7.5%), 465 men and 565 women. Most positive patients were 30-59 years old (61,9%).

Most patients had a mild clinical response (81.4%) or a moderate severe clinical response (15.1%). Only 0.7% of patients were critical. Asymptomatic were mostly at the age of 19-39 years. Patients whose symptoms lasted up to two weeks were most commonly aged 19-59 years and those whose symptoms lasted up to three months were older than 50 years. The most common comorbidities of COVID patients were hypertension, obesity, cardiovascular disease and diabetes.

Conclusion: GP's are the first point of contact to their patients in the current pandemic. Due to their role in controlling clinical forms of infections, they continue to serve on the frontlines of this pandemic despite the high perception of risk to themselves.

Disclosure: No significant relationships.

EPV099 / #733

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.09 COVID-19*

THE IMPACT OF COVID-19 ON A PATIENT LIST OF A FAMILY DOCTOR, CLINICAL MANAGEMENT and CONTACT TRACING

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COVID-19 began as an outbreak in Wuhan, China, in 12.2019 and quickly evolved into a global pandemic, officially classified by WHO on 11.03.2020. The first cases in Europe were confirmed in France on 24.01.2020, the first in Portugal on 02.03.2020, and the first in Algarve on 06.03.2020. Due to the fast spread of the disease and its health consequences, most countries established a lockdown strategy and distancing measures. In Portugal, these measures were adopted on 14.03, and included a COVID-19 specific platform (Trace COVID-19) created for the clinical management of COVID-19 (a mandatory communicable diseases notified by doctors or laboratories) patients and contact tracing. In this platform it is up to the family doctors working in Portuguese family practices, to monitor the suspected patients and those infected with SARS-CoV-2. Almost 1 year since Trace COVID-19 was created, we decided to make a descriptive study to realize the impact of COVID19 on our list of 1808 patient. We study patients without case criteria and case criteria by sex and age, location at home or at the hospital, the origin of the link, comorbidities and the evolution towards cure or death. The main results are: 524 patients, 28% were followed on the trace, 88 of these (14%) were positive cases, in 57% (50) the link had origin in the family. 5 (5.7%) Were hospitalized and 1 died. 40% Had comorbidities, 24% 1 comorbidity and 16% 2 or more comorbidities, 25 (28%) had cardiovascular diseases and 6 (7%) DM2.

Disclosure: No significant relationships.

EPV100 / #828

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.09 COVID-19*

COVID TOES – A STRANGE LATE MANIFESTATION OF COVID-19

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Despite pulmonary health has been the primary focus of Coronavirus disease 2019 (COVID-19), cutaneous manifestations have been increasingly reported during the COVID-19 pandemic and have been found with differing levels of severity, in people of all age groups, including children.

The described cutaneous manifestations of COVID-19 are varied and include inflammatory (maculopapular/morbilliform, urticarial, vesicular lesions) and vascular lesions (livedo, chilblain-like and petechial/purpura lesions).

The aim of this case report is to describe a pernio/chilblain-like acral lesion as a late manifestation of covid-19 in a healthy adolescent girl that had mild symptoms of the covid-19 disease.

About 6 weeks after the diagnosis of covid-19, the girl exhibited erythematous edematous macules similar to chilblains/erythema localized on her toes associated with slight pain and pruritis non-related to cold exposure or any other cause.

Currently, the importance of these symptoms remains relatively unknown by many health professionals and these kind of cutaneous manifestations of COVID-19 are still poorly characterized.

Thus the importance to share and discuss all suspected cutaneous manifestations possibly related to covid-19, in order to, primary care physicians take this manifestation into their diagnostic approach.

Disclosure: No significant relationships.

EPV101 / #849

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.09 COVID-19*

COMMUNICATING WITH VACCINE-HESITANT PATIENTS DURING THE COVID-19 PANDEMIC: A NARRATIVE REVIEW OF QUALITATIVE and QUANTITATIVE STUDIES

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Background and purpose

Over the last decade, vaccine hesitancy is increasing, leading to the emergence of vaccine-preventable illnesses. The objective of this review is to assess and report the evidence on vaccine hesitancy (VH) to best inform the impact of the novel COVID-19 pandemic.

Methods

This narrative review sought to identify determinants of VH, communication strategies to combat VH, and the impact of COVID-19 on current attitudes and outcomes. Sixty-nine studies met the inclusion criteria, informing individual VH beliefs and behaviors, as well as efforts to develop validated, effective communication interventions. Limited evidence also informed a current understanding of COVID-19 vaccine attitudes.

Results

Despite extensive high-quality research, there is no strong evidence to support any specific intervention to address VH. Limited data has shown that use of motivational interviewing can result in increased vaccine acceptance; further research is underway to better evaluate this link. There is no evidence to support one strategy over another for COVID-19 VH.

Conclusion

Low quality evidence recommends acknowledging fears, anger, and other negative emotions while emphasizing the stringent vaccine safety and efficacy standards of COVID-19 vaccine development, in an effort to increase vaccine confidence. These implications inform many diverse avenues for further study. The absence of validated recommendations specific to COVID-19 vaccination hesitancy highlights the need for ongoing research.

Disclosure: No significant relationships.

EPV102 / #875

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.09 COVID-19*

IMPACT OF THE COVID-19 LOCKDOWN ON DIABETES PATIENTS IN JEDDAH, SAUDI ARABIA

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Abstract

Aims: To explore the impact of the coronavirus disease lockdown on diabetes patients living in Jeddah, Saudi Arabia, in terms of their compliance with medication intake and lifestyle habits, and quality of life.Methods: In this cross-sectional, qualitative prospective study, a questionnaire was administered over the telephone to diabetes patients who had attended National Guard primary care centers in Jeddah, Saudi Arabia. The survey included questions on demographic data, type of diabetes, medications used, comorbidities, medication compliance, and daily habits before and after the lockdown, and those assessing patients' psychological parameters during the past month by using the Kessler Psychological Distress Scale (K10). Data analysis was performed using SPSS program version 26.

Results: Totally, 394 patients participated. All of them had type 2 diabetes, and 37.6% had only one co- morbidity. Antidiabetic monotherapy was used in 76.4% of the patients, while combination therapy was used in 23.6%. The compliance score before the lockdown was significantly higher (18.49 ± 3.05) than that after it (17.40 ± 3.25) (p-value <0.001). The average psychological assessment score was 9.78 ± 4.14 (range 8e35). Male participants and smokers had a significantly better psychological status than female participants (p-value 1⁄4 0.002) and non-smokers (p value < 0.001), respectively.

Conclusions: The patients' levels of compliance with medications and healthy lifestyle habits were significantly reduced after the lockdown. These findings highlight the need for healthcare professionals to encourage diabetes patients to adhere to healthy lifestyle habits and use telemedicine during lock- downs to ensure optimal blood glucose control and reduce the incidence of complications.

Disclosure: No significant relationships.

EPV103 / #900

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.09 COVID-19*

SARS COV-2 ANTIBODIES: HOW LONG THEY LAST?

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Background

Novel coronavirus or SARS CoV-2 has become a public health emergency worldwide. Clinical manifestations of COVID 19 may be weary from mild to severe also causing lethal outcomes. Acute infection is detected by RT PCR test of nasal or oropharyngeal swabs. One very important question remains to be answered how long the immunity after COVID 19 lasts.

Methods

This is a follow up study of 30 volunteers done in Public health care center Doboj. The inclusion criteria was the positive PCR test. It is planned to last until all the participants complete one year from the positive PCR test. We used AFIAS COVID-19 Ab in conjunction with AFIAS-1 analyzer. It is an in vitro diagnostic fluorescence Immunoassay intended for qualitative detection and differentiation of IgM/IgG antibodies to the novel coronavirus SARS-CoV-2. Diagnostic test system is based on lateral flow sandwich detection immunofluorescence technology. AFIAS COVID-19 Ab test result qualitatively as ‘Negative’ or ‘Indeterminate’ or ‘Positive’ while also displaying test result numerically in terms of cutoff index (COI) value. Test result is negative if COI is < 0.9, indeterminate if COI is 0.9-1.1 and positive if COI is >1.1-200.

Results

Although done in a small semple results show that antibodies persist months after positive PCR test, longest 8 months.

Conclusion

Once infected with SARS-CoV-2, most people develop specific antibodies. Serological tests are widely used in seroprevalence studies but also it is important to understand how rapidly the antibody levels decline after seroconversion.

Disclosure: No significant relationships.

EPV104 / #935

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.09 COVID-19*

CAN COVID-19 ACCELERATE THE PROGRESSION OF TUBERCULOSIS INFECTION?

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Background: The COVID-19 pandemic has launched new challenges in the diagnosis, treatment and control of other respiratory diseases such as tuberculosis (TB). The mimicry of some symptoms can even camouflage / delay the diagnosis of TB. It cannot be excluded that COVID-19 can accelerate the progression of a latent TB infection to disease. The coexistence of TB and COVID-19 represents a challenge in the differential diagnosis.

Case description: Female, 49 years old, married and worker in the footwear industry. With a history of arterial hypertension; dyslipidemia, obesity; thrombosis of left venous sinus and homolateral jugular - right stapedotomy; SARS-CoV-2 infection - no hospitalization required.

During the COVID-19 isolation she developed left cervical adenopathy. After a complementary study by ultrasound and cervical CT, she was admitted on 05/2020 and underwent percutaneous biopsy by intervention radiology with extraction of purulent material. Biopsies were inconclusive and the IGRA test was positive. In 07/2020, she was hospitalized again for excision of the left supraclavicular ganglion, whose cultural examination revealed positivity for Mycobacterium tuberculosis. She maintains a follow-up with Family Doctor, Internal Medicine and General Surgery, while is undergoing antibacillaries.

Discussion/Conclusion: The WHO has warned of the consequences of the COVID-19 pandemic on the diagnosis, control and treatment of other diseases. Did the referred patient have latent tuberculosis prior to the diagnosis of COVID-19? Could the confinement imply a delay in the diagnosis of other diseases? Further studies are needed to clarify some of these issues; in this case, the patient shows clinical improvement while maintaining interdisciplinary monitoring.

Disclosure: No significant relationships.

EPV105 / #950

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.09 COVID-19*

IMPACT OF THE COVID-19 PANDEMIC ON THE DIAGNOSIS OF CANCER – ABOUT A CASE REPORT

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1. Background and purpose

The current COVID-19 pandemic has resulted in a reduction in access to healthcare services. Due to mandated avoidance of all but essential clinical services, delays in patient, population, and health-care system responses to early detection of cancer seem inevitable. With COVID-19 at the forefront, vague cancer symptoms such as fatigue, change in bowel habit, and weight loss might be dismissed by the patient and healthcare professionals as trivial.

2. Methods

Case study.

3. Results

A 76-year-old female with hypertension, hyperthyroidism and dyslipidemia, being treated with Amlodipine 5mg plus Olmesartan 20mg, Propiltiouracil 50mg and Simvastatin 20mg plus Ezetimibe 10mg, presented to the family doctor with complaints of astheny, anorexia, fatigue to moderate efforts and loss weight of 10kg for the last 3 months.

The investigation showed anaemia, marked elevation of liver and pancreatic enzymes. CT scan showed a mass within the head of the pancreas, suggestive of pancreatic cancer, with dilation of the main pancreatic duct and biliary duct.

The patient had an appointment with her family doctor 2 months before this contact, but was cancelled due to the COVID-19 pandemic.

4. Conclusions

For family doctors, the COVID-19 pandemic is affecting all aspects of normal working life, including a reduced workforce and availability of appointments and investigations in primary care.

When normal service resumes at a population and health-service level, there will be a huge backlog of patients with potential cancer symptoms needing urgent assessment. Planning for recovery should commence as soon as possible.

Disclosure: No significant relationships.

EPV106 / #951

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.09 COVID-19*

THERE IS MORE THAN COVID IN AN INFECTIOUS RESPIRATORY SYNDROME

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THERE IS MORE THAN COVID IN AN INFECTIOUS RESPIRATORY SYNDROME

1. Background:

During pandemic, it seems than all respiratory infection with dyspnea, headache, asthenia is COVID. However, sometimes PCR and antibodies are negative.

2. Methods:

We report a case of a 71 year-old woman with cough, headache, asthenia with a duration of 2 -3 weeks. She had hypertension and hypercholesterolemia. In hospital emergency department, oxygen saturation was 91%, cardiac frequency 115, temperature 37,2ºC, PCR and Ig negative for Covid-19, D-dimer test, troponin, pro-BNP and acute phase reactants were correct. Chest radiography, echocardiography and CT angiography were normal, but the high resolution CT showed a bronchiolitis in the lingula. Autoimmune blood test, culture of sputum were negative. Nose swabs for PCR of respiratory viruses had non conclusive results so it had to be repeated and waiting for the results. The treatment consists in intravenous corticoids, oxygen , ipratropium bromide and antibiotic with a limited improvement.

3. Results:

Three weeks after release from hospital the patient feels better but dyspnea on exertion persists, and with no etiological diagnosis. A chest CT and spirometry has been request and waiting for results of the different respiratory viruses PCR.

4. Conclusions:

During the pandemic, we find clinical pictures compatible with covid that after a long differential diagnosis tests we realise they are not covid cases. The healthcare pressure during the pandemic makes difficult to study in a short period of time other atypical etiologies, and generate a delay in the diagnosis of other respiratory disorders.

Disclosure: No significant relationships.

EPV107 / #972

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.09 COVID-19*

ATTENDING COVID19 CASES IN A HEALTH FACILITIE OF PRIMARY CARE IN LISBON, PORTUGAL: COVIÁRIO EXPERIENCE and USE OF TRACECOVID

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Background and purpose: The covid pandemia started and every healthcare team done important adjustments to perform new roles and medical responses facing the unknown. In Portugal the strategie was to have a separated team and unity to adress the suspect of covid19, Covidário, and a distance programm to telephonic consultation to cases of Covid19 who do not have severity criteria for a hospital unit, and have adequate conditions for isolation at home the Tracecovid.

Methods: We will analyse our work with the SWOT analysis, a technique for assessing four importante aspects of an organization to make the most of what are its advantages, to reduce the chances of failure, to eliminate hazards and to create a strategy that distinguishes you.

Results: Strengths: having freedom and well-organized team and none of us was infected by covid19. Weakness: some restrictions on having PPE, on receiving overtime and help with commuting. Opportunities: to help our struggling population and discover some peculiarities of their lives that we did not knew; we managed to create and improve our relationship with colleagues and obtained professional experience at covid19. Threats: difficulty in coordinating so many people, the unknown of the infection and the doctors were asmatic.

Conclusions: We believe that we organized our work successfully and helped our public health department to control the covid19 infection in our work area. For this reason, we would like to present the efforts of our team in a global event and to know other experiences world wide.

Disclosure: No significant relationships.

EPV108 / #978

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.09 COVID-19*

COAGULATION DISORDERS IN ADULTS WITH SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) INFECTION – A SCOPING REVIEW

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Background and purpose: The aim of this scooping review was to summarize published information on coagulation disorders in patients with SARS-CoV-2 infection, including characteristics, pathophysiology, diagnosis, and response to anticoagulant or antiplatelet therapy, either prophylactic or therapeutic.

Methods: After an initial screening for relevance, a full research was performed on the MEDLINE®, Scielo® and Web of Science® databases between May 1st and 2nd, 2020. The articles obtained were assessed against the inclusion and exclusion criteria in three sequential stages, considering: title, abstract and full article.

Results: We obtained 106 records for qualitative synthesis. Evidence was classified according to SORT taxonomy. A total of 33.97% (n=36) of the sample corresponded to letters, 26.42% (n=28) to original studies, 23.58% (n=25) to reviews and 13.21% (n=14) to case reports; metanalysis (n=1), commentary (n=1) and consensus papers (n=1) were included.

Results have shown an association between COVID-19 and thrombotic complications, although with different kinds of events and frequency rates. The triad “inflammation, endothelial dysfunction, and coagulopathy” seems to underly pathophysiological changes and to play a major role. Laboratorial and imaging techniques may be useful for proper intervention. Even though there are not enough data to support a universal thromboprophylaxis strategy, early introduction of anticoagulation could be beneficial.

Conclusions: Several uncertainties persist at all levels of the approach to coagulation disorders in patients with SARS-CoV-2 infection. The existing information largely derives from less robust research and mainly concerns hospital setting. Thus, randomized controlled clinical trials are needed to support clinical decisions at all stages.

Disclosure: No significant relationships.

EPV109 / #1034

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.09 COVID-19*

UNRECOGNIZED ACUTE CORONARY SYNDROME IN SUSPECTED COVID-19 PATIENTS CONTACTING OUT-OF-HOURS PRIMARY CARE: RATIONALE and STUDY DESIGN

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Background and purpose

Diagnosing acute coronary syndrome (ACS) in primary care is challenging, notably during the COVID-19 pandemic, because symptoms of an infection with SARS-CoV-2 overlap considerably with symptoms seen in ACS. Diagnostic assessment during the pandemic is further complicated by (i) higher thresholds to refer to secondary care and (ii) restrictions placed in face-to-face contacts with patients. Besides, the COVID-19 pandemic likely altered healthcare seeking behaviour in patients which subsequently may have led to fewer patients with ACS seeking professional help.

Purposes of this study are to assess:

1. Prevalence of ACS from 1 March to 31 May 2020 compared to that of the same period in 2019;

2. Proportion of patients contacting primary care out-of-hours services (OHS-PC) with shortness of breath and/or chest discomfort who were classified as non-cardiovascular disease, but eventually showed to have had an ACS;

3. Patient characteristics, signs and symptoms predictive of ACS in COVID-19 suspected patients contacting OHS-PC.

Methods

Observational study in Dutch OHS-PC. Data will be collected from both OHS-PC electronic health records (EHR) and backed up tapes of telephone triage. Follow-up data will be captured from routine primary care EHR data, including specialist letters.

Results

Data collection is ongoing and preliminary results may be available at the WONCA conference.

Conclusions

This study will lead to better understanding on how the COVID-19 pandemic impacted the diagnosis and outcome in patients contacting the OHS-PC with shortness of breath and/or chest discomfort, and may provide tools for improvement of telephone triage of such patients.

Disclosure: No significant relationships.

EPV110 / #1061

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.09 COVID-19*

PNEUMOTHORAX AS COMPLICATION FOLLOWING RECOVERY FROM MILD COVID-19 INFECTION

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64-year-old man with no significant medical history apart from mild asthma (mildly abnormal spirometry, FEV1 78% and bronchodilator test 12%). After three days of fever, myalgias and minimal dry cough the patient consulted his GP. The initial nasopharyngeal SARS-CoV2 test (PCR) resulted positive. He was instructed to self-quarantine at home and was treated with paracetamol and supported by a phone follow-up program with the assistance of a trained primary care nurse and a GP as a consultant. There were no complications during the follow-up period. On the 8th day, an on-site control was performed with 97% saturation, a temperature of 36ºC and normal pulmonary auscultation. On the 13th day, the follow-up stopped given that the patient remained asymptomatic. Three days later, he contacted his GP by phone due to suffering dyspnea when doing moderate exercises. At the physical exam, the patient was afebrile and 95% saturation. Pulmonary auscultation evidenced a right hemithorax hypophonesis. The patient denied chest pain. PCR testing was negative and the blood test values were normal. Chest X-Ray confirmed the existance of a right pneumothorax. The pneumothorax was resolved after placement of a small-bore chest tube, which was removed 24 hours after. Following this case, a literature review identified a 1-2% prevalence of pneumothorax cases in adults with COVID-19.

Conclusion:

When patients who are in the final stages of recovery or who have recovered from a mild COVID-19 infection present dyspnea, pneumothorax should be considered as a differential diagnosis even though the patient has no chest pain.

Disclosure: No significant relationships.

EPV111 / #1123

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.09 COVID-19*

LONG COVID: THE CUT-OFF POINTS TO DIAGNOSE IN PRIMARY CARE.

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Background: Residual symptoms of COVID-19 have been described as long Covid, but cut-off points differs from 4 weeks (WHO) to 12 weeks (NICE). The aim of this study was to explore the prevalence and duration of long COVID in primary care in different cut-off points.

Methods: Observational retrospective study of patients who were followed-up by SARS-CoV-2 pneumonia in a primary care practice in Madrid from 10/03/2020 to 30/09/2020 (n:155). The data was obtained from the clinical health records.Variables: SARS-CoV-2 symptoms, duration at 4, 8 and 12 weeks.

Results: A total of 155 patients were enrolled with SARS-CoV-2 pneumonia, 117 still had symptoms after the acute phase. At week 4, 44 patients had symptoms over 4 weeks (28.3% Confidence interval (CI) 95% 0.21-0.35), mean days with symptoms were: 21 for asthenia, 15 for dyspnoea, 12 for cough, 7 for gastrointestinal disturbance (GI) and 6 for chest pain. At week 8, 20 patients had symptoms (12.9% CI95% 0.09-0.18) and mean days symptoms were: 87 for dyspnoea, 27.5 for asthenia, 18 for cough, 15 for chest pain and 3 for GI. At week 12, 13 patients still had symptoms (8.3% CI95% 0.03-0.12), and mean days were: 97.5 for dyspnoea, 40 for asthenia, 15 for chest pain and 11 for cough.

Conclusion: The median length of the symptoms changed according to the cut-off point, long COVID decreased from 28.3% (week 4) to 8.3% (week 12). Data on long COVID should be presented with different cut-offs until consensual definition is reached.

Disclosure: No significant relationships.

EPV112 / #1143

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.09 COVID-19*

MORTALITY DUE TO COVID-19 IN A LOCAL PRIMARY CARE CENTER

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BACKGROUND and PURPOSE

Covid-19 pandemic has caused an increase in mortality rate (In Spain 130.43 / 100,000 habitants) and lethality (It is estimated that in Spain it ranges between 0.8 and 1.1%, but after 50 years it increases to 12 and 16%). The objective of this study is to know the mortality and fatality rate from covid-19 in the primary health center Les Fontetes in Cerdanyola del Vallès. Barcelona.

METHOD

Review of the e-CAP program to obtain the number of infected people, and the medical records of patients who died from covid-19 from the Local Primary Health Center Les Fontetes, Cerdanyola del Vallès, from February 17, 2020 to February 17, 2021.

RESULTS

Primary Health Center "Les Fontetes" population: 1,323 patients (59.2% older than 65 years). 75 patients with positive PCR or covid-19 ART (Antigen Rapid Test) were obtained. 45 were women (60%). The prevalence rate of covid 19 in the population was 5,66%

12 patients died of bilateral pneumonia x covid-19. The mean age was: 78 +/- 11 years, 7 males (58.3%). The main comorbidities were High Blood Pressure (HBP: 83.3%), Obesity (58.3%), Cronic Kidney Disease (41.6%), Diabetes mellitus, Dyslipidemia and Heart Disease (33.3%).

The mortality rate in the study population was 907/100000 habitants and the fatality rate was 16%

CONCLUSIONS

1. The average age of the deceased persons is 78 years old and the main comorbidities are: HBP, Obesity and Cronic Kidney Disease.

2. Mortality and fatality rates are significantly higher than at the national level, probably due to the advanced age of the study population.

Disclosure: No significant relationships.

EPV113 / #1265

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.09 COVID-19*

" FOLLOW-UP OF THE PATIENT COVID-19 ON A TELECONSULTATION REGIMEN BY THE FAMILY DOCTOR - CASE REPORT"

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Background: The current clinical case describes a patient with severe Covid-19 infection complicated with pulmonary embolism (PE). She was referred by the family doctor to the emergency department (ED) due to clinical worsening of symptoms in D9 with clinical suspicion of PE.

Case Report: a 51-year-old woman, with a personal history of breast fibroadenoma and varicose pathology, under oral combined contraception and bioflavonoids. Diagnosed with Covid-19 in D2 of symptoms (axillary temperature: 38,8ºC, myalgias and dry cough). On daily vigilance by telemedicine, she reported on the 9th day: sustained apyrexia from D3 to D9, onset on D8 of severe holocranial headache associated with asthenia. Dyspnea and fever were ruled out. She was referred to the ED by her family doctor and, on admission she was hemodynamically stable, apyretic but with respiratory distress syndrome (SDR), desaturation. Chest X-ray imaging showed a right pneumonia. Blood analysis revealed: PCR 21.31mg/dl and elevated D-dimers. Chest CT angiography exposed a bilateral sub-segmental PE. She was hospitalized for 25 days, under a regimen of antibiotics and corticotherapy, with favourable clinical evolution and she was discharged with an oral anticoagulant.

Conclusions: The daily follow-up of the patient Covid-19 on a teleconsultation regimen by the family doctor is essential for an early guidance and clinical evaluation in the ED. The follow-up of these patients has become a daily and integrated part of the family doctor's activity with constant need for being updated to the newest guidelines for improving morbidity and mortality rates associated with Covid-19's complications.

Disclosure: No significant relationships.

EPV114 / #1280

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.09 COVID-19*

COVID PERICARDITIS

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Backgound and Purpose: COVID-19 is a global pandemic that has been affecting the quality of health care worldwide for over a year. Although most patients go through the disease with minor symptoms it's important for the Family Physician to be alert for signs and symptoms of possible complications of COVID so that these can be addressed properly.

Methods: Case report from practice

Results: 77-year-old male with a personal history of dislipidemia, hypertension, diabetes and excess weight. On a daily teleconsultation on D10 of infection, the patient reported a high intensity chest pain without irradiation that was retractile to the analgesia prescribed and worsening of myalgias. The Family Physician referred him to the Emergency Department (ED) for further evaluation. On admission at ED, he was hemodynamically stable and eupneic. ECG in sinus bradycardia with a discrete supra-ST of upper concavity. High Sensitivity Troponine I was negative in 2 different seriated dosings. A diagnosis of Acute Pericarditis was made, without criteria of severity for inpatient treatment and the patient was discharged treated with a regimen of NSAIDs and colchicine. He remained under surveillance with his Family Physician with favourable clinical evolution.

Conclusions: Being alert of signs and symptoms of COVID complications is essential for the Family Physician when doing patients follow-up through teleconsultation. A high-level of suspicion of these complications will lead to their early detection and treatment thus improving the patient outcome.

Disclosure: No significant relationships.

EPV115 / #1307

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.09 COVID-19*

IMPACTS OF THE CORONAVIRUS PANDEMIC ON THE USE OF PSYCHIATRIC and CHRONIC DISEASES MEDICATIONS IN THE INTERIOR OF SÃO PAULO

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BACKGROUND and PURPOSE:

The health crisis caused by COVID-19 evidenced the population's lack of clarification about basic health issues, such as the need to follow medical guidelines and avoid the use of medications without scientific basis. This article aims to assess adherence to psychiatric treatment during the pandemic, in comparison to the treatment of other chronic diseases and the overuse of ivermectin.

METHODS:

The percentages of reductions in medication output were calculated, in the comparison of the second half of the years 2019 and 2020. Their differences were tested using the one-tailed T-Student test for paired samples, in each group of medications. The level of significance adopted in all tests was 5%, and the normality test used was the Shapiro-Wilk test.

RESULTS:

Of the 65 drugs studied, only 7 (11%) showed an increase in the number of withdrawals. The reductions were considered significant from 2019 to 2020 for the groups of anti-inflammatory drugs ($p = 0.0278$), drugs for the treatment of cardiovascular diseases ($p = 0.0002$), specific drugs for psychiatric use ($p = 0.0062$), and drugs that also have psychiatric use ($p = 0.0208$). Ivermectin withdrawal increased more than twice (104.9%) in 2020.

CONCLUSIONS:

The discontinuity in the treatment of chronic diseases during the pandemic occurred both with psychiatric patients and with those with cardiovascular conditions, at the same time that there was a greater demand for treatments without scientific basis such as ivermectin by the population.

Disclosure: No significant relationships.

EPV116 / #197

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.10 Others*

DEADLY SILENCE: WHEN THE HOLISTIC APPROACH LED TO MYOCARDIAL INFARCTION DUE TO CARBON MONOXIDE POISONING DIAGNOSIS

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Background and purpose

Carbon monoxide (CO) is one of the most common types of poisoning worldwide.

Neurological deficits are well documented but, although many patients have myocardial injury, the literature about this is scarce.

Family doctors are used to know their patients as a whole, this holistic approach can be essential to the understanding of the patients.

Methods

Case reports a woman, whose neurological deficits after CO poisoning leads to the diagnosis of Myocardial injury.

Results

A 82-year-old woman, with early stage dementia, was sent to emergency room with CO poisoning suspicion, from the initial study stands out a High-sensitivity cardiac troponin of 366 pg/mL and a normal electrocardiogram.

The reevaluation after 12 hours was performed by a family medicine intern. During the physical examination, the patient has shown to be disoriented in time. Questioning whether the condition was caused by dementia or a new finding, the medical history was reviewed and the family was contacted to clarify the patient initial condition. The knowledge of the patient's previous health status led to a review of all diagnostic tests performed before, where a significant increase in troponins, not previously detected, was discovered. A new electrocardiogram was performed and proved myocardial injury type 2. The patient was referred to a hyperbaric oxygen therapy center.

Conclusions

The Neurologic deficits are well documented in literature, but the cardiovascular complications are not described so well. As family doctors, we are use to a holistic approach of our patients and in this case this approach was critical to diagnosis and timely treatment.

Disclosure: No significant relationships.

EPV117 / #262

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.10 Others*

THE EFFECT OF THE COVID 19 PANDEMIC ON CONTRACEPTIVE PRESCRIBING IN ENGLISH GENERAL PRACTICES

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Background

The covid-19 pandemic has caused interruptions to the supply of contraceptive methods and advice to women throughout the world, causing anxiety about a rise in unintended pregnancies. England entered 'lockdown' on 23rd March 2020, disrupting contraceptive provision by General Practices.

This paper reports changes to contraceptive prescribing by General Practices in England between April-June 2019, and April-June 2020, the first three months of 'lockdown'.

Methods

This paper is based on analysis of the English Prescribing Dataset which reports monthly on prescribed items from English General Practices.

Results

Prescription of the combined oral contraceptive pill reduced by 22% during the period of lockdown compared to the same three months in 2019. Prescriptions of Progesterone-Only pills remained stable. Prescription of long-acting methods reduced, with the greatest reductions in implants (76% reduction from pre-lockdown levels), intra-uterine systems (79% reduction from pre-lockdown levels) and intrauterine devices (76% reduction from pre-lockdown levels).

Conclusions

The disruption of face-to-face contraceptive consultations in General Practices in England during a Covid-19 'lockdown' has resulted in a switch from oestrogen –containing to progesterone only methods.

Implant and intrauterine contraceptive device prescription reduced by three quarters, which has the potential to result in a rise in unintended pregnancies.

Disclosure: I have received research funding from Bayer PLC who manufacture contraceptive devices. I have been a consultant for NaturalCycles who manufacture a contraceptive app. I have no specific conflicts of interest nor funding to declare with regard to this abst

EPV118 / #410

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.10 Others*

A RARE TYPE OF CYST

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1. Background and purpose

Steatocystoma is an uncommon benign adnexal tumor arising from the pilosebaceous duct junction. It can be classified into two groups (steatocystoma simplex and steatocystoma multiplex).

Although the benign clinical behavior of these lesions, they can lead to significant disfigurement and cosmetically bothersome lesions which can affect the patient's self-image and quality of life.

2. Methods

We present a case of a 19-year-old male patient who was referred to the Dermatology Department due to asymptomatic skin-colored nodules of the neck, chest and axilla of 1-year duration (worsening in the last 3 moths). The clinical diagnosis of steatocytoma multiplex was suggested and a skin biopsy of the chest was performed,

3. Results

The histological report was compatible with the diagnosis of a steatocytoma multiplex.

4. Conclusions

Steatocystoma multiplex is a rare autosomal dominant disease characterized by multiple asymptomatic intradermal true sebaceous cysts of variable size. In rare cases is associated with Gardner's syndrome, pachyonychia congenita and ectodermal dysplasias.

Recent treatment options includes carbon dioxide laser, modified needle aspiration, modified surgical techniques, cryotherapy or medical management. Currently, no treatment can prevent new lesions formation.

Effective treatment options are time-consuming and often result in scarring, so the risks and benefits of treatment should be thoroughly discussed with the patient.

Disclosure: No significant relationships.

EPV119 / #501

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.10 Others*

A QUALITY IMPROVEMENT PROJECT: DEPRESCRIBING UNNECESSARY INTRAMUSCULAR B12 IN PRIMARY CARE.

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Vitamin B12 deficiency is a common presenting complaint in family medicine and can result in significant morbidity. Research shows that the absorption of oral B12 supplementation is equivalent to Intramuscular (IM) B12, yet many patients continue to receive the IM form. IM B12 administration is costly to the healthcare system. The aim of our quality improvement study is to decrease unnecessary IM B12 prescriptions by educating both patients and providers about B12 replacement at an academic family health clinic. An initial chart review determined that 28 patients were prescribed IM B12, none of which were medically indicated. Our intervention over 6 months included a patient and provider education sheet spread out throughout the clinic. A pre-intervention survey was also conducted to capture the attitudes of providers surrounding IM B12. Themes surrounding IM B12 prescribing emerged during our chart review, including patient accounts of “not tolerating oral”, “failed oral” or was otherwise not documented. Only 7 patient profiles had documented the reason for IM over oral B12, none of these reasons excluded them from oral therapy. 14 providers returned our pre-intervention survey, revealing that most IM B12 prescriptions are driven by patient preference or poor compliance with oral B12. Our results showed no decrease in IM B12 prescriptions over the duration of the study, and one new inappropriate IM prescription. Further research should explore specific interventions to address themes captured in our study to deprescribe unnecessary IM B12 therapy.

Disclosure: No significant relationships.

EPV120 / #526

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.10 Others*

THE DELAY TO DIAGNOSIS OF SYSTEMIC LUPUS ERYTHEMATOSUS IN PRIMARY CARE: WHICH SYMPTOMS ARE IMPORTANT?

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Background and purpose. The aim of the study was to determine the relationship between initial symptoms and the time of the diagnosis of systemic lupus erythematosus (SLE).

Methods. Performed cross-sectional study included patients that fulfilled SLICC, 2012 classification criteria of SLE with the disease duration less than 2 years after the diagnosis (early SLE). The information about disease onset and the time of the diagnosis was collected retrospectively from the patients. The time of the first address to primary care and the clinical picture at that moment was specified.

Results. The study group included 68 SLE patients with the mean age ±SD at the time of diagnosis 38.5±14.9 years and the interval variation (i-v) between 20-67 years. The most important 5 clinical symptoms were arthralgia (64.7%), fotosensitivity (58.8%), fatigue (42.6%), malar rash (32.4%) and fever (29.4%). The time of the diagnosis was divided by two timepoints – the first address to the doctor and the establishing of the disease diagnosis, which were 4.8±6.6 and 2.3±2.1 month, respectively. The symptoms which required less than one month for the doctors consult were high fever, edema associated to nefritis, dispnea in case of serositis or severe cases of malar rash, likewise the cases of acute onset of disease simptoms. Contrary, the cases with the most delayed reffer to medical assistance were constitutional simptoms association: fatigue, weight loss, arthralgia, as well as oral/nasal ulcers and fotosensitivity, or the insidious onset of SLE.

Conclusions. The disease onset with the cumulative nonspecific signs such as constitutional symptoms was related to the primary care address delay and consequently SLE diagnosis.

Disclosure: No significant relationships.

EPV121 / #545

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.10 Others*

EVALUATION OF SIMPLIFIED TOOL IN PHARMACOVIGILANCE FOR GENERAL PRACTITIONERS: 5 YEARS OF INSIGHT

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Background.

Spontaneous reporting of adverse drug reactions (ADRs) remains the cornerstone ofpostmarketing drug safety surveillance (pharmacovigilance). However, ADRs are oftenunderreported. The main objective of this study was to assess the use of this simplifiedreporting by general practitioners (GPs) on the number of reports of ADRs and, secondarily,to determine its impact on the quality of these reports.

Method.

An online tool was proposed in June 2015 by the regional pharmacovigilance center of Caen(Normandy, France), in conjunction with the regional union of private GPs. It was evaluatedin terms of number of monthly reports and number of reporting GPs before and after itsinitiation. Quality of reports was also evaluated.

Results.

Between June 2010andMay2020,1,000reports were given by307GPs. Atfiveyears,monthly number of reports wasmultiplied by3,5and number of reporting GPswasincreased by 42%. The quality of reporting remained unchanged over the same period(35.35% versus 34.35%, p = 0.71), as was also the case with the simplified pharmacovigilancetool (33.61% versus35.59%, p = 0,51).

Conclusion.

This tool showed its effectiveness in quantitative terms without loss of quality. It should nowdeveloped in professional software and be extended to other regions in France

Disclosure: No significant relationships.

EPV122 / #569

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.10 Others*

EVALUATION OF THE RESULTS OF THE NEWBORN SCREENING PROGRAM FOR CONGENITAL HYPOTHYROIDISM 2009-2019 IN NORTH-EAST OF ROMANIA

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Background and purpose. Newborn screening (NBS) is an important preventive public health programme, useful in establishing early diagnosis. The purpose was to evaluate the NBS for congenital hypothyroidism (CH) in the North-East part of Romania between 2010-2019. Methods: To realize the descriptive study, we studied the cohorts formed by the babies who were born in the maternities included in the study. Newborns with abnormal screening results of thyroid stimulating hormone (neoTSH) were re-examined. The retrospectiv study of the file records of the cases confirmed with CH revealed the time between the screening and the initiation of treatment, the average value of neoTSH, TSH and fT4. Results: A total of 271662 newborns out of a total of 319910 were screened. The percentage of program coverage increased gradually from 77.16% in 2010 to 97.70% in 2019. From the newborn screened, we detected 56 cases with CH (mean value of neoTSH = 95.17 µIU/ml). The incidence of CH was 1: 4851 for the whole period. The mean value of TSH was 210.13 µIU/ml and of fT4 was 1.98 µIU/ml. The mean age at the moment of confirmation was 35.20 days and 43.01 days at the start of specific therapy. Conclusions: NBS allows early diagnosis, precocious treatment and prevention of severe consequences for CH, our study confirming the efficacy of the NBS program for CH. In order to prevent non-inclusion in NBS program and to increase the coverage rate, it is necessary a better information of families about the importance of NBS.

Disclosure: No significant relationships.

EPV123 / #606

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.10 Others*

DRUG INTERACTION BETWEEN LEVOTHYROXINE and FERROUS SULFATE: A CASE REPORT.

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Background and purpose: Drug interactions are common in primary health care, where physician easily prescribe two or more drugs for the same patient. The purpose of this clinical case is to describe pharmacological effect of drug interaction between levothyroxine and ferrous sulfate and how to prevent it.

Methods: We present the case of a pregnant woman to whom was prescribed levothyroxine and ferrous sulfate, and a literature review about drug interaction between these two drugs.

Results: A pregant woman with thirty-one years old was diagnosed with hypothyroidism in the first trimester of the pregnancy with a good control with levothyroxine 0.05mg before breakfast. She was also diagnosed with iron deficiency anemia in the second trimester and was prescribed ferrous sulfate 329.7mg before breakfast. Four weeks later, blood analysis showed an increase in TSH levels and the endocrinologist increased the levothyroxine dose. Then, pregnant woman complained about diarrhea and levothyroxine dose was adjusted and we advised her not to take the two drugs simultaneously. Serum TSH concentration was well controlled until the end of the pregnancy.

Conclusion: Concurrent ingestion of ferrous sulfate and levothyroxine resulted in altered levothyroxine absorption and thereby decreased therapeutic effect of levothyroxine and increased its dose requirement. Physicians should advise pregnant women to avoid simultaneous ingestion of these drugs when they are prescribed together.

Disclosure: No significant relationships.

EPV124 / #617

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.10 Others*

JUGULO-TYMPANIC GLOMUS TUMOR, HOW FAR TO GO?

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Introduction:

The jugulo-tympanic glomus or paraganglioma is a benign tumor of the middle ear, more prevalent in women after the 5th decade of life. Usually presented as a reddish vascular lesion in the middle ear, in most cases associated with pulsatile tinnitus (50-70%) and hypoacusia (30-50%).

Description of the clinical case:

74-year-old woman with depression, dyslipidemia, obesity and spinal osteoarthrosis. She mentioned tinnitus in the left ear, which motivated several consultations with her primary care physician. She was referred to Otorhinolaryngology by symptomatic persistence and visualization of a violet area through the tympanic transparency in the left ear. Magnetic Ressonance Imaging (MRI) revealed a lesion about 1,3 cm in the left jugular foramen, compatible with jugulo-tympanic glomus. The lesion was surgically excised and histological examination confirmed a paraganglioma. One year after surgery, there was recurrence/persistence of the lesion. Peptide radiometabolic therapy was proposed, and the patient carried out two treatment cycles with 177Lu-DOTA-TATE. Currently, 8 years after the last treatment, she remains symptomatic, under surveillance with annual staging with MRI, which has been revealing a stable lesion.

Discussion/Conclusion:

Jugulo-tympanic paraganglioma is the most frequent primary benign tumor of the middle ear. The treatment of these tumors is not consensual. Clinical surveillance, radiation therapy and surgical resection are considered valid therapeutic options, therefore, every case should be individualized. This is an interesting case since it allows us to reflect on how far to go in the treatment of these patients.

Disclosure: No significant relationships.

EPV125 / #655

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.10 Others*

WHERE ARE WE? WHAT HAPPENED?". A TRANSIENT GLOBAL AMNESIA CASE REPORT.

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Background and purpose

Transient global amnesia (TGA) is a temporary, anterograde amnesia with an acute onset that usually occurs in middle-aged and older individuals. It is often precipitated by particularly strenuous activity, high-stress events, or coitus, but it can be seen with migraines as well.

Case description

A 59-year-old woman, previously healthy and autonomous, went to the Emergency Room in April of 2020, due to a sudden onset of amnesia. She was unable to provide history, so it is provided by her husband. She reports a sensation of faint without falling or head trauma, followed by amnesia for what happened.

At the clinical observation she was vigil, person-oriented, but disoriented in time and space. Clinical observation was normal, other than blood pressure of 160/100 mmHg. At the neurological observation she presented normal pupil reflex, symmetrical facial movements, without tongue and lip commissure deviations, without dysarthria. She was confused by the situation and repeated the same questions several times “Where are we? What happened?".

She performed blood analysis control and a cranioencephalic computed tomography, with normal results. She was maintained under surveillance and she recovered the ability to generate new memories 8 hour after the onset of symptoms.

Discussion

TGA is a syndrome characterized by a sudden onset of anterograde amnesia (inability to generate new memories) accompanied by repetitive questioning, sometimes with a retrograde component, lasting up to 24 hours, without compromising other neurological functions.

Conclusions

The present case aims to alert physicians and to provides a framework for distinguishing transient global amnesia from its dangerous mimics.

Disclosure: No significant relationships.

EPV126 / #697

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.10 Others*

ALOPURINOL VS FEBUXOSTATE AS THE PREFERRED URATE LOWERING THERAPY IN THE TREATMENT OF HYPERURICEMIA and GOUT — AN EVIDENCE-BASED REVIEW

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Gout is the most common inflammatory arthritis with a prevalence of 0.9% to 2.5% in Europe.

The objective was to assess the efficacy and safety of alopurinol vs febuxostat as the preferred urate lowering therapy in the treatment of hyperuricemia and gout. Search was done on the main scientific evidence-based databases (MEDLINE®, PubMed®, Cochrane Library®) to find the latest guidelines, metanalyses, systematic reviews, randomized controlled trials and classical reviews, published in the last 10 years, between January of 2010 and July of 2020. MeSH terms used: febuxostat; alopurinol and gout. 51 articles were found, from which 20 were selected to this review. The Strength of Recommendation Taxonomy (SORT) Scale was used to analyse them and to attribute the level of evidence (LE) and/or the strength of recommendation (SR).

Allopurinol is the preferred first-line agent over all other ULTs, including for patients with moderate-to-severe (stage ≥3) Chronic Kidney Disease (CKD) (LE 3, SRA).

The urate-lowering efficacy of febuxostat 80 mg was superior to both febuxostat 40 mg and the commonly prescribed doses of allopurinol in both older and younger patients.In patients with gout and major cardiovascular coexisting conditions, all-cause mortality and cardiovascular mortality were higher with febuxostat than with allopurinol (LE 1).

Despite effective treatments, gout is still misdiagnosed and its management remains suboptimal. This may explain why the premature mortality among patients with gout remains unimproved in the last decade.

Management of gout in older patients involves careful treatment selection based on potential benefits and harms of therapy, considered in tandem with individual patient-specific characteristics.

Disclosure: No significant relationships.

EPV127 / #702

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.10 Others*

LOCAL TREATMENT FOR ONYCHOMYCOSIS: AN EFFECTIVE ALTERNATIVE FOR NASTY PILLS?

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Background and purpose: Fungal infection of toenails or onychomycosis is a common and for many cumbersome health issue that does not resolve spontaneously[1]. Given the nature and extent of oral treatment with antimycotics, local therapy would be a welcome alternative especially for milder cases. But sufficient evidence supporting its effectiveness is lacking[2]. Our aim is to study the effectiveness of local antifungal treatment for mild to moderately severe onychomycosis. This topic was highly ranked on the Dutch National Primary Care Research Agenda[3].

Methods: We designed a double blind randomised controlled trial comparing local miconazole or amorolfine against a placebo for a period of six months in patients with laboratory confirmed mild to moderately severe onychomycosis recruited from the general public or at the general practitioner's office. Follow-up is at 3 and 6 months. Standardized photographs are taken at baseline and follow-up visits; mycological testing (microscopy, PCR and culture) is done at baseline and close-out.

Anticipated results: Our primary outcome measure is complete cure (clinical and mycological) of the index nail at 6 months (n = 108). Secondary outcome measures are the degree of clinical improvement (including the Onycho Severity Index[4]), side-effects, patient satisfaction and quality of life using the ONYCHO and SF-12 questionnaires, respectively. Statistical analysis will be done using Chi-square testing, descriptive statistics, linear mixed-models and non-parametric Kruskal-Wallis test.

Conclusion / discussion: Still recruiting. Topics for discussion include selection criteria, diagnostic testing, treatment / study period and outcome measures.

Disclosure: No significant relationships.

EPV128 / #783

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.10 Others*

TELEPHONE CONSULTATION: A BOX OF SURPRISES FULL OF NEW CHALLENGES

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Introduction: Auricular hematoma occurs after direct trauma to the ear. If the hematoma is not drained, disruption of blood supply to the auricular cartilage may cause necrosis and increase the risk of infection.

Case report: Male, 90 years-old, history of hypertension and chronic kidney disease. Due to the contingency measures of the COVID-19 pandemic, the patient contacted the family health unit by phone, reporting that had resort to the emergency services 3 days earlier due to head trauma caused by falling down the stairs. He reported having been sutured in the right ear, but it was getting more swollen and painful. Given the difficulty in assessing the seriousness of the situation, an appointment was scheduled. Upon observation, he presented a suture of the antero-superior region of the right auricular pavilion, with extensive subperichondrial hematoma, under tension. The patient was referred to the emergency service for observation by otorhinolaryngology for drainage and compressive dressing, which was performed successfully. A month later, he presented good healing with only a slight deformation of ear.

Discussion: The telephone consultation has become very important in the current pandemic scenario; however, it has made clinical assessment and decision-making more challenging for doctors. Despite all restrictions, some situations must be solved urgently. Primary Health Care represents the person's first contact with health care services, and the family physician as a key element to the response to patients, must remain receptive and attentive to problems, especially in these difficult times.

Disclosure: No significant relationships.

EPV129 / #857

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.10 Others*

THE IMPACT OF SKIN SELF-EXAMINATION ON MORTALITY FROM MALIGNANT MELANOMA and OTHER SKIN NEOPLASMS: AN EVIDENCE-BASED REVIEW

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Background and purpose

Skin cancer is the most common form of malignancy in the European population. It is divided in melanoma and non-melanoma. Early detection is important since late diagnosis is associated with increased morbidity and mortality. Secondary prevention has an important role, since it encompasses several measures, including self-examination of the skin, which is cheap and easy to teach.

Our objective is to review the role of skin self-examination in the morbidity and mortality from malignant melanoma and other types of skin cancer.

Methods

A bibliographic research was performed using the MeSH terms "Melanoma", "Skin neoplasms", "Self-examination", "Early detection cancer" and "Cancer Screening" in several medical databases. Guidelines, systematic reviews, meta-analyzes, observational studies and randomized controlled trials published in the last ten years in Portuguese, English and Spanish were included, according to the inclusion criteria: population - asymptomatic adults; intervention - self-examination of the skin compared with not performing skin self-examination; outcome - mortality from melanoma and other skin cancers. The Strength of Recommendation Taxonomy (SORT) from the American Family Physician was used to assess levels of evidence.

Results

266 articles were identified and 5 articles were selected after applying the inclusion criteria.

Conclusions

Evidence about the benefits of skin self-examination in asymptomatic adults is inconsistent or of limited quality but patient-oriented (SORT B from the American Family Physician). There is potentially greater benefit in groups at higher risk for skin cancer. Study limitations are the inclusion of studies with limited quality and scarce to assess the impact in mortality. Further studies are needed, with homogeneous methodology and robust samples.

Disclosure: No significant relationships.

EPV130 / #907

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.10 Others*

TWO WAYS TO STOP DRIPPING

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Cerebrospinal fluid (CSF) rhinorrhea happens after the rupture of the barriers between the sinus cavity and the anterior and middle cranial fossa leads to the loss of CSF in the nasal cavity. This communication with the Central Nervous System can result in infectious complications that confer significant morbidity and potentially disastrous long-term deficits for the patient.

In January 2009, a 52-year-old woman went to her family doctor for persistent rhinorrhea, with no other associated complaints and is medicated. She returns later after therapeutic failure, and refers to the consultation of Otorhinolaryngology, where after multiple evaluations the presence of CSF fistula is detected. After four surgeries, the CSF fistula was closed successfully.

In January 2020, a 32-year-old woman, came to an appointment with her family doctor because of frontal headache and transparent watery rhinorrhea for about 10 days.

She reports a predominance of rhinorrhea through the right nasal cavity and, occasionally, the left, worsening with the anterior inclination of the head and later on returning to the upright position. CT scan reveals CSF fistula. She goes to Otorhinolaryngology and is prescribed conservative closure measures: do not blow, sneeze with your mouth open, do not lower your head, sleep on an elevated headboard and make no effort. The fistula ended spontaneously after a month.

In Family Medicine, rare pathology also occurs and we must also be prepared to intervene. The experience and teachings of previous cases are an asset for the maintenance of the clinic and a valuable help for quick referrals.

Disclosure: No significant relationships.

EPV131 / #1055

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.10 Others*

AN UNFORTUNATE GARDENING ACCIDENT

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Background and purpose: Skin lesions are a frequent and challenging presentation in Primary Health Care, which has heightened the importance of practitioners' dermatological knowledge and skills. The next case highlights one of those situations:

Methods and Results: Female, 34 years old, with no significant personal or family history of medical diseases. She resorts to the Family Doctor for itchy maculopapular rash, in the cervical region, after applying herbicides in the garden. No other symptoms. Is diagnosed with a contact allergic reaction and medicated with oral corticosteroids and antihistamines. Due to worsening of symptoms, with migration for hands and flexures (groins and armpits), she goes to the emergency department, being diagnosed with scabies. Was discharged with 8% sulfur petroleum jelly for all family members and household-linen care. Due to disagreement on the later diagnostic, a re-observation appointment was scheduled: the patient presented with a polymorphic rash with maculopapular erythema with lichenification of the face (eyelids and chin). On the trunk, were observed annular lesions with flaking in the collar, with spared areas. Mobile and elastic adenopathies were also palpable in the inguinal region. We contacted directly the Dermatology Service at the local hospital, with an indication for hospital admission to undergo some complementary exams. The study performed conclude: contact eczema by air transport with subsequent self-sensitization after use of herbicide. After a topical and oral steroid cycle, there was a favorable evolution and resolution of the case.

Conclusions: The incidence of contact dermatitis to herbicides remains unknown. Family Doctors have a privileged position to diagnosed and advise patients about safety measures when dealing with those chemicals.

Disclosure: No significant relationships.

EPV132 / #1075

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.10 Others*

DESCRIPTIVE STUDY OF FIVE CASES WITH CHIKUNGUNYA

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Introduction: Chikungunya (CHIKV) is an emerging viral disease that is transmitted to humans through the bite of an infected mosquito, mainly the mosquito Aedes aegypti and Aedes albpictus.

It is very important to identify the signs and symptoms of CHIKV, treat them and be aware of the complications of this disease. There is no specific treatment or prophylaxis. Because of the large influx of travellers from around the world, this disease that is endemic in Africa and Southeast Asia has already reached Europe. In Spain there are reservoirs of mosquito vectors in Mediterranean areas. Five cases of CHIKV and all imported have already been identified in our primary health area.

Aim: Description of the imported cases of CHIKV detected at Primary Health Care Centre.

Methods: Descriptive study of five cases of diagnosed CHIKV imported in travellers from and endemic area.

Results: Five patients, 1 female and 4 males consulted in different primary health care centre in Girona with symptoms such as high fever, headache, arthritis and rush. The patients had history of recent travel to endemic areas such as Colombia, Honduras and Nicaragua. To confirm the diagnosis, the detection of IgM ang IgG antibodies against chikungunya virus was found positive in all five cases.

Conclusion: Include CHIKV in the differential diagnosis of arthritis. Need to reinforce the training of professionals in the primary health care in emerging viruses.

Disclosure: No significant relationships.

EPV133 / #1133

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.10 Others*

A NOVEL APPROACH TO THE AGITATED EMERGENCY DEPARTMENT PATIENT

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Background and purpose: In clinical practice, ER Doctors are often confronted with cases of agitated and aggressive patients. Most commonly, when verbal communication fails, treatment options include the use of either benzodiazepines or neuroleptics and in some cases a combination of both either p.o. or in injectable forms.Often enough, oral administration of tablets fails. On the other hand, the use of injectable medications might be time consuming and challenging, not to mention agonizing for both patients and members of the stuff involved in the procedure, especially when physical confinement is required. Midazolam shares a common mechanism of action with the other benzodiazepines, affecting the GABA neurotransmission in the CNS. Midazolam has been primarily used by anesthesiologists in injectable form preoperatively, or even as an oral solution, especially in children, for sedation. The purpose of this presentation is to suggest the oral use of midazolam in ER Departments as a standard sedation agent in non-diagnosed agitated patients.

Method: Among 72 non diagnosed agitated patients that required sedation in ER, 34 were addressed with 10mg diazepam IM and 38 with midazolam 0.12mg/kg PO

Results: Mean time to manage efficiently the agitation of the patient was 4 times less than previous routine drug choices. Sedation efficacy was slightly in favor of midazolam.

Conclusions: Midazolam presents expeditious response regarding sedation time and the ease of use which leads to a reduction of the time between the ER admission and the latter diagnosis based focused treatment.

Disclosure: No significant relationships.

EPV134 / #1145

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.10 Others*

"I GOT A STRANGE FEELING IN MY THROAT" – QUINCKE'S DISEASE

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Background and purpose: Quincke's disease is a rare presentation of isolated uvular angioedema. It can be caused by several factors such as trauma, smoke inhalation, food or medication allergy, infections, or hereditary angioedema. This can constitute a medical emergency if the airway is compromised.

Methods: Clinical interview and clinical file consultation.

Results: 55-year-old man, overweight and with clinical history of type 2 diabetes mellitus, dyslipidaemia, and hypertension. He had been seen for rhinorrhoea and a strange sensation in his throat on the previous day. He denied other respiratory symptoms or taking medications other than his usual medication. On physical examination, he was conscious, oriented, and collaborative, eupnoeic, hemodynamically stable and with no significant changes on auscultation. On examination of the oropharynx, he presented isolated oedema of the uvula. When asked, he referred to a similar episode a few years ago after an upper airways infection. He was sent to the emergency department where he was medicated and guided for follow-up appointment.

Conclusion: Although we are talking about a rare pathology, it is important that it is known by all doctors. Its treatment varies according to the severity of the airway compromise. However, most cases respond to oxygen therapy, histamine H1 and H2 blockers with or without steroids associated. This case is also an warn to remind us that at any moment we can face a situation in which the patient's life is at risk.

Disclosure: No significant relationships.

EPV135 / #1146

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.10 Others*

PHEOCHROMOCYTOMA: A RARE FINDING IN A ROUTINE UPPER ABDOMINAL ULTRASOUND

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Background and purpose:
Pheochromocytoma is a rare neuroendocrine tumor, occurring approximately in 0.2% of patients with hypertension. It arises from the center of the adrenal gland, the adrenal medulla, in 85% of the cases and it is most frequently unilateral. They may be sporadic or can be associated with certain genetic syndromes. Diagnosis is confirmed by plasma or urine metanephrines and imaging studies are useful to detect secondary disease. Surgical resection is the definitive therapy.

Methods:
A 64-year-old male suffering from high blood pressure and type 2 diabetes visits a private physician and asks for routine exams, including an upper abdominal ultrasound because he had a 6kg weight loss in the last 2 years. A nodule above his left kidney was found and the patient then went to his family doctor with the results. Given the borderline office blood pressure values in the last years despite the triple-combination therapy and the recent ultrasound, an abdominal CT was requested, along with blood and urine tests.

Results:
The adrenal mass was confirmed by the imaging study and an increase in 24-hour urine vanillylmandelic acid concentration (10.4 mg/24h) confirmed the suspicion of pheochromocytoma. The patient was subsequently referred to the hospital, where he undergone a scintigraphy to rule out secondary involvement and the mass was surgically removed.

Conclusions:
Adrenal incidentalomas are a common finding in image studies. In most cases they are nonfunctioning adenoma but it is important to rule out more serious conditions that require surgical intervention like hormone-producing adenoma, pheochromocytoma and even adrenal carcinoma or metastasis.

Disclosure: No significant relationships.

EPV136 / #1160

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.10 Others*

ERDHEIM-CHESTER DISEASE – EYELID XANTHELASMA CASE ALERT

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Background/Aim: Erdheim-Chester disease is a rare, multisystemic disease of middle age with poor prognosis. It is characterized by diffuse infiltration of multiple tissues and organs by histiocytes, but the exact etiology of the disease is still unknown. The unspecific systemic manifestations makes the early recognition of this pathology difficult and the overall prognosis will depend on the extent of visceral involvement at the moment of the diagnosis.

Materials and Methods: A 64 years old male, Caucasian, presented in the Medical Center for his routine check-up, being worried about some fatty plaques he had recently detected on his eyelids. The physical examination and the routine blood analysis were normal with the exception of LDL Cholesterol, 137,8mg/dL. One year later he presented again now complaining of polyuria and polydipsia without fever or low back pain, maintaining the eyelid fatty plaques. Six 6 months after last appointment he went to the hospital's emergency with productive cough, thoracalgia and left eye pain.

Results: After etiological study including periorbital lesions biopsy, he was diagnosed with Erdheim-Chester disease (ECD). He had multisystemic involvement, with retrobulbar intra-orbital masses, pericardial effusion, bilateral xanthelasma, pan-vasculitis inflammatory process, pulmonary involvement, renal and consumptive syndrome.

Conclusion: The authors chose this clinical case due to the rarity of this pathology and want to alert to its most common symptoms: periorbital xanthelasma, polydipsia (diabetes insipidus) and bone pain. Since most patients will present nonspecific symptoms, the diagnosis and the treatment are a challenge.

Disclosure: No significant relationships.

EPV137 / #1171

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.10 Others*

SPLENIC RUPTURE BECAUSE OF TRIVIAL TRAUMA

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Splenic rupture is one of the most frequent complications of abdominal trauma. Up to 60% of the blunt abdominal trauma, is the only organ affected. It occurs in relation to high energy trauma like traffic accidentes, but also it has been described in falls and with sports practice.

The clinic is abdominal and left rib pain radiating to the shoulder that increases with inspiration (Kehr´s sign). In addition, it may present signs of peritoneal irritation due to irritating effect of the blood and hypovolemia. The degree of spleen injury, will depend on the size of the hematoma, the depth of the laceration and the presence of the tear.

Case presentation:

We present a 38 years old woman, who goes to the emergency service after fall when jumping with bicycle. She refers severe pain at the lower left rib level and in the left upper quadrant that radiates to the shoulder. Pain is worse with deep inspiration. She presents HBP: 120/80 mmHg and pulse: 70 bpm

X-rays of the chest, rib cage and humerus without findings. When she´s leaving, presents a presyncope.

In blood test: leukocytosis with hemoglobin: 13,4, hematocrit: 37,2 and ultrasound is requested. Radiologist reports presence of hemoperitoneum and a CT scan is performed. Findings are multifragmented rupture of the upper half of the esplen. She´s operated urgently with splenectomy.

Conclusions:

In a patient with abdominal or left rib trauma, as trivial as it may seem, splenic injury should be suspected, though the onset of symptoms may not occur immediately after the trigger and its characteristics may not be typical.

Disclosure: No significant relationships.

EPV138 / #1263

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.10 Others*

CARDIOVASCULAR RISK FACTOR SCREENING IN PRIMARY HEALTH CARE and MORTALITY DURING A 31-YEAR FOLLOW-UP IN SUBARCTIC RURAL REGION IN FINLAND

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Background: We examined factors resulting death in a rural, subarctic north-western area of Finland where living circumstances and sociocultural background of the population differs in many aspects from the main Finnish population.

Aim: The project was initiated to indentify a variety of biological, behavioural and socioeconomic risk factors involved cardiovascular morbidity, to study the consequences of these risk factors on subsequent mortality, and to study the long term seasonal variation of mortality in the area, where the average mean temperature of the year is between -1 and -2 degrees of Celsius.

Methods: All residents born between 1915 and 1958 were invited to participate in health surveys in the period from 1975 to 1984. Health check-ups and blood samplings were conducted by trained healthcare nurses. The questionnaire included questions about marital status, education level, chronic diseases, medications, smoking habits, physical activity and consumption of alcohol, coffee and fish. In 1984 1,923 individuals had participated in screening and formed the follow-up cohort in 2014. After 31 years, 644 people had died and 257 had moved elsewhere.

Results: The factors increasing mortality during 31-year follow-up period were smoking, high blood pressure, obesity, heavy alcohol consumption, low level of eduacation, physical inactivity, high hemoglobin, cardiovascular disease and depression. We found no seasonal variation in mortality rate, but mortality from cerebrovascular and lung diseases was more common during wintertime.

Conclusion: The common causes-of-death, and main risk factors predicting death were same as globally. Cardiovascular diseases were the leading cause-of-.death. Lifestyle factors and socioeconomic status related significantly to mortality. No seasonal variation in mortality rate was seen.

Disclosure: No significant relationships.

EPV139 / #1330

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.10 Others*

MANAGEMENT OF SUPERFICIAL VENOUS THROMBOSIS IN PRIMARY CARE: A PROPOSED PROTOCOL

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Background and purpose: Superficial venous thrombosis (SVT) or superficial thrombophlebitis is usually a self-limited disorder characterized by thrombi formation resulting in partial or total occlusion of the lumen, originating a local inflammatory process, more frequently in the lower limb. The exact incidence is not known; however, studies show that it is estimated between 125.000 and 253.000 cases per year, affecting mostly females. SVT is associated with major complications such as deep venous thrombosis (6 to 40%) and pulmonary embolism (PE), which can be asymptomatic PE (20 to 33%) or symptomatic PE (2 to 13%).This is not a well-known entity and its pharmacological treatment is controverse. The aim of the present document is to provide guidance for decision and intervention for primary care physicians.

Methods: A literature review was conducted in databases, international guidelines and books. Selection was made after title, full-text articles and book reading.

Results: The diagnosis of phlebitis and thrombosis of the lower extremity superficial veins is usually based on clinical presentation and physical examination. Patients known risk factors must be considered. Additional evaluation may be necessary using ultrasound imaging, laboratory or other, when suspecting major complications. Non pharmacological and pharmacological treatment with nonsteroidal anti-inflammatory drugs, anticoagulants, topical agents and other should be considered, depending on the clinical presentation.

Conclusions: The present document aims to support primary care physicians in decision and intervention, based on clinical presentation, risk factors, and selecting more appropriate additional investigation and treatment.

Disclosure: No significant relationships.

EPV140 / #94

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.01 Children and adolescents*

COLOSTRUM, BREAST MILK and SUPPLEMENTAL FEED: MOTHERS KNOWLEDGE and FEEDING PATTERN IN URBAN & PERI-URBAN AREAS OF LAHORE, PAKISTAN

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Background and purpose: Colostrum and breast milk are not only highly nutritious but also a source of maternal antibodies for infants. Similarly, supplemental enteral feeding is preferred by mothers when maternal breast feeding is unsuccessful. Our study was designed to assess mothers understanding of the main forms of feeding in pre-toddler phase.

Methods: After Institutional Review Board approval, a cross-sectional study, including mothers of children aged 2 years or less visiting primary care centres in urban and peri urban areas of Lahore, Pakistan was carried out. A validated questionnaire focusing on feed given in first year was collected from mothers who consented to participate in the survey.

Results: Out of total 384, 333 mothers' breast fed their babies. Of these, 288(86%) were unaware of usefulness of first milk. 242/384 (63%) used supplemental feed in first year of life, 40% (98/242) stated insufficient breast milk as the main cause of doing so. Of 242, 112 used bovine milk as top feed. 45/112 (40%) mothers who used buffalo/cow's milk for their infants were aware that it can lead to anaemia however due to financial constraints they were unable to discontinue its use.

Conclusion: The study findings revealed that there is inadequate knowledge with reference to colostrum and the relationship between consumption of bovine milk by infants and iron deficiency. It is suggested to take vigorous measures such as improving maternal nutritional awareness and infant feeding practices. Lastly, health authorities also need to identify at risk children and offer financial assistance to cover cost of infant formula.

Disclosure: No significant relationships.

EPV141 / #146

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.01 Children and adolescents*

STRONG PAEDIATRIC PRIMARY CARE IN CHILDREN and ADOLESCENTS WITH MENTAL HEALTH DISORDERS: A COMPARATIVE OBSERVATIONAL STUDY IN SOUTHERN GERMANY

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Background and purpose

General practitioners (GP) play an important role in sustainable management of mental conditions. To our knowledge the health care programme described in this study is the first managed care model for paediatric ambulatory care embedded in GP-centred-healthcare. Key features of the programme are high continuity of care, facilitated access to specialist care, extended routine examinations and enhanced transition to adult healthcare. Participating GPs have a particular focus on paediatric care.

The purpose of our study was to evaluate health service utilization in patients enrolled in GP-centred paediatric care programme in terms of relevant pharmacotherapy and mental-related hospitalisation.

Methods

We conducted a retrospective comparative observational study based on claims data with patients with mental conditions aged under 18 years. Data of 193,296 patients were analysed in terms of health-care utilization in 2018. The intervention group comprised patients that were enrolled in the programme; patients in control group received usual care. Comorbidity-adjusted multivariate analysis was performed for comparison between groups.

Results

16,065 patients (38.9% female) were included in the intervention group and 29,056 patients (38.7% female) in the control group, respectively. Mean age was 8.9±3.8 years in enrolled children and 8.9±4.4 years in the controls. The intervention group had a lower risk of mental-related hospitalisation compared to the control group [Odds Ratio (OR): 0.618, 95% confidential interval (CI): 0.543-0.703]. The likeliness of psychopharmaceutical prescription was lower in intervention group (OR: 0.817; 95% CI: 0.744-0.896).

Conclusions

Children and adolescents with mental disorders enrolled in the paediatric primary care programme show a lower risk of mental-related hospitalisation and prescription of psychopharmaceuticals.

Disclosure: Study is part of a larger evaluation funded by AOK Baden-Wuerttemberg.

EPV142 / #154

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.01 Children and adolescents*

THERE ARE PARENTAL BRAKES and LEVERS OF ACTION FOR SCREENING FOR LEAD POISONING IN CHILDREN IN AREAS WITH RUN-DOWN HOUSING.

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Background and purpose:

The old pre-1949 housing and poor housing remain the main risk factors of lead poisoning in young children.

The french Department of Pyrénées Orientales (PO) with 10 priority neighbourhoods of the city (QPV) is expected to be a place of high prevalence.

In 2016, the regional health agency launched a screening awareness campaign ("Action Saturnisme 66") aimed at general practitioners (GPs) and the populations of the QPVs of the PO:161 blood tests,15 lead poisoning cases (9%),low participation(<5%).

Aim:Determine parental brakes and levers for lead poisoning screening in children aged 0 to 6 years,living in the QPVs of the PO.

Methods :

Two theses, qualitative studies by semi-directed individual interviews and interview guide,until data saturation.

Target:Parents of children aged 0 to 6 living in the QPVs of the PO.

Recruitment:inclusion files for the "Action Saturnisme 66" study,local associations,nursing practices,from November 2018 to February 2019.

Thematic analysis of verbatims,triangulation of data.

Results:25 interviews analysed

Main obstacles :

-paper information written in French

-mistrust of parents,lack of knowledge about the disease

-blood test not accepted

-low parental motivation

-fear of the risk of expulsion

-low involvement of GPs

Main levers :

-information on screening:multiple channels,favouring repeated oral information

-home surveys

-aids for implementation of blood test

-legal obligation of owners to carry out renovations

Conclusions :

Strengths:first qualitative study on this theme,actionable improvements

Weakness:recruitment and interpretation bias (parents with poor French language skills)

A strong involvement of local actors and systematic organised national screening of target populations would improve screening and reduce social inequalities in child health.

Disclosure: No significant relationships.

EPV143 / #431

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.01 Children and adolescents*

PERCEPTION OF MALAYSIAN HEALTHCARE PRACTITIONERS' ON RAISING AWARENESS TO TEACH SEXUAL REPRODUCTIVE HEALTH TO PRE-SCHOOL CHILDREN

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Background/purpose: This study is a sub-study of a larger study with the title "Exploring the Views of Healthcare Practitioners on the Teddy Bear Hospital (TBH) as a Personal Safety Module Towards Prevention of Child Sexual Abuse (CSA):A Qualitative Study". The TBH is a known method to teach children about health-related issues. Since it has received a lot of positive feedback, exploring healthcare practitioners' (HCP) views on this concept to teach children on matters of preventing CSA was explored. However, teaching sexual reproductive health (SRH) may be challenging as the topic is taboo. There were suggestions to firstly raise awareness of the SRH. Hence, we explored HCP's views on raising awareness of teaching SRH to children.

Method: A qualitative study using in-depth interviews of 18 participants working with children in the Malaysian healthcare setting. Data were thematically analyzed

Results: Three themes were derived: a- methods of raising awareness; participants proposed using media and also other attractive methods such as using a mascot to help make raising awareness effectively. b-people helpful to raise awareness; Many of the participants voiced out many groups of people, authoritative, popular, reachable figures, not to mention parents teachers association and healthcare professional that could be great potential towards this cause. c- Using the Teddy Bear Hospital (TBH) to raise awareness; Some participants proposed this method not only to teach children but to also help raise awareness.

Conclusion: Education and knowledge are key. Raising awareness to teach SRH in pre-school children is a step towards preventing CSA. Using methods, especially using the TBH method can assist towards this cause.

Disclosure: No significant relationships.

EPV144 / #447

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.01 Children and adolescents*

ANIMAL-ASSISTED THERAPY AS A COMPLEMENTARY INTERVENTION IN MENTAL HEALTH OF CHILDREN and ADOLESCENTS

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Background: The attention to the mental health of children and teenagers is considered a priority and it needs an integral attention of the patient. The Animal-Assisted Therapy(AAT) is a complementary therapeutic intervention and directed by health professionals. It is based on the human-animal interaction and the bond that is created among them. Objectives: To evaluate the efficiency of a short intervention through AAT in teenagers with mental pathology. To measure participant perception regarding the dog's presence and participant degree of attachment to the dog. To determine participant's and professional's satisfaction.

Methodology: Multicentre transversal descriptive study. Population: Adolescents from 13-17years old admitted in the Child and Youth Psychiatry Unit of 2hospitals. Intervention: 2group sessions 1hour(once a week). Staff: Occupational Therapist, AAT professional, therapy dogs. Variables: Age, gender, diagnosis, Centre Study Animal Wellness Pet Bonding Scale Survey(CSAWPB). Questionnaires: evaluation of the participants, professional's opinion, participant's satisfaction. Ethics committee 2hospitals approved, zoonosis prevention and animal welfare protocol.

Results: 54participants. Average-age: 15.1(±1.53). Women 44(81.5%). Diagnosis: Depression 20(37%), Behavior-Disorder 12(22.2%), Behavior-Eating-Disorder 13(24.1%), Others 9(16.7%). CSAWPB 60.8(±18.3). Evaluation of the participants: Positive-attitude-change post-AAT? Much13(24.1%), Quite22(40.7%), Not-much19(35.2%); Dog-generates-motivation? Much24(44.4%), Quite22(40.7%), Not-much8(14.8%); Is AAT useful? Much30(55.6%), Quite19(35.2%), Not-much5(9.26%). Professional's opinion: Dog in hospital? Favourable100%; Is AAT useful for: Participants? Much49(90.7%), Quite3(5.56%), Not-much1(1.85%), Nothing1(1,85%); Relatives?Much16(29.6%), Quite23(42.6%), Not-much14(25.9%), Nothing1(1.85%); Professionals? Much32(59.3%), Quite15(27.8%), Not-much7(13%). Participant's Satisfaction(1-4): 3.56(±0.6).

Conclusions: It has been developed a positive perception of the dog and the level of attachment considered more often true(CSAWPB), with a high degree of satisfaction as in participants so in professionals.

Disclosure: No significant relationships.

EPV145 / #831

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.01 Children and adolescents*

A LITERATURE REVIEW ON THE EFFECTS OF CHILDHOOD EXPOSURE TO WAR

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Background and purpose

Children exposed to war suffer adverse experiences that are recognised to have the potential to affect their health for the rest of their lives. In addition to atrocities and violence, there are intergenerational impacts from the breakdown of infrastructure in their communities, displacement and family separation. A loss of access to education and the opportunity to learn through play is frequently experienced. Multiple losses occur and grief can be profound. Children sometimes manifest the consequences of psychological trauma in ways that are different to adults. The purpose of the review was to better inform family doctors about the sequelae of conflict for young people.

Methods

The aim of the review was to explore literature describing contemporary conflicts since the Arab Spring uprisings in 2010. It included outcomes for children up to age 18years and the perspectives of parents and care-givers. A search was undertaken using Ovid, the PubMed and PsycINFO databases and including the Cochrane Library.

Results

The themes emerging from the literature review were multiple and complex. The myriad presentations to health services are described in the poster.

Discussion

The impact of war on children as they grow into young people and adults has potential for lasting psychological damage. The family doctor is key to recognising this early through sensitive investigation, good communication and opening up opportunities for help and support.

Disclosure: No significant relationships.

EPV146 / #1044

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.01 Children and adolescents*

STRENGTHENING THE MANAGEMENT OF CHILDREN WITH DISABILITIES IN PRIMARY CARE IN MALAYSIA: PRIMARY CARE PROVIDERS' PERSPECTIVES

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Background and purpose

Decentralisation of the care of children with disabilities into primary care was implemented in Malaysia more than 10 years ago, yet it is still unable to meet their needs. Understanding the service providers' needs when managing children with disabilities is important because it may lead to improvements in the delivery of care. A descriptive qualitative study was conducted to explore the factors influencing the service delivery to children with disabilities from primary care providers'(PCPs) perspective.

Methods

Thirteen semi-structured interviews (five focus group discussions, eight in-depth interviews) were conducted among Malaysian PCPs managing children with disabilities and policymakers/administrators who were overseeing the Programme for Care of Children with Special Needs. Purposive sampling and thematic analysis were used.

Results

Six themes were derived from this study: interprofessional collaborative practice (IPCP), governance, individual professionalism, parent-PCP partnership, training and resources. Effective interpersonal communication was shown to have positively driven the delivery of care to these children. Inadequate IPCP, weak governance, insufficient resources and training hampered the adoption and sustainability of this programme. Suggestions for improvements included proper mapping and linkage of referral hospitals, regular meetings between national and local coordinators and active partnership with parents and community.

Conclusions

Without support (resources, training), clear understanding from all relevant partners and good governance, evidence-based policies for the management of children with disabilities will not be successfully adopted and sustained. Re-examining the current health policy, restructuring PCPs' curriculum syllabus including IPCP education and utilising interprofessional approach are recommended. Further research on IPCP including the perspectives of other stakeholders could shed more light on this issue.

Disclosure: No significant relationships.

EPV147 / #1138

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.01 Children and adolescents*

ADAPTATION OF THE VACCINE HESITANCY SCALE TO TURKISH: VALIDITY and RELIABILITY STUDY

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Background: A standard, valid measurement tool that assesses vaccine hesitancy will help develop research and immunization policies and identify individuals with vaccine hesitancy and overcome hesitations. The aim of this study is to adapt a Turkish translation of Vaccine Hesitancy Scale formed by the WHO SAGE Vaccine Hesitancy Working Group.

Methods: This is a reliability and validity study. The study was carried out with parents of 0-18 months old children who applied to a Training Family Health Center in Istanbul. After translated Likert-type Vaccine Hesitancy Scale (answers from 1 to 5, high scores indicate low vaccine hesitation) in to Turkish, a test-retest method and Cronbach alpha coefficient were used for reliability research then exploratory factor analysis was used for construct validity.

Results: No statistical difference was found between test-retest scores of the scale (43.55±4.5; 43.70±4.4; r=0.97; p<0.001). Cronbach alpha coefficient was 0.73. As a result of the exploratory factor analysis, two factors emerged: "confidence" and "risk perception". The mothers were more hesitant than the fathers (p=0.021), those with low income were more hesitant than those with high income (p=0.009). As the age of mothers and fathers increased, the level of hesitancy increased. (p<0.001 and p<0.05, respectively).

Conclusion: Our results suggest that the Turkish version of the Vaccine Hesitancy Scale is a reliable and valid scale. The Vaccine Hesitancy Scale can be used in Turkish parents to assess vaccine hesitancy.

Disclosure: No significant relationships.

EPV148 / #127

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.02 Women and men issues*

OBSTETRIC HISTORY IN WOMEN WITH SEXUAL DYSFUNCTION

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Background/purpose: Sexual health is part of human well-being. In women, obstetric history has great impact in sexual dysfunction (SD). The aim is to characterize obstetric history and sexual health of women with SD in a Family Health Unit (FHU).

Methods: Retrospective, observational and descriptive study, carried out in a FHU in female with SD, aged ≥18 years. Data collected in July 2020 through SClinico® and MIM@uf. Analysis preformed in Excel®.

Results: 70 women with SD with an average age of 45 ±15.2 years were identified: 11.4% have hypodesire, 7.1% arousal disorder, 4.2% orgasm disorder and 95.7% have sexual pain. Most had ≥1 pregnancy (75.7%) and 71.4% had ≥1 delivery - in 81.8% it occured vaginally, in 44,4% it envolved forceps or suction cup, and the majority was episiotomized (60%). In 62.8% SD appeared simultaneously/after their last delivery. Only 2 women underwent pelvic floor rehabilitation (PFR). Only 54% had a follow-up of their SD by Family Doctor (FD).

Conclusions: Most women are uniparous or multiparous. Comparing to portuguese epidemiological data, in this study there's an even higher prevalence of women who had vaginally deliveries (most involving instrumentation) and were episiotomized - all of those harmful to postpartum recovery. SD mostly appeared simultaneously or after deliveries, confirming SD as complication of obstetric history. Very few women underwent PFR, despite its known benefits. Against literature, in this study the most common SD involves pain. SD's systematic approach can help to improve women's life quality, with FD having a privileged role in this context.

Disclosure: No significant relationships.

EPV149 / #300

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.02 Women and men issues*

DEGREE OF COHESION and ADAPTABILITY IN FAMILIES WITH A FEMALE MEMBER DIAGNOSED WITH EPILEPSY IN FAMILY MEDICINE.

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Epilepsy is one of the most common neurological disorders. It is associated with instability, psychological illnesses and an increased risk of concomitant psychiatric illness. The quality of life of the patient is affected, especially in women due to the loss of independence, difficulty finding a job, affecting their interpersonal relationships, development and personal safety, anticonvulsant treatment affects conception, worse prognosis in pregnancy and contraceptive use, as well as the risk of osteoporosis as a secondary effect of anticonvulsants. Causing low self-esteem, social isolation anxiety, stigmatization which are conditioning factors for family cohesion. GENERAL OBJECTIVE: To determine the degree of cohesion and adaptability in families with a female member of 18 to 44 years old, diagnosed with epilepsy in Family Medicine measured with FACES III. METHODOLOGY: this is a descriptive and prospective cross-sectional observational study of female patients with a diagnosis of epilepsy, and their family, who attend the outpatient clinic of the UMF No. 46, who are between 18 and 44 years old. It was carried out through the Family Adaptability and cohesion Evaluation Scales III (FACES III), in the August-December 2018 period. RESULTS: 81 families were included, of which 34.5% were semi-related, 27.2 related 19.7 unrelated and 18.5 agglutinated, in terms of adaptability 35.8% flexible, 26% chaotic, 24.7% structured and 13.6 rigid; Balanced families 42% medium range 44% extreme 12%. CONCLUSIONS: it is accepted that women aged 18 to 44 years with a diagnosis of epilepsy belong to families with a high degree of family cohesion and adaptability.

Disclosure: No significant relationships.

EPV150 / #636

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.02 Women and men issues*

SEXUALLY TRANSMITTED INFECTIONS and THEIR PREVENTION AMONG WOMEN IN PRIMARY CARE – QUALITATIVE INTERVIEW SURVEY WITH GENERAL PRACTITIONERS IN BERLIN

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Background and purpose

In Germany, sexual and reproductive health care is fragmented: especially treatment and prevention of sexually transmitted infection (STI) is addressed by different medical specialties with sparse cooperation; resulting in hindered access especially for those not belonging to the so called “risk groups”. Experiences from the Netherlands and Great Britain show that access to care can be facilitated by addressing STIs in primary care. Women are disproportionally affected by mostly asymptomatic STI infections and long-term complications.This qualitative research project aims at exploring the role of general practitioners (GPs) in the provision of preventive and treatment services of STI among women in Berlin.

Methods

The sample was selected in an iterative process, including GPs with and without specialization in STI / HIV care, practicing in Berlins urban areas where STI incidence is high. Participants will be questioned with semi-standardised guideline interviews using case vignettes; interviews will be transcribed and evaluated with qualitative content analysis.

Results

Preliminary results of the first analysed data show that most GPs seem to feel responsible when patients cannot find other providers, but tend to refer women with STI-related cases to gynaecological colleagues. Specialised STI/ HIV GPs on the other hand report women seeking care after having been sent away from their gynaecologists. Both groups relate a lack of cooperation and regional networking between health care providers.

Conclusions

Responsibilities regarding STI treatment and prevention in Germany among different medical specialties remain unclear. Cooperation and gaps in provision of care could be improved by regional primary care networks.

Disclosure: No significant relationships.

EPV151 / #1039

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.02 Women and men issues*

DIRECT-ACTING ANTIVIRAL TREATMENT FOR HEPATITIS C AMONG THE POPULATION IN CENTRAL GREECE.

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Background and aims: Treatment of HCV infection has become more effective and safer as more direct antiviral agents are available. The effectiveness in adults is up to 100%. The aim of the study is to evaluate the effectiveness and safety of DAA treatment in the patients with chronic hepatitis C(CHC) in Central Greece.

Methods: All consecutive patients who started DAA treatment against HCV from January 2018 to December 2020 were included. Eighty-four (84) patients were divided into two groups: patients (N = 54), no previous IVDU and people with a history of IVDU (PWID, N = 30). The duration of treatment was 12 weeks in both groups. The fibrosis stage was evaluated using transient elastography (TE). The exclusion criteria were the presence of HIV infection and other liver diseases.

Results:Age of patients was 19 to 88 years(median age: 54) and 57 men and 27 women.
Only 8% of patients had F4 fibrosis. Sustained virological response was achieved in 97.6%
of those who received DAA's(82/84) .One patient from every group relapsed 12 weeks after the end of treatment.
These patients retreatmented with Vosevi 400 mg/100 mg/100 mg(sofosbuvir, velpatasvir , voxilaprevir) and were led to SVR.

Conclusion: Treatment with DAA in patients with CHC is well-tolerated and effective.The treatment efficacy in the PWID group was excellent too.All of these results show that the treatment with DAA's is too important and should be considered in all patients with chronic HCV infection..However, expansion of screening programmes is essential to increase treatment to achieve the WHO targets for elimination in the European Union by 2030.

Disclosure: No significant relationships.

EPV152 / #1296

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.02 Women and men issues*

SUPPLEMENTATION IN PREGNANCY - THE REALITY OF THE AZOREAN ISLANDS

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Background and purpose: Pregnancy is a physiological state that causes several changes, affecting both mother and fetus. It is a period of high metabolic demand with increased needs for essential nutrients. Maternal nutrition must provide the necessary reserves for fetal development. However, when insufficient, it becomes necessary to resort to supplementation. In Portugal, the supplementation is intended to promote adequate fetal neurodevelopment, preventing neural tube malformations, anemia in pregnancy and other consequences.

Methods: A classical literature search was conducted in the main Portuguese sources and guidelines using the terms "supplementation" and "pregnancy".

Results: In Portugal supplementation with Iodine, Folic Acid and Iron is recommended. The Azores archipelago has the most unsatisfactory iodine levels. Potassium iodide supplementation is recommended for preconception, pregnant and exclusively breastfeeding women (150-200 µg daily), except in those with thyroid disease. Folic acid supplementation is recommended (400 µg/day), starting as early as possible, at least two months before discontinuation of the contraceptive method, extending at least until the 12th week of pregnancy. In women at increased risk of fetal malformations, the recommended dose is higher (5 mg/day). Iron should be started mainly from the 2nd trimester, at a dose of 30 to 60 mg/day of elemental iron.

Conclusions: Supplements should be advised as a complement to a balanced diet when it is impossible to satisfy the nutrient needs. Supplementation should be adjusted according to the needs of pregnant women in each country, so national guidelines may vary. The Family Doctor is in a privileged position to promote adequate supplementation.

Disclosure: No significant relationships.

EPV153 / #117

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.03 Elderly*

PRIMARY CARE UNIT FRAGILE POST-COVID PATIENTS

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Background

COVID-19 is an excellent example of a multisystemic acute infection that in the elderly could bring about a significant functional and cognitive decline. Recent study describes only 65% of infected people have returned to their base state of health after this diagnostic. Since March 2020, 2643 new cases of COVID-19 in people over 75 years old have been diagnosed in our reference population. We have created a Unit to tend to fragile post-covid patients.

Methods

In this Unit a comprehensive geriatric assessment is performed and potentially reversible causes are ruled out. This assessment uses some test to evaluate multimorbidity (Charlson); instrumental activities(Lawton); mobility(TUG); cognitive impairment(MEC); nutritional situation (MNA), dysphagia (EAT-10) and social risk (Gijón). It has also developed an individualized therapeutic plan for elderly patients in which SARS-CoV-2 infection has initiated or worsened its basal fragility. The regular pharmacological plan is also being reviewed and this therapeutic plan is proposed. Rehabilitation service tools are provided, adapted to the context of fragility, aimed at reversing and slowing the evolution of disability, and preventing its complications (falls, limitation of social life, deterioration of the activities of daily life.)

Results

It has been created the Unit Fragil Patients Post-COVID. The Unit is made up of a multiprofessional team (family medicine, nursing, rehabilitation, pharmacy) working in an interdisciplinary way and focus on the same objective: to make a complete geriatric assessment and to improve the fragile situation of patient post-COVID.

Conclusions

A primary care Unit for Fragile Patients Post-COVID could improve the evaluation and follow-up of this new type of patients.

Disclosure: No significant relationships.

EPV154 / #457

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.03 Elderly*

PRESCRIBING PRACTICES IN PRIMARY CARE ACCORDING TO INDICATORS OF RATIONAL PRESCRIBING

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Background and purpose: Indicators of prescribing quality are frequently used to describe the presence of inappropriate prescribing, but more rarely the opposite. We aimed to investigate to what extent patients are treated in concordance with indicators of rational prescribing.

Methods: The drug treatment of 123 consecutive patients (≥65 years) in one primary health care centre was assessed according to the Swedish set of 20 indicators of rational prescribing (v. 2010) by a general practitioner.

Results: A total of 88 (72%) patients had drug treatment in concordance with ≥1 indicator. The patients had a median of 2 (range: 1-5) indicators with concordant prescribing. The most frequent indicator of rational prescribing was (i) ACE inhibitors, dihydropyridine calcium channel blockers or thiazide diuretics in patients with hypertension (concordance: n=66/89, 74%). ARBs were included in the indicator revision in 2017; if included, the concordance was 78/89 (88%). Other frequent indicators were (ii) zopiclone in patients with hypnotics and sedatives (concordance: n=13/26, 50%), as well as (iii) low dose acetylsalicylic acid (n=14/20, 70%) and (iv) betablockers (n=12/20, 60%) in patients with ischemic heart disease/angina. In 13 (34%) of the above 38 cases of non-concordance, the treatment had a documented rationale; 7 patients had zolpidem as needed instead (≤5 mg/day) and 6 patients had no ASA because of concomitant treatment with clopidogrel, warfarin or apixaban. In addition, 4 patients without betablockers had calcium channels blockers instead.

Conclusions: Concordance between prescribing in primary care and indicators of rational prescribing is high; reasons for non-concordance need further exploration.

Disclosure: No significant relationships.

EPV155 / #544

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.03 Elderly*

SARCONUT PORJECT: PROJECT FOR THE PREVENTION OF SARCOPENIA IN HOME PATIENTS WITH AN EXERCISE PROGRAM and NUTRITIONAL COUNSELING

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1. Background

Demographic changes show an ageing population. Ageing is associated decline in muscle mass, strength and quality wich is know as sarcopenia. This makes it difficult to carry out basic activities of daily living, increases the risk of accidental falls and fractures and mortality. To measure muscle loss in primary care we can have a dynamometer. Primary care professionals can develop strategies in preventing sarcopenia with an early intervention with targeted lifestyle changes, promoting the practice of physical exercise (resistance exercises that improve muscle mass and strength) and establishing dietary strategies (adequate daily protein intake). With the COVID-19 pandemic, population containment and social isolation measures have been implemented to reduce the number of infections. This has caused an alteration in social dynamics and physical activity and can increase the risk of frailty, especially in vulnerable groups.

2. Objective

Assess whether the practice of physical exercise in home patients for 3 months with a frequency of 30 minutes, 3 days a week, supervised by their previously trained caregiver, compared to the control group: helps to reduce sarcopenia by measuring brachial strength with a dynamometer, improve your score on the Bathel scale and improve your nutritional status with the MNA questionnaire.

3. Methods and timing

Clinical trial of cases and controls.

1st visit: tests and physical exploration.

Program of exercise and nutritional counseling for 3 months.

2nd visit: tests and physical examination.

Dades analysis.

4. (Proposed) Results/Conclusions

A multidactorial and interdisciplinary intervention in primary care through the promotion of exercise and nutrition can prevent sarcopenia in pre-frail patients and improve their functional capacity and quality of life.

Disclosure: No significant relationships.

EPV156 / #768

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.03 Elderly*

ANIMAL-ASSISTED THERAPY AS A GROUP INTERVENTION FOR COGNITIVE STIMULATION IN MILD/MODERATE COGNITIVE IMPAIRMENT

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BACKGROUND

Cognitive impairment (CI) generates disability, affecting functional status, autonomy and assistance needs. Dementias are a priority health problem due to the family, social and economic impact. The NICE clinical guidelines highlight the importance of cognitive stimulation with Animal-Assisted Therapy(AAT). AAT is a non-pharmacological intervention; the animal is a motivating and facilitating element.

PURPOSE: To evaluate the efficacy of AAT program based on a community cognitive stimulation intervention in patients with mild/moderate CI.

METHODOLOGY

Intervention study. Setting: Primary Health Center(PHC) and Cognitive Disorders Unit(CDU). Population: Non-institutionalized geriatric patients (>60 years) with mild/moderate CI according to GDS-Reisberg, attended in CDU (phase1) or PHC (phase2). Variables: Age, Sex, Minimental test, TMT-A (mental processing speed), MIS (verbal memory), Yesavage, Lawton-Brody, Zarit.

Intervention: 16 group cognitive-stimulation sessions (memory, praxis, gnosis, executive functions), with 8 patients/group, 1hour/week. Timing: Results phase1-CDU; currently in phase2-PHC. Professionals: Occupational Therapist, Nurse, AAT-Technician, Therapy-dog.

Ethics committee approved, zoonosis prevention and animal welfare protocol.

RESULTS

Participants: 33. Average age: 74.1 years. Women: 19(57.6%). Pre/post values: Minimental test: 0.1(±2.6), p=0.794; TMT-A:-9.3(±69.7), p=0.449; MIS:-0.1(±1.3), p=0.687; Yesavage: -0.52(±3.6), p=0.418; Lawton-Brody: -0.2 (±0.4), p=0.023; Zarit: -1.80(±10.7), p=0.363.

The results of the study show improvements although they are not statistically significant after the intervention, except for the Lawton-Brody scale, which improved significantly.

CONCLUSIONS

It was possible to maintain cognitive abilities and to improve significantly instrumental activities of daily living. The dog's presence motivated to participate in the sessions. This project favors coordination between different levels of care and interdisciplinary work to give better care to patients.

Disclosure: No significant relationships.

EPV157 / #903

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.03 Elderly*

POLYTHERAPY IN PRIMARY CARE: FROM PRESCRIPTIVE APPROPRIETY TO DEPRESCRIPTION IN MULTIMORBIDITY ELDERLY PATIENTS (EPS)

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BACKGROUND and PURPOSE:Management-and-care of EPs with chronic diseases represent a great challenge for Health Systems. EP-comorbidity increases polytherapy and the risk of care fragmentation/adverse drug reactions(ADR).Drugs not specifically tested for EPs enhance drug interactions/ADRs, functional autonomy loss,cognitive deficit,fragility,hospitalization and unexpected mortality. Aim: to identify inappropriate prescriptions/prescribing omissions in EPs by Beers,START,STOPP and Crime criteria in a real-case-report.

METHODS:Maria(80 yy,lives alone,BMI 18%,BP 150/88mmHg,HbA1c 8.2%) suffers from diabetes mellitus, hypertension, ischemic heart disease, glaucoma, osteoarthritis/osteoporosis. Therapy/mg/day: Metformin 1000,Atenolol 50,Perindopril 5,Hydrochlorothiazide 12.5,Aspirin 100,Rabeprazole 20,Diazepam 2,Timolol 2drops. Criticalities: Beers(Diazepam: increases the risk of cognitive impairment,delirium,falls, fractures); START(Statins: indication for coronary,cerebrovascular or peripheral arterial disease in self-sufficient patients/and with a life expectancy>5years); STOPP(Diazepam: risk of prolonged sedation, confusion,loss of balance,falls; Atenolol: risk of hiding hypoglycemic symptoms); Crime(BP-<140/90 mmHg- and glycemic control-HbA1c<7%- are not recommended in non-self-sufficient patients/and with a life expectancy<5 years). Metformin should be avoided in malnourished EPs-BMI<18.9 kg/m^2;diuretics are not recommended if increased fracture-risk).

RESULTS:Various problems were identified and some drugs were limited:Metformina for malnutrition(a healthier lyfestile/other drugs were suggested); Hydrochlorothiazide and Atenolol:heart failure is not reported. Perindopril can be increased or an Indapamide+selective beta-blocker (Bisoprolol) combination can be used; Rabeprazole:only aspirin is taken(and not NSAIDs/steroids); PPIs can lead to a B12-folate-deficient anemia and to a reduced-appetite related malnutrition (appetite is stimulated by a cell-protector, Magaldrate).A rehabilitation PAI is required for osteoarthritis so to improve function and reduce fall/fracture risk.

CONCLUSIONS:To promote deprescription, skills in therapeutic appropriateness are required and, for this, Beers and STOPP criteria (both continuously updated) may be useful.

Disclosure: No significant relationships.

EPV158 / #980

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.03 Elderly*

CONTINUOUS QUALITY IMPROVEMENT CYCLE - ASSESSMENT OF THE DEGREE OF DEPENDENCE IN ELDERLY PEOPLE

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Background: Aging process is closely related to: increased risk of chronic diseases, disability and functional dependence, which directly implies the adequacy of health care management/provision. The objective is to evaluate and guarantee the continuous improvement of the quality of evaluation of the degree of independence of the elderly population, through the improvement of the registration of Barthel Index (BI).

Methods: Quasi-experimental study, pre and post-intervention. Location: health unit x. Target population: users ≥ 65 years old enrolled. Target group of the intervention: doctors and nurses. Type of intervention: educational and accessibility assessment. Dimension studied: technical-scientific quality. Evaluation criteria: Proportion of users aged ≥65 years with BI registration in the last year. A Quality Improvement Cycle was carried out which included two internal, peer and retrospective assessments. The proportion of users aged ≥ 65 years with an BI registration in 1st and 2nd evaluation was evaluated. After the 1st evaluation, a clinical intervention was performed with presentation of results, definition of quality standards and discussion of corrective measures to be implemented.

Results: In the 1st evaluation, it was found that during the year 2018, 1111 evaluations of the BI were performed (corresponding to 43.2% of elderly users). In 2nd evaluation, it was found that 2105 BI evaluations were carried out (corresponding to 81.87% of elderly users).

Conclusion: Knowledge about the degree of independence of elderly population is essential to adjust the care provided to this population. The results presented are encouraging. The percentage of elderly people with coded BI is higher than the quality standard defined by the team as “excellent”.

Disclosure: No significant relationships.

EPV159 / #1014

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.03 Elderly*

DOCUMENTATION OF SLEEP DISORDERS (INSOMNIA) and DEPRESSIVE BEHAVIOR DURING THE COVID19 PANDEMIC IN A RURAL AREA OF CRETE

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BACKGROUND and PUROSE:Since 23/03/20 when the first general lockdown was decided in Greece to face the COVID19 pandemic, diseases correlated with the psychopathology of the community were worsened. During this period and through telemedicine on a Primary Healthcare level in the region of responsibility of Health Centre in Agia Varvara Heraklion,there were recorded testimonies as for intense insomnia and increased depressive symptoms,reasons that led to the creation of this study.

METHODS:Since the expire of lockdown on 04/05/20 and for the next 2 months,152 patients (89 M–63 F),ages 58±17 answered 2 questionaires, Athens Insomnia Scale (AIS) and Scale of Depression (PHQ-2) during a visit in General Medicine Center either for regular prescription of anti-depressive medication,or reporting depressive symptoms or mentioning information correlated with negative impact on sleeping habits especially a delay to fall asleep,and/or premature morning awakening and/or difficulty in maintaining sleep during the night.

RESULTS:Sleep problems were detected in 71.7%,(76 Males – 33 Women) of the participants with dominant feature this of sleep delay (75.22%) and with men being most affected (76.4%).Worsening of depressive symptoms was mentioned by 73.8% with women being dominant (55.63%), while a 18.7% increased the recommended dosage of their antidepressant without a doctor’s recommendation.It was remarkable that 5.9% were supplied antidepressant pills by familiar long term users in order to reduce their emotional burden.

CONCLUSIONS:The results of this study may be used in purpose of developing therapeutic strategies and applying social policies for the support and management of depression disorder patients who were overburdened during this pandemic.

Disclosure: No significant relationships.

EPV160 / #1125

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.03 Elderly*

REVIEW OF NONSTEROIDAL ANTI-INFLAMMATORY DRUGS TREATMENTS IN OLDER PATIENTS

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TiTLE: Review of nonsteroidal anti-inflammatory drugs treatments in older patients

-BACKGROUND and PURPOSE:

Use of Nonsteroidal anti-inflammatory drugs (NSAIDs) is common among elderly patients in primary care. It is well-known the risk of gastrointestinal and cardiovascular events of NSAIDs. The use of these drugs should be restricted when there is a clear indication, at the lowest dose possible and for the shortest time needed. It is necessary to review periodically current treatments.

We encouraged the review of non-recommended NSAIDs treatments in older patients by general practitioners (GP) in a primary healthcare centre.

-METHODS:

In November 2020 the Pharmacy Commission carried out two actions:

-Online clinical session to the medical staff presented by local reference hospital pharmacist about potentially inappropriate medication more prescribed in older people.

-E-mail sent to each GP with a list of their patients aged 75 years and older treated with NSAIDs; and information about NSAIDS risks, medical contraindications and recommended drugs and dosages in this population.

We collected patients' demographic data and medical NSAIDs prescriptions before and two months after the intervention from electronic medical records.

-RESULTS:

After the intervention there was a reduction in non-recommended NSAIDS treatments (from 91 to 48). In most of the cases (24) they were switched to a recommended drug. In 19 cases the drugs were stopped.

-CONCLUSIONS:

To promote review of NSAIDs drugs in older patients can reduce inappropriate prescriptions and help to reduce adverse events.

Encourage rational, safe and effective usage of medicines benefits the patient.

Disclosure: No significant relationships.

EPV161 / #1235

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.03 Elderly*

COGNITIVE TRAINING and IMPROVEMENT IN THE ELDERLY THROUGH VIDEO GAMES

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Background

It is estimated there are 50 million people with dementia worldwide, with nearly 10 million new cases being diagnosed each year. As we develop into an ever more digital civilization, new tools become available to prevent a pathological cognitive decline by providing brain health training. Video games otherwise marketed for children and teenagers, such as Super Mario 3D World, arise as an interesting and user-captivating strategy that may lead to an healthier aging brain.

Purpose

To evaluate if the use of video games by older adults may lead to benefits in cognitive functioning, as well as delaying the onset of age-related neurodegenerative diseases and dementia.

Methods

Bibliographic research was made through the PubMed/NCBI database. No time limit was specified on the search. Pertinent manuscripts were individually reviewed for additional relevant citations.

Results

Relatively short (2-4 weeks, about 30 minutes per day) video game-based training interventions were shown to improve several aspects of cognition, such as hand-eye coordination, reaction time, hippocampal-based and working memory, attention and a few others. It can also have a positive impact on mood or behavioral disorders and enhance social interaction with family, friends and other patients, both online and offline.

Conclusions

Video games should be valued as an option for brain cognition training in older adults and patients with dementia, alongside other classic forms of brain training, pharmaceutical therapy and life-style changes. These technologies can be seen as potentially useful tools in the prevention or delaying of the onset of cognitive decline in older adults.

Disclosure: No significant relationships.

EPV162 / #76

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.04 Multimorbidity*

CHRONIC DIARRHOEA IN PRIMARY CARE: HOW TO PROVIDE SYMPTOM RELIEF and MANAGE COMORBIDITIES – BASED ON A CASE REPORT

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Background and purpose: evaluation and management of patients with chronic diarrhoea and multimorbidity can be challenging. Initial presentation can be identical, regardless of the aetiology, and patient's quality of life is often affected. A rigorous clinical work-up is needed to intervene therapeutically. General practitioners should attend to symptom relief and management of previous comorbidities.

Methods: we present a patient who consulted in our health unit.

Results: this is a 71-year-old woman with history of arterial hypertension, type 2 diabetes mellitus and depression. She presented with diarrhoea and abdominal pain for 6 days. She described >5 daily dejections of yellowish and watery faeces, without blood or mucus. She was hemodynamically stable, apyretic and showed only mild discomfort on abdomen exam. Acute infectious gastroenteritis was suspected, and she was treated conservatively. Later, due to dehydration and vomiting, she was referred to hospital care several times. In some episodes, hospital internment was needed. Between episodes, we adjust ambulatory antihypertensive, antidiabetic and antidepressants medication and prescribed antidiarrheoal and antiemetic therapy. After several exams, lower endoscopy's histopathological report showed compatible features with microscopic colitis. Corticotheraphy was started and symptomatic remission was achieved.

Conclusion: this case reflects the complexity of diagnosis and treatment of one of the most frequent symptoms in primary health care. Symptomatic control of chronic diarrhoea can be challenging and will impair quality of life if untreated. All general practitioners should know how to manage previous comorbidities, offer symptomatic control, reduce iatrogeny and refer to adequate hospital care if needed.

Disclosure: No significant relationships.

EPV163 / #184

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.04 Multimorbidity*

INFLUENCE OF QUALITY OF LIFE ON NON-COMPLIANCE IN PATIENTS WITH DIABETES MELLITUS IN PRIMARY CARE

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Background and purpose.

Identify the determining factors of therapeutic non-compliance, both clinical and of quality of life, lifestyle or sociodemographic in diabetic patients in Primary Care.

Methods

Analytical case-control study carried out in Primary Care. 374 type 2 diabetics (187 cases with non-compliance with antidiabetic treatment and 187 compliant controls).

Variables: sociodemographic, compliance with antidiabetic pharmacological treatment (Morisky-Green test), quality of life (questionnaire-EuroQol), lifestyles, health problems (CIAP-2), consumption of drugs (antiadiabetics / others) and cardiovascular characteristics (cardiovascular risk).

Results

Average age of 67.3 years (SD: 9.7). 62.8% took > 5 medications. The mean quality of life score on the EuroQol visual analog scale was 45.748 (SD: 34.718). 33.7% presented problems in the mobility dimension, 9.6% self-care, 19.0% habitual-activity, 36.6% pain and 20.1% anxiety / depression. Using logistic regression, the variables independently associated with non-compliance in diabetics were: younger age ($p = 0.004$), taking more medications ($p = 0.001$), physical inactivity ($p < 0.001$), lower EuroQol visual scale score ($p < 0.001$) , absence of EuroQol dimension anxiety / depression problems ($p < 0.001$) and not having Very High CVR ($p = 0.027$).

Conclusions.

The perception of a lower quality of life measured by a visual scale and the absence of problems in the quality dimension of anxiety / depression are predictive factors of therapeutic non-compliance in diabetics, in addition to age, total drug consumption, physical inactivity and lower cardiovascular risk. The relevance of considering health-related quality of life is evident both when studying the health of the population and when analyzing the efficacy of health interventions.

Disclosure: No significant relationships.

EPV164 / #217

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.04 Multimorbidity*

KEY ISSUES OF POLYPHARMACY IN THE MANAGEMENT OF PATIENTS WITH HEART FAILURE IN PRIMARY CARE: A SCOPING REVIEW

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Background and purpose: Heart failure (HF) is a major cause of morbidity and mortality, and even with complex drug regimens, the prognosis remains poor. HF patients tend to have multimorbidity which causes significant polypharmacy. The purpose of this scoping review is to highlight key themes in the literature and provide suggestions for tackling issues relating to polypharmacy in primary care.

Methods: MEDLINE and EMBASE databases were searched for full text articles published in English within 5 years using key terms such as “Polypharmacy”, “Heart Failure” and “Family Medicine”. Data was extracted about study characteristics, polypharmacy definitions and key issues relating to the management of patients with HF on polypharmacy regimens at a primary care level.

Results: 53 articles were retrieved. 15 were included in analysis after screening against the eligibility criteria and for duplication. 10 (75%) define polypharmacy with a range of numerical values (5-10 drugs). 5 (25%) did not define polypharmacy. Overall adherence to well-prescribed polypharmacy regimens reduces mortality. However, articles reviewed suggest adherence decreased with increasing number of drugs prescribed. Lack of patient understanding was identified as a key theme in regards to poor adherence.

Conclusions: Polypharmacy regimens are recommended by international guidelines for the management of HF. Elderly patients with HF tend to have multimorbidity and as a result, polypharmacy is on the rise. To date, there is no standardised definition of polypharmacy, which makes researching and overcoming polypharmacy difficult. There is still a great deal of work to be done but primary care is an effective setting to tackle these issues.

Disclosure: No significant relationships.

EPV165 / #304

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.04 Multimorbidity*

MULTIMORBIDITY IN PRIMARY CARE SETTINGS IN THE REPUBLIC OF MOLDOVA

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Aim: to estimate the prevalence of multimorbidity in the adult population attending primary care settings in the Republic of Moldova.

Methods. Cross-sectional study. Data were extracted from randomly selected individual paper-based patient records from 20 Primary Health Care Centers nominated by the Ministry of Health. A standardized data collection template has been developed for extracting anonymized patient data. Inclusion criteria: patients aged ≥18 years, and the patients who have visited the Primary Care Centers within the last 12 months before the study inception. Multimorbidity was defined as two or more long-term conditions documented in patients' medical records. This study was conducted according to the principles of the Helsinki Declaration (1996) and good clinical practice.

Results. The study included 2598 patients, 1513 females (58.2%), and 1085 males (41.8%) distributed by age range as follows: 18-39 years - 411 (15.8 %), 40-49 years - 318 (12.2%), 50-59 years - 536 (20.6%), 60-69 years - 893 (34.4%) and 70+ years - 440 (16.9%). The multimorbidity was established in 1082 cases (41.64%). The occurrence of multimorbidity was higher in females than in males 666 (61.6%) versus 416 (38.4%) respectively. The most prevalent conditions were arterial hypertension (61.6%), type 2 Diabetes mellites (17.4%), and obesity (27.5%). The proportion of patients with multimorbidity increased significantly with age.

Conclusion. Multimorbidity is a common condition in primary health care settings. These findings support the need to take multimorbidity into consideration in policymaking and service planning for Primary Health Care providers in the Republic of Moldova.

Disclosure: No significant relationships.

EPV166 / #409

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.04 Multimorbidity*

COST OUTCOMES OF POTENTIALLY INAPPROPRIATE PRESCRIBING (PIP) IN MIDDLE-AGED ADULTS: A CROSS-SECTIONAL DATABASE STUDY

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Background and Purpose

Potentially inappropriate prescribing (PIP) refers to non-evidence based prescriptions that cause more harm than benefit. Multimorbidity and polypharmacy are known key drivers of PIP. While PIP and subsequent adverse drug events (ADEs) are well-known issues in older adults, studies have reported PIP in middle-aged adults (45-64 years old) is also common (18%). In older adults, PIP has been shown to increase financial costs to the patient and healthcare system; due to the cost of inappropriate prescribing, increased hospital admissions and ADEs (e.g.hospital admission). There is limited research on PIP costs in middle-aged adults. Therefore, this study aims to calculate PIP medication costs within middle-aged adults.

Objectives

The primary objective is to calculate the drug cost for each of the 22 PROMPT criteria

The secondary objectives are to:

Determine adequate alternative prescribing regimes for each of the 22 criteria and calculate each alternatives medication cost.

Compare the medication costs of PIP vs adequate alternative prescribing.

Methods

This will be a retrospective cross-sectional study using prescribing data from Lambeth DataNet in South London. National Institute for Health and Care Excellence (NICE) guidance will be used to create adequate alternative prescribing regimes for each of the PROMPT criteria. The NHS Drug Tariff will be used to calculate prescribing costs. Ethical approval has been provided for both this study and the clinician and patient review panel.

Conclusion

This study will highlight PIP costs in middle-aged adults, contributing new data in the potential cost savings from prescribing optimisation. This will provide critical information in the cost-benefit analysis of improved prescribing intervention design specific to this understudied age group.

Disclosure: No significant relationships.

EPV167 / #454

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.04 Multimorbidity*

MANAGEMENT OF CHRONIC DISEASES IN RURAL FAMILY MEDICINE OFFICE: "NEVERTHELESS, YOU'LL GIVE ME ONE WITH HYDROCHLOROTHIAZIDE!"

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Background and purpose: A quarter of all patient visits to the complete health care system are visits to family doctors, and in rural areas they provide more health care than any other medical specialization.

Methods: Trough analysis of medical records of patients with large number of annual visits (16- 31) attempt is made to present some common aspects of rural family medicine: demography, total number of visits, tests, presence of self-indication, self-medication, consultants self-appointing, polypharmacy.

Results: 35 patients. Age distribution: 20-89 years, 18 older than 65 years (51%). Number of individual visits to the primary care services during the 12 months in total 815. Individual visits to family doctor ranged from 10 to 27 (total of 698). 21% were unscheduled visits. Number of laboratory visits reached to 469. Imaging diagnostics: CT/NMR 13, X-ray 26, ultrasound examinations 41. Number of referrals was 427. Among this- 78 referrals for hospitalisations. Self-practice registered in medical record: self-indication of tests and referrals 74%, self-medication 69%, self-appointing at consultants without family doctor referral 69%. Polypharmacy in 83% of the sample.

Conclusions: There is a necessity for revision of current health care models: fitting per capita fundings to real costs of healthcare, reduction of patients' consumerism, improvement of consultants' attitudes towards both unnecessary medical tests and family doctors. Family doctor is stretched between the need to help his patient, direct him within the system directly towards the best outcome and enormous consumption of time and resources by patients self-practicing habits.

Disclosure: No significant relationships.

EPV168 / #503

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.04 Multimorbidity*

THE INCIDENCE OF NEUROPATHIES IN PATIENTS WITH DIABETES MELLITUS TYPE II WITH NEUROPHYSIOLOGICAL ASSESSMENT IN A RURAL AREA OF CRETE

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BACKGROUND and PURPOSE: According to 2019 data, more than 1.2 million diabetic people exist in Greece and if adding pre-diabetics, the percentage of Greeks over 45 years old associated with the disease exceeds 20%. Neuropathy is a common complication, resulting in high risk of ulcer development and amputation of lower extremities. This work aims to determine the incidence of neuropathy in patients with diabetes mellitus type II, who were referred to electrophysiological study after the onset of relevant symptoms.

METHODS:During the last 2 years (2019/2020) 298 patients with diabetes mellitus type II have been recorded during regular visit to Primary Healthcare Center of Agia Varvara, Crete. The mean age of disease onset was 54 ±15,4 years old and mean duration of the disease 10,9 ± 5,6 years. From the abovementioned patients, 37 reported symptoms of neuropathy such as numbness especially nocturnal and loss of tactual perception mainly on lower extremities. After a referral for electrophysiological study, 32 patients (19 males and 13 females) responded to the scheduled examination, whereas 5 abandoned.

RESULTS:Entrapment mononeuropathy was documented in 14 patients; 6 with carpal tunnel syndrome, 4 with ulnar neuropathy, 4 with damage to peroneal nerve. Peripheral polyneuropathy was recorded in 18 patients, 11 males and 7 females.

CONCLUSION:In accordance to the electrophysiological results, an increased incidence of neuropathies in patients with diabetes mellitus type II was indicated, with proportions compatible to global literature. Diabetic neuropathy functions as a stressor, worsening the pre-existing malfunction of autonomous nervous system in diabetics, which requires early diagnosis and management

Disclosure: No significant relationships.

EPV169 / #719

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.04 Multimorbidity*

THE CORRELATION BETWEEN SERUM VITAMIN D LEVELS and DIETARY HABITS IN DISEASES FREQUENTLY MANAGED IN PRIMARY HEALTH CARE

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Background and purpose:The aim of this study is to assess the correlation between serum Vitamin D levels with age, sex and dietary patterns in patients with specific diseases often managed in Primary Care, in a rural region of Heraklion, Crete.
Methods:In 2019 for 12 months were studied laboratory results including Vitamin D levels of 1025 users of health services at Health Centre of Agia Varvara, Heraklion, Crete. Eligible patients were 788 with Arterial Hypertension, Hyperlipidemia, Coronary Artery Disease (CAD), Diabetes Mellitus (DM), COPD and Osteoporosis. A structured questionnaire documented the frequency of food consumption and a validated weekly self-reporting questionnaire (Mediterranean Diet Score) was used for the dietary habits.

Results:In the total sample, 506 patients (49.36%) had a deficiency or insufficiency of Vitamin D with mean serum level of 14.91±7.86 ng/mL. More detailed in Hypertension the mean was 15.62±4.97 ng/mL, in Hyperlipidemia 14.88±4.16 ng/mL, in CAD 11.48±3.20 ng/mL, in COPD 13.08±3.62 ng/mL and in Osteoporosis 10.94±2.25 ng/mL. A remarkable outcome was that 419 (82.8%) of them were derived to deviate significantly (nutritional score< 24) from the Mediterranean pattern, 13.20% adhere moderately (nutritional score 25-28) and only 4% with a total adherence ($p<0.001$).
Conclusions:Vitamin D deficiency-insufficiency is a risk factor for these diseases. The lower Vitamin D serum levels found in the population studied have a strong correlation also with their faulty dietary habits. Therefore, information as for the value of a proper diet and the negative results of Vitamin d deficiency in patients with comorbidities is required in primary care frequently.

Disclosure: No significant relationships.

EPV170 / #941

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.04 Multimorbidity*

PATIENTS WITH CHRONIC CONDITIONS: MORBIDITY and USE OF HOSPITAL SERVICES ACCORDING TO THEIR RISK LEVELS BY ADJUSTED MORBIDITY GROUPS (AMG)

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Background. Patients with chronic conditions are patients with higher morbidity and very significant impact on Hospital activity. This morbidity and utilization of hospital-healthcare services varies according their characteristics and risk levels.

Objectives. To describe the morbidity and use of hospital services in chronic patients according to their risk levels assigned by adjusted morbidity groups(AMG) from the Madrid Primary-Care Electronic Clinical record.

Methods. Cross-sectional study. Patients older than 18 years who used hospital services and identified as chronic by the AMG assigned to a Primary Healthcare Centre in Madrid were included. Sociodemographic, clinical-care and hospital service utilization variables were studied.

Results. 9,443 chronic patients had at least one chronic condition(52.1% of the population's selected area); 4,143(43.9%) used hospital services. According to AMG, 9% were high risk, 30% medium risk and 61% low risk. There were less women in the high risk(52.8%) than in the medium(63.7%) and low risk(62.2%). High-risk patients compared to medium and low-risk had an older average age(78.3 vs 72.4 and 54.7) and a greater number of chronic diseases(6.8 vs 4.3 vs 1.9). A greater number of chronic diseases were found(6.8 vs 4.3 vs 1.9). The mean total number of contacts with hospital services during one year were: 6,8%/4,8%/3,1% visits to outpatient clinics; 5,7%/1,5%/2,6% visits to "daytime" hospital; 1,9%/1,4%/0,9% visits to the emergency department and 0,9%/0,5%/0,3% hospitalizations in high/medium/low risk respectively.

Conclusions.The morbidity and use of hospital services in chronic patients changed and increased according to the risk level assigned by the AMG. The most frequent type of hospital contact was external consultations and emergency department.

Disclosure: No significant relationships.

EPV171 / #1056

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.04 Multimorbidity*

ASSESSMENT OF INTERPROFESSIONAL COLLABORATION IN PRIMARY CARE: PRIMARY CARE TEAM and CHRONICITY TEAM.

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Introduction

Given the aging of the population and the increase in chronic diseases with the burden of care it entails, the need arises to give greater support to primary care teams, to offer the possibility that patients can stay at home and be Interprofessional collaboration in health teams involves structuring collective action through the transmission of information and shared decision-making.

Methods

The Spanish version of the Sicotte interprofessional collaboration questionnaire, was used, consisting of 16 questions that can be grouped into 4 subgroups: coordination, opinion about the patient's perception, degree to which clinical activities They are shared and global appreciation. Scores range from 1 (very bad) to 5 (very good) The way to carry out the questionnaire was through a face-to-face interview with 16 management teams (direct and adjunct) of the 19 primary care teams supported by the chronic care team in this territory, the remaining 3 were discarded for having little time in direction.

Results

The 5 items that comprise the "coordination" dimension are rated 4.6. On the other hand, the 2 items that make up the factor "opinion about the patient's perception" were valued with an average of 4.8. Regarding the dimension “degree to which clinical activities are shared”, the global score was 4.8 among all centers. Lastly, the "global appreciation" was 4.9.

Conclusions

The ICPS questionnaire measures the intensity of the collaboration developed between all the health professionals who are part of the teams. In this case, a good degree of collaboration between teams has been seen, the purpose of which is person-centered care.

Disclosure: No significant relationships.

EPV172 / #143

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.05 Palliative care*

WHAT DO PHYSICIANS IN THAI UNIVERSITY HOSPITALS FACE WHEN WITHDRAWING LIFE SUPPORT and EXTUBATION IN PALLIATIVE PATIENTS: A QUALITATIVE STUDY

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Background and purpose: Currently medical technology can prolong the death of the terminally ill patients with life-sustaining treatment. This study aims to identify the challenges that Thai physicians face and how they cope in such situation for the terminal extubation.

Methods: The semi-structured interviews were conducted at Ramathibodi Hospital Medical School, Bangkok, Thailand. The coding and thematic analysis were done by three researchers independently.

Results: 19 physicians, aged 27–46 years, were interviewed. The University hospitals provided a unique challenge for physicians. Among the treatments that provided by multiple specialist teams, the physicians faced with the disruptive coordination. There were also high expectations from the patient's families as the hospital is a top-hierarchy of referral health system. Most physicians did not have learning experiences about terminal extubation thus they lacked confidence for dealing with this. Physicians' religious beliefs also played a part in perception of terminal extubation as killings. Some physicians had fear of legal ramifications and medical lawsuits after extubation. Physicians coped with the experience through rationalization, asking for religious forgiveness and consulting experts, which led to practice-changing lessons on withdrawal of life-sustaining treatment in end-of-life care.

Conclusion: Physicians faced multiple challenges in terminal extubation. Lack of experience and support may create physicians' stress and impair their performances. Formal training and the availability of ethical and legal consultations for Thai physicians will be in need.

Disclosure: No significant relationships.

EPV173 / #181

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.05 Palliative care*

PERSON CENTRED CARE IN END OF LIFE: THE GP'S MOST DIFFICULT BUT HIGHLY REWARDING DIALOGUE

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1.Background: Since many years palliative care and euthanasia are legalized; so the GPs will be more and more involved in accompanying their patients till the last breath. We are 4 GPs responsible for a hospice's medical treatments, in a 15 beds institution.

2. Aim and learning objectives: to present medical situations recently experienced and where some kind of "unfulfillment" or "ethical questioning" either on patient's , family's side or on our GP's side had appeared and interdisciplinary discussions had followed.

3. Methods and timetable: 3 situations will be documented : on advanced care planning, on possible temporarily or terminal sedation and on euthanasia. The medical pathologies are related to neuro-degenerative or oncological origins. Each clinical vignette will last 30 minutes and the presentation less than 10 minutes, so enough time to notify or express other person-centred aspects (opportunities missing; threads ignored, etc) in a virtual chat.

4. (Proposed) Results / Conclusions: Our results of the 3 dialogues are compared to the audience's reactions and proposals , so to improve our own relationship and person-centred care to patients in end of life situations.

Disclosure: No significant relationships.

EPV174 / #243

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.05 Palliative care*

NAUSEA and VOMITING IN PALLIATIVE CARE

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BACKGROUND and PURPOSE

Nausea and vomiting are common symptoms at the end of life with a negative impact on quality of life, causing physical and psychological discomfort for the patient and family.

This symptoms in advanced disease are often multifactorial. They can be due to the main disease, to the treatment or his absence, or his consequence, despite prophylactic antiemetic measures.

This work aims to review the pathophysiology, etiology and treatment of nausea and vomiting in order to improve treatment in these population.

METHODS

A bibliographic research was preformed, using the terms “Paliative Care”, “Nausea” and "Vomiting", on several databases. Limits were established for period of time (January 2015-2021) and language (English and Portuguese).

RESULTS

Nausea and vomiting have a multifactorial origin. The etiology suggested by the clinical history should be followed by further investigation.

Treatment begins with education and explanation to the patient and family, followed by the elimination of possible triggering factors as possible. Some general measures should be taken before starting drug treatment.

Antiemetics are the first line, integrating neuroleptics, antihistamines and anticholinergics as members of this group. The possible interaction between the different drugs available and the comorbidities presented by the individuals is a challenge to the choice of an effective drug for the palliative patient.

CONCLUSION

Since nausea and vomiting are common distressing symptoms, it is essential to know the cause for later addressing from various perspectives, non-pharmacological and pharmacological, in order to adequate symptom control.

Disclosure: No significant relationships.

EPV175 / #1184

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.05 Palliative care*

THE PORTUGUESE PATIENT DIGNITY QUESTION: A CROSS-SECTIONAL STUDY OF PALLIATIVE PATIENTS CARED FOR IN PRIMARY CARE.

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Background and purpose: The Patient Dignity Question (PDQ) is a clinical tool developed with the aim of probing personhood, reinforcing dignity and enabling health care providers (HCPs) to see patients as people and not solely based on their illness.To study the acceptability and feasibility of the Portuguese version of the PDQ (PDQ-PT) in a sample of palliative care patients cared for in primary care (PC).

Methods: A cross-sectional study using 20 palliative patients cared for in a PC Unit. A post-PDQ satisfaction questionnaire was developed.

Results: Twenty participants were included, 75% were male; average age was 70 years old. Patients found the summary accurate, precise and complete; all said they would recommend the PDQ to others and want a copy of the summary placed on their family physician´s medical chart. They felt the summary heightened their sense of dignity, considered it important that HCPs have access to the summary and indicated that this information could affect the way HCPs see and care for them. The PDQ-PT´s took seven minutes on average to answer; and 10 minutes to complete the summary.

Conclusion: The PDQ-PT is well accepted and feasible to use with palliative patients in the context of PC and seems to be a promising tool to be implemented. Future trials are now warranted.

Disclosure: No significant relationships.

EPV176 / #232

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.06 Minorities*

COMMUNICATION EXPERIENCES IN PRIMARY HEALTHCARE WITH REFUGEES and ASYLUM SEEKERS: A LITERATURE REVIEW and NARRATIVE SYNTHESIS

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Background

Forcibly displaced populations are at record highs, with refugee and asylum seeker populations rising in Western countries. Understanding the communication experiences of these populations, is important for providing better care and health outcomes. This review summarises literature on healthcare consultation communication experiences of refugees, asylum seekers and newly arrived migrants living in Western countries.

Methods

Seven electronic databases were searched from inception to 31 March 2019. Qualitative and quantitative studies were included if, titles and abstracts were in English; aimed to improve, assess or report on communication/interaction in the primary healthcare consultation setting with refugees, asylum seekers or newly arrived migrants in Western countries. A narrative synthesis of the literature was undertaken, using thematic analysis methodology.

Results

Twenty-one articles which included 357 patient participants and 231 healthcare providers were included. Thematic analysis showed that refugees and asylum seekers experience a range of communication challenges and obstacles in primary care consultations. This included practical and relational challenges of organising and using informal (i.e. family and friends) and formal interpreters and cultural understanding of illness and healthcare. Non-verbal and compassionate care aspects of communication emerged as an important factor in helping improve comfort and trust between clinicians and refugees, asylum seekers and newly arrived migrants.

Conclusion

This review identifies areas of the clinical encounter which impact communication between the patient and clinician, in a globally vulnerable group. Systems level improvements are needed to provide better access to professional interpreters, alongside support for compassionate and humanistic care to allow clinicians to build trusting relationships with patients.

Disclosure: No significant relationships.

EPV177 / #421

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.06 Minorities*

PENITENTIARY ASSISTANCE IN PRIMARY CARE: THE INTEGRATION BETWEEN PRISON DOCTOR and GP IN THE PRIMARY CARE (PC) SETTING

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BAKGROUND and PURPOSE. The prison medicine studies illness problems and health's evolution in prison whereas the prison health care takes care of the organization of health's operators and services. Aim is to observe inmate penitentiary assistance in three prisons (Bari, Taranto, Brindisi) and propose address lines (AL) for a PC integrated assistance.

METHODS. A 7-item questionnaire was developed and administered to 10 prison-doctors and 100 prisoners in May-October 2019.

RESULTS. 5.5% of Bari and Taranto prisoners and 3% of Brindisi know the role of the prison doctor. In all three prisons, there is no contact with GPs. 95% of Brindisi's inmates report their data during the first admission visit, whereas 80% in Bari and Taranto. Admission toxicological and other chemical-physical tests are performed in 40-65% of cases in Taranto and Brindisi institutes and 0% in Bari. The interview inmates that claim to report the truth were 99%, 90% and 75% respectively in Brindisi, Bari and Taranto. The empathic relationship with the doctor is important for 100% of Brindisi's prisoners and 95% of Bari and Taranto.

CONCLUSIONS. Need of GP-integration and guidelines for a "continuum" of care:

1. Patient's history from GP and briefing between prison doctor and GP; 2. Screening for COPD, infections (TB, HIV, HCV/HBV hepatitis, STIs), prostate/colorectal cancer if >50 and breast/uterine cancer if females; 3. Vaccinations; 4. Waiting lists for specialistic examinations to be performed outside the prison. 5. Greater privacy protection; 6. Therapeutic/health care continuity by a health record following the person leaving the prison.

Disclosure: No significant relationships.

EPV178 / #554

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.06 Minorities*

REFUGEE and MIGRANTS EXPERIENCE OF PRIMARY HEALTH CARE IN THE NHS

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Background and purpose

More people are on the move now than ever before with an estimated 1 billion migrants in the world today. This has important public health implications and the NHS needs to respond adequately to meet the needs of this potentially vulnerable group of patients. GPs are on the frontline of the NHS, and this study specifically assessed refugee and vulnerable migrants experience of accessing and receiving primary care in a GP setting.

Methods

A questionnaire study was undertaken seeking the views and experience of both refugee/migrants and third sector workers involved in supporting refugees, including their access to health services in the UK. 22 refugee/migrants and 10 third sector workers were recruited thought local charitable organisations. We use the term ‘refugee/migrants’ to refer to refugees, asylum seekers and undocumented migrants throughout the paper.

Results

The majority of refugee/migrants were registered with a GP surgery and were positive about their consultation with the doctor. Aspects of care that were consistently less good included language barriers, lack of interpretation services and differing expectations. Third sector workers felt mental health was a repeatedly unmet health need.

Conclusion

This study develops our understanding of refugee/migrants experience of accessing primary care. However, asking potential vulnerable people about their experiences of the NHS can have inherent biases, and we extend previous work by presenting another view, through the lens of charity workers who support refugee/migrants. Areas of priority to improve care included education for frontline staff, improved access to interpretation services, better access to routine health checks and mental health services.

Disclosure: No significant relationships.

EPV179 / #689

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.06 Minorities*

RARE DISEASE PATIENT – A CHALLENGE TO FAMILY DOCTORS

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Background and Purpose: In Europe, a rare disease implies a prevalence of no more than 5/10 000 people, with the Sturge-Weber Syndrome (SWS) being an example. The purpose of this work is to present the Portuguese responses to these diseases and to emphasize the role of the Family Doctor (FD) in the management of inherent difficulties.

Case Presentation: The case describes a girl with SWS, who at 5 years old presents a port-wine nevus on the forehead, choroidal hemangioma, glaucoma, epilepsy and global developmental delay (incomprehensible language, fecal/urinary incontinence and absence of autonomous gait). The degree of dependence created family dysfunction, mother's immigration and unemployment.

In this context, the FD was fundamental in family assessment, risk identification and explaining information. In Portugal there is an integrated strategy for rare diseases that must be presented to families, which contains the following information: genetic tests; specialized reference centers; support associations; national network of integrated continuous care; card of the person with rare disease; orphan drug; subsidies and special educational needs. The knowledge of these services, combined with adequate clinical monitoring, increased family cohesion and quality of life.

Conclusion: This case portrays a child with psychomotor retardation due to a rare pathology with negative repercussions on family dynamics. The FD acted at the biopsychosocial level and presented existing national solutions providing both child and parents with support for a more favorable evolution of the disease and improvement in the quality of life of the household.

Disclosure: No significant relationships.

EPV180 / #780

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.06 Minorities*

CHARACTERISTICS OF MORTALITY IN A SAMPLE OF PEOPLE EXPERIENCING HOMELESSNESS IN CATALONIA (SPAIN)

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Background and purpose

Homelessness is a situation of severe social exclusion that affects all areas of individuals experiencing it.

Methods

A transversal, observational and analytic study was conducted. During 2016 and 2020 the research team formed by different public health and public services recruited the information of the participants. The services were: a primary health center, a drug addiction public center and a public shelter for individuals experiencing homelessness (IEH). Data collected included: dead/alive status, age of death and differences between death ages in relation to some sociodemographic characteristics. The ethics committee CEI-Girona previously approved in 2016 the research protocol the study followed.

Results

3854 IEH were included in the study. The 85.4% were men (n = 3292) and the 60.4% of the sample were foreign born (n = 2328). The 13.2% of the sample died during the study recruitment (n = 391). The main causes of death were: suicide (n = 92, 24.1%), hepatic cirrhosis (n = 10, 18.3%) and overdose (n = 58, 15.2%). The average age of death was 47.6 years old (ED = 13.4) in Spanish IEH and 57.8 years old (ED = 13.7) in foreign IEH ($t = 1.476$, $df = 388$, $p < .001$). Differences were observed in the average death ages concerning IEH's birth origin (foreign-born vs national born).

Conclusions

These results reveal further research is needed in relation to the causes of foreign and national born IEH's differences in mortality.

Disclosure: No significant relationships.

EPV181 / #794

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.06 Minorities*

SARS-COV-2 INFECTION PREVALENCE IN PEOPLE EXPERIENCING HOMELESSNESS IN GIRONA (SPAIN)

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BACKGROUND and PURPOSE

The aim of this study is to analyse the prevalence of SARS-CoV2 (Severe acute respiratory syndrome coronavirus 2) infection in individuals experiencing homelessness (IEH) in Girona.

METHODS

An observational cross-sectional study was conducted in the referral Primary Health Care Centre. The study sample included IEH in Girona between March 2020 and January 2021. Socio-demographic status of the sample was determined, and their medical records were reviewed. This research is subject to the ethical standards of the Helsinki declaration.

RESULTS

233 IEH were included in the study. The 84.1% (n=196) were men and the 58.8% (n=137) were foreign born IEH. The 23.6% (n=55) were living municipal sheltered, 29.6% (n=69) emergency sheltered and the 56.8% (n=109) unsheltered/outside.

The review of the subjects' medical records determined that confirmed infection by SARS-CoV2 testing prevalence was 5.15% (n=12). 4 cases had pneumonia. All SARS-CoV2 cases were men and only one case was living municipal sheltered. Foreign born and older individuals seem to be at higher risk of infection, but further studies are needed.

CONCLUSIONS

IEH appear to be at a lower risk of SARS-CoV2 infection with a rate of 5.15%, below the Spanish average of 6.5%, but the number of pneumonia cases is high. The low identified prevalence may be due to the social isolation of the IEH. To facilitate SARS-CoV-2 testing between the IEH would allow for better identification and early isolation of infected people.

Disclosure: No significant relationships.

EPV182 / #803

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.06 Minorities*

ASYLUM SEEKERS' and REFUGEES' EXPERIENCES OF ACCESSING HEALTHCARE: A QUALITATIVE STUDY

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Background and purpose

Asylum seekers and refugees often experience poor health in host countries. The United Nations High Commissioner for Refugees requires hosts to ensure these sanctuary seekers have access to basic healthcare.

Design and Setting

Qualitative study across Wales, which hosts 10,000 refugees, and admitted 2600 asylum seekers in 2019.

Method

Eight focus groups across Wales with 57 people seeking sanctuary and those employed or volunteering to support those seeking sanctuary.

Results

Specialist NHS-funded services and NGOs facilitate access to healthcare. Most asylum seekers and refugees understand the role of general practice in providing and coordinating care but are unaware of services out of hours. Reported barriers include: language difficulties, health literacy, unrecognised needs, and the cost of travel to appointments. Respondents recognise the importance of mental health, but regret the state of mental healthcare. Some fear seeking support for mental health from their GP, but few are aware they have the right to move practice if they were unhappy. Written information about healthcare is not as accessible to refugees as to asylum seekers. While some respondents read such material before consulting, others struggle to access information when in need. Few respondents are aware of health prevention services. Even when they know about services like smoking cessation, these services' difficulty in accommodating asylum seekers and refugees is a barrier.

Conclusion

Asylum seekers and refugees (ASRs) often experience poor health in host countries as they navigate unfamiliar health systems, often with limited language proficiency. Main barriers are: availability of interpreters; knowledge about entitlements; and access to specialist services.

Disclosure: No significant relationships.

EPV183 / #808

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.06 Minorities*

GENERAL PRACTICE and THE MARGINALIZATION OF YOUNG ADULTS WITH DEPRESSION WHO FALL OUT OF EDUCATION and EMPLOYMENT: A CASE STUDY

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Introduction: About seven per cent of young adults under the age of 30 in Norway are neither employed, in education nor in training (figures from 2014). Nearly half receive health-related benefits, and mental health problems are the most common cause of disability. GPs play a key role in care, with 90% of those who seek health care with mental illnesses receiving diagnostic assessment and treatment from their GP. Moreover, GPs are responsible for referring patients who need specialist health services, and for coordinating care and communicating with welfare services. However, the number of young people on disability benefits is increasing in Norway and little is know about the efficacy of GP services in preventing marginalization among young adults.

Aim: To explore the impact of general practice on marginalization of young adults with depression who fall out of education and employment.

Material and methods: Case study design where four young adults receiving multidisciplinary support due to causes that included depression and fallout from school and work were studied in-depth through interviews with the patient, the patient's GP, and with one additional, professional helper. The interviews were conducted face to face in 2020 and structured around a topic guide focusing on fallout from education and employment, and on care needs and the role of the patient's GP. The interviews were audio-recorded, transcribed verbatim and anonymized.

Results: The analysis being conducted and the results will be presented at the congress.

Disclosure: No significant relationships.

EPV184 / #1089

E-POSTER VIEWING

Topic: *2. Special groups of patients / 2.06 Minorities*

PERCEPTIONS AMONG DIABETIC PATIENTS IN THE ULTRA-ORTHODOX JEWISH COMMUNITY REGARDING MEDICATION ADHERENCE

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Background and purpose: Type 2 diabetes is a widespread disease in Israel and worldwide, with growing prevalence. Despite effective treatment for the disease, the adherence percentage remain relatively low. The ultra-orthodox group is characterized by stringency and conservatism in religious observance. Jews affiliated with the ultra-orthodox group live in tightly knit communities marked by self-imposed cultural insularity There is a lack of empirical knowledge regarding patients' attitudes to medical treatment among the ultra-Orthodox population. The goal of this qualitative study was to examine attitudes, religious beliefs and health behaviors among ultra-orthodox diabetics and to understand their perspective and their attitudes regarding adherence to medication for treating diabetes.

Methods: Qualitative interviews with 16 ultra-Orthodox patients with diabetes were conducted. We used a semi-structured, in-depth questionnaire.

Results: Three main themes emerged: 1. "The disease as a secret": Concealing the disease among diabetic patients in ultra-orthodox society. 2. "Between the sacred and the profane": Weekdays are different from holidays and special events in how ultra-orthodox diabetics perceive treatment adherence. 3"The rabbi is the address": In dilemmas between religious law and doctors' instructions, patients will follow their rabbi's guidance.

Conclusions: Family physicians play a significant role in treating diabetic patients. The study's findings may assist in-depth understanding of the obstacles and the motives of ultra-Orthodox patients in adhering to medicinal treatment of diabetes specifically and to medicinal treatment in general, and thus may help doctors who treat this population give optimal treatment that is suited to the population.

Disclosure: This study was supported by a grant from the Israel Association of Family Physicians. none of the writers have a significant financial interest, consultancy or other relationship with products, manufacturer(s) of products or providers of services related

EPV185 / #468

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.01 Personalised care*

HOW PRACTICE SETTING AFFECTS FAMILY PHYSICIANS' VIEWS ON GENETIC SCREENING: A QUALITATIVE STUDY

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Background: Genetic screening (GS) improves patient outcomes and is accessible to the community. Family physicians (FPs) are ideally placed to offer GS. There is a need for FPs to adopt GS to address anticipated genetic specialist shortages.

Objective: To explore FP attitudes, perceived roles, motivators and barriers, towards GS; and explore similarities and differences between private and public sector FPs.

Methods: We developed a semi-structured interview guide using existing literature. We interviewed private and public sector FPs recruited by purposive/convenience/snowballing strategies, by telephone or video to theme saturation. All sessions were audio-recorded, transcribed and coded for themes by two independent researchers with an adjudicator.

Results: 30 FPs were interviewed (15 private, 15 public). Theme saturation was reached for each group. Six common major themes emerged: personal lack of training and experience, roles and relevance of GS to family medicine, reluctance and resistance to adding GS to practice, FP motivations for adoption, patient factors as barrier, and potential solutions. Three themes (all facilitators) were unique to the private group: strong rapport with patients, high practice autonomy, and high patient literacy. Three themes (all barriers) were unique to the public group: lack of control, patients' lower socioeconomic status, and rigid administrative infrastructure.

Conclusion: FPs are motivated to incorporate GS but need support for implementation. Policy-makers should consider the practice setting when introducing new screening functions. Strategies to change FP behaviours should be sensitive to their sense of autonomy, and the external factors (either as facilitators or as barriers) shaping FP practices in a given clinical setting.

Disclosure: No significant relationships.

EPV186 / #1179

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.01 Personalised care*

"DOCTOR, MY MIGRAINE DOESN'T GO AWAY!"

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USF Descobertas, Aces Lisboa Ocidental E Oeiras, Lisboa, Portugal

Background and purpose: Headache is a common reason for consultation in primary health care, especially primary headache of unknown etiology. It is important to exclude secondary causes as they are more serious and emergent, to identify the associated symptoms, the triggering factors and to medicate with adequate analgesia.

Methods: Case report

Results: Female, 27 years old, smoker, with migraine since 2015 and under combined oral contraceptive (dienogest 2mg + ethinylestradiol 0.03mg) that started in 2014 due to menstrual irregularities, recommended by the gynecologist. In August 2020 she comes to the family physician for headache with the usual migraine characteristics, with worsening in the perimenstrual period, despite some slight relief with 2.5mg zolmitriptan. After careful analysis of this situation, it was proposed to change the contraceptive method to one with an oral progestative (desogestrel 0.075mg), by explaining that estrogens are contraindicated for headache and that one of the side effects of estrogens is headache. The patient, after being informed, agreed with the decision and since then she has had no more migraine episodes.

Conclusions: This case shows the importance of knowledge and monitoring and of patiens over time by the family doctor. It also demonstrates the holistic vision for clinical benefit and prognostic benefit of this particular patient, despite being accompanied in parallel by a gynecologist.

Disclosure: No significant relationships.

EPV187 / #1261

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.02 Shared decision making and patient empowerment*

FACTORS AFFECTING CLINICIANS' DIAGNOSIS and TREATMENT DECISIONS

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Background and Purpose: Physicians are encouraged to find the highest level of evidence to answer clinical questions. However, clinicians may also consider their clinical experience and patient expectations in their decisions. The aim of this study is to determine the factors affecting the diagnosis and treatment decisions of clinicians.

Method: The study was designed in a descriptive-cross-sectional plan. A questionnaire was applied to physicians in different institutions to question the decisions they made for diagnosis and treatment.

Results: 317 physicians with a mean age of 41.00 ± 10.10 were included in the study. Of the physicians, 24.3% (n = 77) were general practitioners, 20.5% (n = 65) were residents, 13.2% (n = 42) were academicians, 42.0% (n = 133) ' one of them was a specialist physician. When physicians are asked about the most efficient factor they use most in diagnosis and treatment; 36.9% (n = 117) of the physicians stated that they refer to their clinical experience and knowledge, 31.2% (n = 99) to the diagnostic and treatment guidelines. 31.9% (n = 101) of the clinicians stated that they were influenced by the wishes of their patients while making clinical decisions. It has been determined that academic physicians use diagnosis and treatment guidelines significantly more than other physicians in their decisions.

Conclusion: Medicine is a profession that requires knowledge and experience to be used together. At the same time, the patient's decision for his own health is also important. The clinician must consider all factors while making clinical decisions.

Disclosure: No significant relationships.

EPV188 / #1300

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.02 Shared decision making and patient empowerment*

PATIENT EMPOWERMENT - THE BEST TOOL IN GLYCAEMIC CONTROL?

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Background:

It is extremely important for any physician, particularly Family Physicians, to be able to effectively practice patient-centred care. Being able to actively listen to the patients' problems, adjusting the level of communication, showing empathy, engaging and involving them in decision-making, has great benefits for individual and community health.

This case highlights the importance of addressing the holistic needs of patients and dedicating the necessary time they need to achieve effective control of their chronic conditions.

Case- Report:

Middle-aged woman, obese (BMI 42,11 Kg/m^2) and with uncontrolled type 2 Diabetes, presented to the Family Physician under three classes of oral anti-diabetic drugs with an HbA1c of 8%. She reported poor medication compliance due to gastrointestinal intolerance to all of the oral anti-diabetic drugs that she had tried since the diagnosis.

She started receiving weekly follow-up and her family physician invested in patient-education and in the integration of her concerns into the therapeutic plan.

The plan was reviewed due to intolerance with the previous drugs, and she achieved good compliance and a 6,6% HbA1c in about three months.

Conclusions:

Type 2 diabetes is a complex multifactorial disease that requires a holistic approach to achieve effective and sustained control over time. Therefore, it is essential to adjust our approach to the characteristics and beliefs of each individual, which does not entail neglecting science.

Therefore, it is of paramount importance that Family Physicians continuously practice these skills so that, in synergy with medical science, they can provide better and more effective care.

Disclosure: No significant relationships.

EPV189 / #39

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.03 Diversity and equity*

THE IMPACT OF DECREE LAWS ON THE PERFORMANCE LOSSES OF TURKISH ACADEMIC FAMILY PHYSICIANS: AFTEREFFECTS OF A CIVIL COUP

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Background and purpose: This study aimed to identify personal losses of the dismissed family medicine academics and the four-year impact of the purge to the general scientific production of Turkish academic family physicians following the decree laws in 2016.

Methods: A repeated cross-sectional study was conducted covering the time before 2008, 2009-2012, 2013-2016, and 2017-2020. All actively-working assistant, associate, and full professors of family medicine in Turkey as of 14th July 2016 and recently hired academic staff after the coup attempt in 2016 were included in the study. The primary outcome variable of the study was the total number of publications listed in Google Scholar.

Results: Data of 212 academics were analyzed. Of the participants, 23 (10.8%) were dismissed with the decree laws after the 2016 coup attempt, while 25 assistant professors were hired later. It was observed that the mean number of publications increased until 2016, followed by a decrease of 26.1% from 2013-2016 to 2017-2020. Further analysis of the data demonstrated a significant decline in the number of publications of the purged as well as non-purged individuals after 2016 ($p<0.001$). Although the purged academics were having relatively higher performance indicators in the previous years, they experienced a 48.8% loss (18.1 vs. 35.4) in the number of publications after 2016 compared with their peers ($p<0.05$).

Conclusion: The decree laws had impacts on the dismissed academic family physicians as well as the general family medicine academy as a whole. Mechanisms are needed to avoid interference of political processes with the science population.

Disclosure: No significant relationships.

EPV190 / #458

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.03 Diversity and equity*

CHARACTERISTICS OF CANADIAN PHYSICIANS and THEIR ASSOCIATIONS WITH PRACTICE PATTERNS

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Background and purpose: Studies have shown that some physician characteristics are associated with particular practice patterns. However, no published scoping reviews on this topic have focused on the Canadian context. A better understanding of these associations could improve recruitment for medical school training and health workforce decision-making in Canada, a country with a universal health care system and unique geographic considerations. Our scoping review aimed at capturing the characteristics of Canadian physicians that have been examined for associations with physicians' practice patterns, including career choice, practice setting, and populations served.

Methods: We conducted a scoping review of the literature with descriptive analysis of the extracted data. We searched five databases and also conducted targeted grey literature searches.

Results: The database searches yielded 6153 articles. We selected 238 for full-text review and included 90 studies for descriptive analysis. Data extraction is currently underway. Preliminary findings show that studies in Canada have focused primarily on the characteristics of rural background and training, and the outcomes of career choice and rural practice setting.

Conclusions: The findings of this scoping review will provide an evidence base for future studies aimed at informing health human resource planning.

Disclosure: No significant relationships.

EPV191 / #599

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.03 Diversity and equity*

THE ROLE OF PROFESSIONAL FOREIGN LANGUAGE INTERPRETER IN HEALTHCARE SETTINGS- A LITERATURE REVIEW

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BACKGROUND and PURPOSES

Language barriers in healthcare can result in sub-standard care and health inequalities. This literature review aimed to investigate the role and impact of using professional foreign language interpreters in healthcare settings.

METHODS

A total of 7 studies were included from the search of databases including PubMed and Google Scholar, and snowballing from the references of the articles found.

RESULTS

•Use of professional foreign language interpreters improves communication between patients and healthcare professionals, patient safety and health education

•Use of professional foreign language interpreters reduces medical error and allows easier access to healthcare.

•Lack of awareness and inadequate training to access language interpretation services in healthcare professionals affected their usage.

•Accessibility and adequate training of the interpreters is essential in order to improve the quality of interpretation and achieve quality patient care.

CONCLUSIONS

•There is a paucity of literature in this area

•There is strong evidence that professional foreign language interpreters in healthcare settings are essential to provide high-quality, holistic patient care.

•This literature review highlights that specific training is needed for foreign language interpreters in healthcare settings for them to be effective, and that clinicians need education about when and how to access professional interpretation services for their patients.

•Future research is needed around policies surrounding the use of professional interpretation services in healthcare settings and their implementation.

Disclosure: No significant relationships.

EPV192 / #669

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.03 Diversity and equity*

EVALUATING THE DEEP END PIONEER SCHEME AS A MODEL FOR RECRUITMENT/RETENTION OF GPS IN AREAS OF SOCIO-ECONOMIC DEPRIVATION

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Background and purpose:

The Deep End GP Pioneer Scheme, established in 2016, aimed to develop a sustainable model for primary health care delivery in areas of significant socio-economic deprivation in Scotland. It involved recruitment of early career GPs (fellows) and retention of experienced GPs. The purpose of this research is to evaluate the extent to which the Pioneer Scheme met its intended aims.

Methods:

Semi-structured interviews were conducted with 18 Pioneer Scheme participants (10 GP fellows and 8 experienced GPs). Interviews were audio-recorded and transcribed verbatim, then coded using NVivo software. Reflexive thematic analysis was employed as a methodology for analysis.

Results:

Participants reported an increase in intrinsic aspects of job motivation/satisfaction including purpose, relatedness, mastery and autonomy as well as an increased readiness to work in areas of socio-economic deprivation. Elements of the scheme which enabled this included teaching on health inequalities, mentorship for GP fellows, protected time for service development and quality improvement, and the exchange of ideas within the peer group. Unintended outcomes included an improvement in GP wellbeing and increased creativity. Participants were critical of the short-term nature of the scheme and therefore the sustainability of making impacts on health inequities.

Conclusions:

The Pioneer Scheme is a promising model for tackling health inequalities and increasing recruitment and retention of GPs working in areas of socio-economic deprivation which has the potential to be scaled up as a new way of working in primary care.

Disclosure: No significant relationships.

EPV193 / #736

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.03 Diversity and equity*

EUROPEAN WONCA WORKING PARTY FOR WOMEN and FAMILY MEDICINE ACTIVITY FOR 2018-2021 YEARS

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Background and purpose. The Wonca Working Party for Women and Family Medicine (WWPWFM) was organized in 2001 with following objectives: to identify key issues for women doctors and to promote women doctors' participation in Wonca initiatives. The main WWPWFM achievements are development and implementation of Hamilton Equity Recommendations (HER statement, 2006), 10 steps to gender equity (2006), the Gender Equity Standard (GES) documents and the "LEAD" STATEMENT (2009).

The purpose is to represent the activity of European WPWFM for 2018-2021 years.

Methods: providing surveys, group interview during the workshops, quality analysis of results, development of presentations, reports.

Results. European WPWFM continues to implement the main statements and ideas of World WPWFM through participation in Wonca Europe Council meetings, membership and active participation in activity at Wonca Europe parties such EGPRN, EURIPA, EURACT VDGM and SIG by enhancing the gender equity and empower the women to active role. The oral presentations and workshops were prepared and presented at Wonca Europe conferences annually in topics of women leadership, female violence in society and female doctors violence. The problems of women of different countries were distinguished through the surveys, group interview during the workshops, summarized in reports, articles and will be used for future statements. The problematic articles in women wellbeing were published in Wonca World book 2015, 2020 and at national levels. During COVID-19 pandemic WWPWFM Wonca Webinar was provided in gender impact of outbreak on female health and social status.

Conclusions. The activity of European WPWFM empower and encourage female general practitioners to be active in primary care development and leadership.

Disclosure: No significant relationships.

EPV194 / #847

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.03 Diversity and equity*

THE IMPACT OF THE COVID-19 PANDEMIC ON REMOTE CARE PROVIDED IN DUTCH GENERAL PRACTICES IN DEPRIVED NEIGHBORHOODS

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Background and purpose

In deprived neighborhoods, there is a high demand for general practitioner (GP) care. During the COVID-19 pandemic, face-to-face consultations were replaced by remote care, i.e. telephone or digital consultations. The purpose of this study is to gain insights in 1) the impact of the COVID-19 pandemic on remote care in general practices, and 2) the suitability of remote GP care for patients in deprived neighborhoods.

Methods

In 2020-2022, a mixed-methods study is performed in 18 Dutch general practices, mainly in in deprived neighborhoods. In 2020, interviews were held with 31 professionals. GPs included 291 patients with a vulnerability (chronic disease and/or low health literacy) and from three ethnic groups (Dutch, Moroccan, and Turkish) in the study (interviews and surveys).

Results

GPs reported that remote consultations increased from 22% before the COVID-19 pandemic to 88% during the first peak and decreased to 63% after 2-3 months. Some patient groups reported to have had face-to-face consultations relatively often, namely: patients with a low educational level, low perceived health, or migrant background, and men. According to several professionals, remote care seemed less suitable for some patients, for example with limited language proficiency. Patient groups differed in attitude towards remote care: lower educated, chronically ill and financially stressed patients were more negative.

Conclusions

The COVID-19 pandemic rapidly accelerated the use of remote care in Dutch general practices. Remote care may not be suitable for all (vulnerable) patient groups living in deprived neighborhoods. This study will provide more important details regarding this topic.

Disclosure: No significant relationships.

EPV195 / #930

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.03 Diversity and equity*

DOES PATIENT GENDER INFLUENCE CONSULTATION OUTCOMES? DOES PHYSICIAN GENDER PLAY A ROLE?: RESULTS FROM A LARGE UNANNOUNCED STANDARDIZED PATIENT STUDY

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Background/purpose: Disparities in incidence and mortality in colorectal cancer (CRC) continue to persist, despite provision of widespread screening and improved treatments for CRC. The aim of this study was to examine the relationship between patient and physician gender and appropriate clinical outcome of a primary care consultation for colorectal cancer (CRC) symptoms.

Methods: Unannounced standardized patients (USPs) consulted 207 general practitioners (GPs) in two US states (Virginia and Ohio). The USPs of both genders were Caucasian or African American and presented as new patients with symptoms of CRC. GPs were blinded to the diagnosis and consented to audiotaping the encounter. Medical records were obtained and the audiotapes were coded by trained observers.

Results: 141 of the 367 consultations (38%) resulted in an appropriate clinical outcome [recommendation for colonoscopy/sigmoidoscopy/FOBT or gastroenterologist referral]. Appropriate clinical outcome was associated with male gender, longer visits, thorough examination of medical history, thorough exploration of patient symptoms, positive USP evaluation of GP performance, and GP-USP gender concordance (p's<0.05). No physician or clinic factors were significant. A logistic regression model with the USP, visit, and physician-patient factors showed that gender concordance was the sole significant independent predictor of appropriate clinical outcome (OR=1.63, p=0.04).

Conclusions: Although women were less likely than men to receive an appropriate clinical outcome for CRC symptoms and physician gender was not associated with outcome, when physician-patient gender concordance was taken into account, it turns out that man-to-man and woman-to-women consultations were more likely to result in appropriate outcomes, regardless of other significant factors.

Disclosure: No significant relationships.

EPV196 / #955

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.04 Overdiagnosis and overtreatement*

"NEVER CHANGE A WINNING TEAM": GPS' PERSPECTIVES ON DISCONTINUATION OF LONG-TERM ANTIDEPRESSANTS

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Background

Long-term antidepressant use, much longer than recommended by guidelines, can harm patients and generate unnecessary costs. Most antidepressants are prescribed by general practitioners (GPs) but it remains unclear why they do not discontinue long-term use.

Aim

To explore GPs' views and experiences of discontinuing long-term antidepressants, barriers and facilitators of discontinuation and required support.

Design and setting

Qualitative study in Belgian GPs.

Method

20 semi-structured face to face interviews with GPs. Interviews were analysed thematically.

Results

The first theme, 'Success stories' describes three strong motivators to discontinue antidepressants: patient health issues, patient request and a new positive life event. Second, not all GPs consider long-term antidepressant use a 'problem' as they perceive antidepressants as effective and safe. GPs' main concern is risk of relapse. Third, GPs foresee that discontinuation of antidepressants is not an easy and straightforward process. GPs weigh up whether they have the necessary skills and whether it is worth the effort to start this process.

Conclusion

Discontinuation of long-term antidepressants is a difficult and uncertain process for GPs, especially in the absence a facilitating life-event or patient demand. Absence of a compelling need for discontinuation and fear of relapse of symptoms in a stable patient, are important barriers for GPs when considering discontinuation. In order to increase GPs' motivation to discontinue long-term antidepressants, more emphasis on the futility of the actual effect and on potential harms related to long-term use is needed.

Disclosure: No significant relationships.

EPV197 / #614

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.05 E-health*

USING E- HEALTH TO COMMUNICATE PATIENTS WITH THEIR GENERAL PRACTITIONER.

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Background

During the pandemia the patients need to contact with primary care. Our company has personal digital health platform that allows people to interact with the Health System without face-to-face contact. It enables users to consult clinical reports,

access various non-face-to-face healthcare services such as eConsulta, which allows you to consult health professionals and send documents.

Purpose

Know if eConsulta has increased during pandemia

Know which percentage of professionals and patients use eConsulta.

Methods : descriptive study to analyze situation

Results We have seen an increase in virtual visits for physicians from 1,175 (2019) to 5185 (2020), for nurses from 384 to 493. In June 2017 we started with 60% of doctors and 26.67 of nurses. In 2020 100% both. Percentage in patients: In June 2017 we started with 41 patients representing 0.25%(total 17517). By December 2018 it had risen to 180 (1.09). In 2019 264 (1.59) and 2020 4364 (24.91). The percentage of patients who use eConsulta more than once has increased from 0.69 in December 2018 to 17.71 in 2020. Regarding the mean response time 1.42 days, in <24h 82.62 and <48h 90.25.

Conclusions

We see that there is an increase in virtual visits. The percentage of doctors and nurses who use this consultation is 100%. We can see that a progressive increase in the number of patients using eConsulta during this year .The rapid response by the professional improves accessibility to the reference professional, so it has been established as an alternative to contact with primary care.

Disclosure: No significant relationships.

EPV198 / #640

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.05 E-health*

SOCIAL ISOLATION CAN BE OVERCOME WITH A DIGITAL COMPANION: A PANDEMIC PROJECT TO TACKLE LONELINESS.

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Background & Purpose

New risk factors for social isolation and loneliness have emerged and existing ones have been exacerbated during the coronavirus pandemic. Social isolation and loneliness are associated with a 30% increase in the likelihood of mortality.[1] Digital exclusion is identified as one of the root-causes[1] of this growing problem and is therefore an important area for intervention. This project aimed to increase digital inclusion in deprived communities of the UK and especially for the elderly, shielding and socially isolated during the pandemic.

Methods

A local collaborative partnership was formed spanning multiple health providers, professionals and third-sector organisations to identify and deploy smart-speakers (i.e. Alexa Echo Shows) to eligible recipients with long-term health conditions and those deemed at risk of social isolation and loneliness. 203 devices were provided using ‘Covid-secure’ safeguards. Their personal experiences were collected by phone survey; responses were analysed thematically.

Results

Overall, there were 173 responses comprising: 154 patients, 10 health professionals and 9 carers. In terms of mental health 88% (152/173) of patients described positive effects. The top three most frequently reported benefits were ‘reduced social isolation’ 27% (46/173), ‘improved mood’ 20% (34/173) and ‘reduced loneliness’ 17% (30/173).

Conclusions

Access to a digital assistant had a profoundly positive effect on patients who were isolated, bereaved and/or depressed. Hopefully, these benefits may persist long-term as the devices are in their homes 24/7/365. Future research should focus on scaling-up digital interventions to help reduce negative health consequences of social isolation and loneliness.

Disclosure: No significant relationships.

EPV199 / #765

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.05 E-health*

THE PATIENT EXPERIENCE OF TELEPHONE CONSULTATIONS IN PRE-COVID PRIMARY CARE

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Background and purpose: This study inquires about the use, quality and utility of telephone consultations by patients in primary care before they became mandatory with the COVID-19 pandemic.

Methods: Between November 2019 and March 2020 telephone consultations with General Practitioners (GPs) were recorded. In subsequent telephone interviews, patients were asked about their views on the telephone consultation.

Results: During the observation period there had been a total of 72 telephone consultations. 57% of the patients who used this service were female and the mean age was of 61 (standard deviation of 19). Regarding the demands, 25.5% were for paperwork such as renewal of medication, 18.2% were for test results and another 18.2% for patient follow-ups. 88.7% of the patients thought the time they spend on the phone was enough and 90.1% said it helped them avoid a visit to the centre. Over 90% of the patients considered the explanations they had received clear and were happy with the treatment and 95.8% of the patients would recommend using it.

Conclusions: The average patient that used to use the telephone consultations were middle aged woman, mainly for administrative work or information exchange. The vast majority of the patients were happy with the outcomes and the treatment they received on the phone. Telephone consultations were also regarded as useful to avoid visits to the health centre.

Disclosure: No significant relationships.

EPV200 / #1236

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.05 E-health*

DO THE MEANS JUSTIFY THE ENDS?

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Background and purpose:

Impact of “e-Consultation” on hypertension control in primary health care.

Due to the current pandemic framework, “e-Consultation“(interactions between a doctor and a patient through electronic means) is now essential in the routine of the family doctor. This subject still needs investigation, legislation and guidelines.

Hypertension (HT) consultation is one of the most frequent teleconsultations due to HT prevalence over the age of 50 and is a risk factor for cardiovascular disease and mortality. Since HT control is one of the biggest challenges due to poor treatment adherence and lifestyle habits, we performed a review in order to evaluate the effectiveness of e-Consultation on HT control.

This review aims to assess the evidence of “e-Consultation” on HT control.

Methods: The studies resulted from research in the following databases: The Cochrane Library, PubMed and Cross-references, official health websites. Keywords for this research: “e-health”, “teleconsultation”, “Remote consultation”, “Primary Health Care”, “hypertension”. The choice of the articles was based on the content using the SORT Scale. No temporal exclusion criteria were defined.

Results: After research, we obtained a sample of 8 articles (2010 to 2020): 5 clinical trials, 1 quasi-experimental study, 1 cross-sectional study and 1 consensus. Results show that “E-Consultation” can promote lifestyle changes, improvements in cardiovascular outcomes and blood pressure (BP) control and decrease in the quantity of appointments.

Conclusions: Hypertension e-Consultation is effective to improve BP control and diminish cardiovascular risk in a larger number of patients.

Disclosure: No significant relationships.

EPV201 / #79

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.06 GP and professional health*

CONTINUITY OF CARE FOR PATIENTS WITH CHRONIC DISEASES: A REGISTRY-BASED OBSERVATIONAL STUDY FROM NORWAY

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Background and purpose

This study aims to investigate continuity of care (CoC) for patients with chronic diseases.

Methods

We conducted a registry-based observational study by using consultation data from Norwegian general practices, out-of-hours services, hospital outpatient care, and private specialists with public contracts. Patients with diabetes mellitus (type I or II), asthma, chronic obstructive pulmonary disease (COPD), or heart failure in 2012, who had ≥ 2 consultations with their regular general practitioner (RGP) during 2014 were included. CoC was measured by using the usual provider of care index (UPC) and Bice-Boxermann continuity of care score (COCI), reflecting the proportion of all visits to one preferred provider and dispersion of visits to several providers, respectively. For both indices, zero represents no COC and one full COC.

Results

Diabetes mellitus comprises the largest group of patients (N=79,165) and heart failure the smallest (N=4,122). The highest mean UPC=0.75 and COCI=0.77 were measured for heart failure, while asthma and COPD had the lowest mean with UPC=0.65 and COCI=0.62, respectively. Nearly 67% of patients with heart failure acquired UPC ≥ 0.75 and 66% had COCI ≥ 0.75. UPC increased gradually with age, while COCI did not follow the same pattern for COPD, diabetes mellitus, and heart failure, presenting the highest value for the youngest age groups.

Conclusions

CoC is generally high in Norway. Among these diagnoses, patients with heart failure have the highest continuity with their RGP. Older patients have higher CoC compared to younger patients. CoC is the lowest in most rural areas.

Disclosure: No significant relationships.

EPV202 / #326

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.06 GP and professional health*

QUINARY PREVENTION: AVOIDING BURNOUT AT A PRIMARY HEALTH CARE CENTRE

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Background and purpose: Burnout is now detailed in the 11th Revision of the International Classification of Diseases. It consists of an occupational phenomenon “as resulting from chronic workplace stress that has not been successfully managed”. We aim to develop Team Building activities (TBA) at our Primary Health Care Centre (PHCC) and to readjust effective strategies to reduce burnout within the professional staff: family doctors, nurses and administrative assistants.

Methods: Employee Satisfaction Surveys are conducted annually at our PHCC. All staff members can express their satisfaction at the workplace confidentially, providing valuable feedback to co-workers. We also implemented recreational activities as a strategy to improve personal well-being and overall team’s performance.

Results: The global satisfaction rate obtained [2017—2019] was respectively: 3,4—3,4—2,4 on five-point Likert scale. The section on team relationship suffered a decreasing score through the years. Our perception during COVID-19 pandemic suggests an increase of all possible sources of team exhaustion (high workload, time pressure, limited organizational support, decrease in leisure activities, etc.). In 2020, through TBA we were able to minimize these negative outcomes, leading to an improvement in professional’s accomplishment and patient care.

Conclusions: The TBA performed at our PHCC led to a positive outcome, highlighting the importance of this novel pathway – the quinary prevention – a biopsychosocial approach to reduce and prevent burnout, which can ultimately lead to a loss of quality in the care given to our patients. Moreover, surveys proved to be a powerful tool to assess and monitor this problem.

Disclosure: No significant relationships.

EPV203 / #784

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.06 GP and professional health*

PROGNOSIS OF COVID-19 ACCORDING TO VITAMIN D SUPPLEMENTATION AMONG A TUNISIAN COHORT OF OUTPATIENTS SELF-ISOLATED AT HOME.

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Background:Vitamin D has direct antiviral effects against enveloped viruses. The SARS-COV-2 is an enveloped virus. However, data supporting the hypothesized modulating properties of vitamin D against COVID-19 are controversial.

Purpose: To analyze the link between vitamin D supplementation and COVID-19 prognosis among patients self isolated at home.

Methods: Prospective longitudinal study was led among 375 patients with COVID-19 isolated at home in the Governorate of Sousse from 28/10/2020 to 08/02/2021. A daily random sampling from the new declared COVID-19 cases served to include participants. The lists of these cases with their contact details were obtained from the Regional Health Direction. A pre-established and pre-tested questionnaire was administered to participants during phone calls interviews with trained medical doctors.

Results:The mean age of participants was 40(±16) years. Females represented 58.9% of them. Vitamin D supplementation was reported by 183 (48.8%) participants. The median time to recovery from COVID-19 was 17 days (95% CI: 15.7; 18.2) among those who received Vitamin D supplementation versus 18 days (95% CI: 16.7; 19.3) among those who did not (p=0.262) while vitamin D supplementation was significantly associated with a lower risk of hospitalization with a RR of 0.4 (95% CI: 0.2 ; 0.8).

Conclusion: Vitamin D supplementation seems to not being associated with rapid recovery from COVID-19. However, it could protect against the occurrence of its severe forms. Further studies are needed to clarify its role in modulating the severity of COVID-19.

Disclosure: No significant relationships.

EPV204 / #874

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.06 GP and professional health*

THE IMPACT OF COVID-19 PANDEMIC IN PRIMARY HEALTH CARE PROFESSIONALS' BURNOUT

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Background

The COVID-19 pandemic has set unprecedented demand on the healthcare workforce around the world, which leads to considerable psychological pressure. 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 to high burnout levels. In 2019, 12,5% of the professionals of our Family Health Center (FHC) showed moderate and none showed high burnout levels.

Objective

Compare burnout levels of the professionals of our FHC before and after COVID-19 pandemic.

Method

Maslach Burnout Inventory Scale (MBSI).

Results

At the end of December/2020, the professionals answered the annual satisfaction survey and the MBSI. The results showed that 15.6% of the professionals had moderate levels of burnout and 6.3% of the professionals showed high levels of burnout. When compared with 2019 results, there was an increase in emotional exhaustion and professional efficacy and a decrease in depersonalization.

Conclusions

During 2020 there was a decrease in Team Building Activities in our FCH, which is an important factor in "quinquenary prevention", that aims to prevent damage in patients by preventing burnout in professionals. In addition, we strongly believe that, during COVID-19 pandemic, health care workers face aggravated psychological pressure, which leads to an increase in burnout levels. It should be recommended to policymakers the adoption of supportive, encouragement/motivational, protective, and training/educational interventions.

Disclosure: No significant relationships.

EPV205 / #1023

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.06 GP and professional health*

BURNOUT SYNDROME IN HEALTHCARE WORKERS DURING COVID-19 PANDEMIC

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1. Background and purpose

Burnout syndrome in healthcare workers has been recognized by the WHO as a pathology produced by occupational stress and associated to physical comorbidities.

Our purpose is to describe and analyze burnout syndrome, stress, anxiety, and physical consequences in healthcare workers in both Primary Care and Hospital Care during the first wave of COVID-19 pandemic.

2. Methods

Transversal descriptive study with 129 anonymous voluntary participants: administratives, orderlies, nursing assistants, nurses and physicians from Primary Care (GP practicies and Primary Care Emergencies) and Hospital Care (Emergency Department and wards). Maslach Burnout Inventory Assessment, Hospital Anxiety and Depression Scale and main comorbidities associated with stress were applied to participants.

3. Results

Healthcare workers presented intermediate levels of emotional exhaustion and depersonalization, with low personal satisfaction and assessed as “possible cases” of anxiety. Among physical comorbidities, insomnia and further asthenia were presented with a frequency of more than once a week. Headache, gastrointestinal upset, myalgias, arthralgias, weight loss and palpitations were suffered once a week.

Nurses and physicians’ results are similar in burnout, but nurses presented more anxiety. Nursing assistants and administrative scores were higher. Orderlies presented better outcome.

4. Conclusions

Healthcare workers with further studies and consequently minor coping mechanisms presented higher depersonalization scores. Professionals who did not actively participated in patients’ outcome showed lower personal satisfaction. Emergency Department and Primary Care showed more resources in stress and uncertainty management. The importance of working in stress and anxiety management resources is stated.

Disclosure: No significant relationships.

EPV206 / #1276

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.06 GP and professional health*

BURNOUT AT THE PRIMARY HEALTH CARE BEFORE and AFTER COVID-19: A FAMILY HEALTH UNIT REALITY

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Background and purpose: The coronavírus disease 2019 (COVID-19) outbreak has presented numerous challenges to a health care system already in deficit. Health care workers are facing the uncertainty of a new disease which increases the risk of various pathologies, namely burnout to which they are already vulnerable.

We aimed to determine and compare the prevalence of burnout among primary care professionals before COVID-19 and after the first wave of COVID-19 outbreak.

Methods: Cross-sectional study conducted between 13th to 17th January 2020 and 12th August to 11th September 2020 (after the first wave) in a Portuguese family health unit. We included all health care professionals. We use Maslach Burnout Inventory- Human Services Survey, translated and validated for use in Portuguese.

Results: A response rate of 100% before and 65.4% after COVID-19. We found a statistical higher proportion of high emotional exhaustion (35.3%; p=0.001) and high depersonalization (29.4%; p=0.001) after COVID-19. No statistical difference was found between low personal accomplishment. The prevalence of burnout found in this study was 7.1% (IC95%: 0.9-23.5) and 5.7% (IC95%: 0.15-28.7).

Conclusions: Despite the decreased in prevalence of burnout, we found greater levels of high emotional exhaustion and depersonalization. Additional studies are needed to evaluate the long-term impact of COVID-19.

Disclosure: No significant relationships.

EPV207 / #235

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.07 Health promotion and prevention*

REVIEW OF CLINICAL and PATIENT-REPORTED DATA FOR THE ADJUVANTED RECOMBINANT ZOSTER VACCINE (RZV) FOLLOWING THE PIVOTAL ZOE-50/-70 TRIALS

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Background: RZV (GSK) is licensed in Europe for the prevention of herpes zoster (HZ) and postherpetic neuralgia (PHN) in adults ≥50 years of age (YOA) and in those ≥18 YOA at higher risk of HZ. Efficacy of RZV against HZ and PHN was demonstrated in 2 pivotal phase 3 clinical trials (ZOE-50 [NCT01165177], ZOE-70 [NCT01165229]) involving ≥30,000 adults ≥50 YOA.

Methods: To provide an updated overview of RZV clinical and patient-reported data, we reviewed all available ZOE-50/-70-related publications between January-2017 and January-2021, in PubMed. We included post-hoc/additional/follow-up studies derived from the ZOE-50/-70 trials, evaluating RZV's efficacy, safety, reactogenicity, immunogenicity and impact on quality of life (QoL).

Results: We identified 11 publications, of which 10 were included in our review. The reviewed data showed that RZV was highly efficacious against HZ with a clinically-acceptable safety profile, independent of: sex, geographic region, ethnicity, frailty index, pre-existing potential immune mediated diseases or co-morbidities at enrolment in the ZOE-50/-70 trials. RZV safety profile was found clinically-acceptable across all studied groups, with fatigue, myalgia and headache being the most reported general events after first and second dose. RZV induced a strong and persisting glycoprotein E-specific humoral and cell-mediated immune response in all ages and frailty groups. Finally, in addition to reducing the risk of HZ and its complications, RZV significantly reduced the impact of HZ on patients' QoL in those who developed the disease.

Conclusions: RZV's high efficacy and persistent immunogenicity were shown in a range of post-hoc/follow-up studies after ZOE-50/-70. Reviewed data across all studies support RZV's favorable benefit-risk profile.

Funding: GlaxoSmithKline Biologicals SA

Disclosure: I am employed by the GSK group of companies and hold shares in the GSK group of companies as part of my remuneration. I declare no other financial and non-financial relationships and activities.

EPV208 / #241

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.07 Health promotion and prevention*

COLORECTAL CANCER SCREENING IN COVID-19 PANDEMIC

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Background and purpose: Colorectal cancer (CRC) is the fourth most common cancer. Survival at 5 years is of 50%, but if early diagnosed exceeds 90%. The COVID-19 pandemic made it necessary to readjust the screening strategy. Objectives of the study: to assess the COVID-19 pandemic impact on CRC screening.

Methods: Experimental investigation study. Population: Users aged 50-74 years, from a Portuguese Primary Care Unit, eligible for fecal immunochemical test (FIT). In 2019, odd year born users were summoned by letter for an in-person medical appointment. In 2020, letters were sent to even year born users, questioning their screening test interest. Those who expressed interest were consulted by telephone. Upon a failed first call, a second attempt was made. Statistical analysis: IBM SPSS Statistics 27 and Microsoft Excel.

Results: In 2019, 391 users were first summoned: 25% attended the medical appointment and 20% underwent FIT. In a second attempt, 163 users were summoned: 20% attended the medical appointment and 13% underwent FIT. In 2020, 456 users were first summoned: 14% responded to the letter and 10% underwent FIT. In a second attempt, 392 users were summoned: 8% responded to the letter and 3% underwent FIT.

Conclusions: The pandemic had a negative impact on CRC screening. Although more users were called in 2020, the percentage of patients who attended the medical appointment/ responded to the call and underwent FIT was significantly lower than in 2019, in both contact attempts. Further studies should be carried out to assess if the screening success decrease is due only to the pandemic or to the contact method.

Disclosure: No significant relationships.

EPV209 / #308

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.07 Health promotion and prevention*

KEY-MESSAGES IN HEALTH PROMOTION: AN EFFECTIVE APPROACH TO CHILDHOOD OBESITY?

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Background and purpose: Childhood obesity is a major public health problem. The prevalence of this disease in Portugal is 29,6%. In the literature, there are some studies that show a positive effect of “key-messages" related to health promotion (short, informative and easy to remember) on the approach of childhood obesity. The authors aime to analyze the impact of “key-messages” told by a healthcare professional on the Body Mass Index (BMI) of obese children.

Methods: We developed a protocole for a pilot study at our helthcare center, with a target population corresponding to children born between 2010 and 2019 - convenience sample (N=35). It is an experimental study - clinical trial, randomized, not blinded. The intervention group will be called to attend four interviews, with 6 months distance from another. In the first interview, the five key-messages will be tell and a survey will be applied to evaluate the eating, exercising, “screen time” and sleeping habits of the children. In the following interviews, the parents are asked to repite the messages that they were told 6 meses before to determine how many messages can each parent recall. On this contact, the children BMI shall be measured. We intend to determine whether there is a statistical significant BMI reduction on the intervention group, compared with the control group.

Expected results: It is expected that the intervention group presents a decrease of BMI by 18 months of the first interview, compared to the control group. It is also expected to increase parents' literacy and reinforce the need to early promote healthy habits.

Disclosure: No significant relationships.

EPV210 / #359

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.07 Health promotion and prevention*

ASSOCIATION BETWEEN SELF- EFFICACY, DEPRESSION and LIFESTYLES.

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1.Background and purpose: Major depression is a highly prevalent pathology that is currently the second most common cause of disease-induced disability in our society. The onset and continuation of depression may be related to a wide variety of biological and psychosocial factors, which are linked to different lifestyles aspects. Self- efficacy represents one's confidence in one's ability to self-regulate specific behaviours when confronted with various obstacles/barriers. Our objective was to analyze the relationship of self- efficacy with depression and lifestyles.

2.Methods: The sample consisted of 140 patients with depression recruited in primary health centers. The variables are: Self-efficacy measured using the Self-Efficacy Scale; Severity of depression measured using Beck's Depression Inventory; lifestyles: Physical activity measured using the International Physical Activity Questionnaire-Short Form; adherence to the Mediterranean Diet measured using the 14-item Mediterranean Diet Adherence Screener and Quality and patterns of sleep measured using the Pittsburgh Sleep Quality Index. Correlations and multiple regression analysis were performed.

3.Results: Correlations analysis show that the more self-efficacy, less depression (-0.412, p = 0.000), more quality of life (0.227, p = 0.007), they walk more (0.254, p = 0.003), they are less seated (-0.176, p = 0.037), they sleep better (0.284, p = 0.001), more adherence to the Mediterranean diet (0.264 p = 0.002), more age (0.256, p = 0.002) and more economic level (0.183, p = 0.042). Taking depression as a dependent variable, self-efficacy (-0.052) and bad sleep quality (0.424) were shown to be inverse predicting coefficients (p = 0.000). The interactions were not significant.

4.Conclusions: These results support the relationship among depression, self-efficacy and lifestyle.

Disclosure: No significant relationships.

EPV211 / #642

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.07 Health promotion and prevention*

IMPLEMENTATION OF AN EVIDENCE-BASED HEALTH PROMOTION INTERVENTION IN PRIMARY CARE IN SPAIN: A QUALITATIVE STUDY OF HEALTHCARE ORGANIZATION/MANAGEMENT FACTORS

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Background and purpose: There are challenges in translating evidence-based interventions into practice, and the need for health care organization, management, and policy changes to align with health promotion activities within the health and social care system is well-documented. This study aims to elucidate the role of these factors as barriers/facilitators influencing the implementation of an evidence-based health promotion intervention in primary care centers in the Basque Country, Spain.

Methods: Seven focus groups were conducted with 49 health professionals from 6 primary care centers participating in the Prescribing Healthy Life (PVS) program. Text was analyzed using the Consolidated Framework for Implementation Research (CFIR) focusing on those constructs related to health care organization, management, and policy.

Results: The health promotion intervention was found to be compatible with the values of primary care professionals. However, professionals at all centers reported barriers to implementation related to: (1) external policy and incentives, (2) compatibility with existing workflow, and (3) available resources to carry out the program. Specific barriers related to high caseloads, contracting issues, short consultation times, and lack of appointment times for lifestyle counselling. Other barriers/facilitators were related to CFIR constructs networks and communication, culture, relative priority, and leadership engagement. A set of nine specific barriers-facilitators emerged.

Conclusions: In some centers, certain facilitators addressed barriers identified in other centers influencing implementation of a health promotion intervention in primary care. Proactive identification and modification of barriers by healthcare managers and policy makers can help to ensure effective integration of health promotion into primary care.

Disclosure: No significant relationships.

EPV212 / #726

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.07 Health promotion and prevention*

DENIAL OF A CERVICAL CANCER DIAGNOSIS: GUILT, SHAME, OR AN ATTEMPT TO PROTECT LOVED ONES?

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Background and purpose: Despite the widespread screening programs, cervical cancer remains the third most common cancer in developing countries. The cervix smear and the Human papillomavirus (HPV) DNA test are remarkable tools in the screening of asymptomatic women. In populations with screening programs, a decrease in cervical cancer mortality of 50-75% is mentioned over the past 50 years.

Methods: This case reports a 48-year-old woman observed in the emergency room with complaints of vaginal bleeding and intolerable pelvic pain. Observation revealed a visible tumor in her cervix. After denying any medical history, the patient confessed she had received an abnormal result of a cervical smear done almost one year before. By the time that the cervix smear result came with a high-grade squamous intraepithelial lesion her gynaecologist asked a magnetic resonance to investigate it. However, the patient did not do it or had another appointment with her gynaecologist or family doctor. She admitted doing the last cervical smear over 10 years ago and not to have courage to pursue the clinical investigation until her mother, also diagnosed with colorectal cancer in the last year, would not recover enough to take this news.

Results: She had a final diagnosis of squamous cell cancer FIGO stage IIIC1 with indication for palliative chemoradiotherapy only.

Conclusions: This case reflects not only the importance of health literacy about screening programs and how they can modify the course of preventable diseases, but also how communicating serious news can have an enormous impact in the acceptance of the disease and its prognosis.

Disclosure: No significant relationships.

EPV213 / #735

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.07 Health promotion and prevention*

CHRONIC ULCER OR NEOPLASM? WHEN TO SUSPECT A PREVENTABLE MALIGNANCY

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Background/purpose: Any chronic nonhealing ulcer, particularly if the wound occurred spontaneously, could suggest malignancy - Marjolin's ulcer (MU). Knowing the resemblances and differences between different lesions allows the Family physician (FP) to suspect a diagnosis in most cases. The aim is to alert to the chronic ulcers' differential diagnosis.

Methods: In January 2021, systematic reviews (SR) and clinical trials, of the last 10 years, were researched at the Cochrane Library and PubMed, using mesh terms, such as "malignant epithelial neoplasms" or "skin cancer" and "skin ulcer". Bibliographic research was complemented by screening selected articles' reference lists and grey literature.

Results: The prevalence of skin cancer varied in each study, however the majority of patients with malignant lesions had chronic nonhealing ulcers. Squamous cell carcinoma was the most frequent histological type that was identified during diagnosis. Some studies showed that chronic ulcers and secondary healing scars are important risk factors to MU's development and so, biopsy of these lesions may be crucial to diagnosis.

Conclusions: Marjolin's ulcer may not be as rare as assumed - it should be suspected in the presence of persisting chronic ulcer. On the other hand, dermatological changes are one of the main reasons for seeking primary health care. A periodic skin screening or ulcer surveillance during health evaluations or whether opportunities occur can help the FP to intervene, reducing the morbidity and mortality of malignant skin disease.

Disclosure: No significant relationships.

EPV214 / #752

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.07 Health promotion and prevention*

THE PREVALENCE OF RISK FACTORS FOR NONCOMMUNICABLE DISEASES IN UKRAINE

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Background. According to WHO analysis noncommunicable diseases (NCD) are the leading cause of death.

The purpose was to determine the prevalence of risk factors for NCD in Ukraine.

Methods. The survey and health examination of adult representative group of population aged 18–69 years was aligned with WHO-endorsed STEPwise approach to surveillance (STEPS) principles, methods and procedures with statistical analysis.

Results. The study revealed very high prevalence of NCDs and their behavioral and biological risk factors in Ukraine. One third (33.9%) of the population were current smokers, including half of all men (50.3%) and every sixth woman (16.7%). Alcohol consumption was frequent and levels consumed were high. Two thirds of men and nearly half of women had consumed alcohol in the previous 30 days. Unhealthy dietary patterns were also common - average salt intake was 12.6 g/day, the small intake of fruits and vegetables. 12.4% had reported depression. The mean body mass index (BMI) was 26.8 kg/m2 and increased with age, 59.1% were overweight (BMI ≥ 25 kg/m2). One third of the population (34.8%) had raised blood pressure or hypertension, only 14.4% were on medication and had controlled BP levels. Prevalence of raised fasting plasma glucose (≥ 7.0 mmol/L) was 7.1%, and total blood cholesterol levels ≥ 5.0 mmol/L was 40.7%. Overall, 32.8% of the population had combination of 3–5 risk factors.

Conclusions. The STEPS survey, guided by WHO, collected the information about the risk factors of NCD at national level in Ukraine and the collected data are used in development of conception and strategy of further steps of healthcare reformation.

Disclosure: No significant relationships.

EPV215 / #770

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.07 Health promotion and prevention*

PHYSICAL ACTIVITY PRESCRIPTION BY GENERAL PRACTITIONERS: EXAMPLE OF « PASS MOUV'» IN DORDOGNE IN 2017 and 2018.

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Background and Purpose. The benefits of practicing regular physical activity for health are well established, notably for patients suffering from chronic diseases. In that context, several local physical activity associations have been created such as the Pass Mouv. These programs offer adapted sports sessions and can be prescribed by general practitioner.

Our study aims to describe the evolution of the physical capacities of the Pass Mouv participants.

Methods. A study on a sample of 100 patients suffering chronic diseases, who joined the program in 2017 and 2018. Participants were evaluated by a sports coach at the beginning of the program, then after 15 sessions, and after 30 sessions. The evaluation protocol included physical tests, evaluation of motivation and physical activity duration (using RPAQ questionnaire).

Results. After 30 sessions, significant improvements were noticed : 115 meters extra on the 6-minute walk test, 5 extra repetitions on the 30-second chair test and better flexibility ($p < 0.001$). The physical activity weekly time has increased by more than 2 hours and the sedentary activity daily time has decreased of almost 1.5 hours ($p < 0.001$). The program participants reported feeling motivated to pursue regular physical activity and 57 % of them joined sports associations.

Conclusion. Our study shows an overall improvement of the physical capacity of the program participants. The Pass Mouv allows sedentary patients to move towards a more active lifestyle. This programme turns out to be a promising partner for general practitioners in the guidance of his patients concerned for a physical activity prescription.

Disclosure: No significant relationships.

EPV216 / #842

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.07 Health promotion and prevention*

PREVENTION OF WORK–RELATED MUSCULOSKELETAL DISORDERS IN HEALTH PROFESSIONALS OF QUINTA DA PRATA FAMILY HEALTH UNIT

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Background and purpose: Work–related musculoskeletal disorders affect millions of workers throughout Europe and are a big cause of absenteeism and work impairments. There are multiple risk factors, including physical and biomechanical factors, organizational and psychosocial factors, and individual factors. It's important that all professionals receive adequate information, education and training to prevent these disorders.

Methods: We did a workshop for health professionals of Quinta da Prata Family Health Unit in which we did a theoretical presentation followed by practical examples of preventive measures.

Results: 90% of health professionals of Quinta da Prata Family Health Unit mentioned having musculoskeletal pain over the last year. During the theoretical presentation we asked each one of them to identify their personal and work-related risk factors. With the help of our physical therapist, we were able to educate them to correct bad postures and bad working methods, to adapt workplace layout to each other needs and to promote musculoskeletal health encouraging stretching throughout the work day. At the end of the workshop, each participant received a memory card with prevention strategies and a 2 minutes video with an exemplary sequence of stretches.

Conclusions: Work–related musculoskeletal disorders are common among healthcare professionals. Warning of risk factors is important to implement preventive measures. Practical examples motivate workers to identify and change bad habits, and empower them with tools to prevent these disorders.

Disclosure: No significant relationships.

EPV217 / #1163

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.07 Health promotion and prevention*

INCREASING HEALTH LITERACY THROUGH A TELEVISION PROGRAM IN A SMALL ARCHIPELAGO IN PORTUGAL

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Background and purpose: Increasing the levels of Health Literacy poses a challenge to public health in Portugal. Portugal is the country with the lowest percentage of people with an excellent level of Health Literacy compared with the European average. The Azores is a small Portuguese archipelago, composed of 9 islands, with a population of 242 796, and a low level of Health Literacy. In 2020, The Health Unit of São Miguel Island developed a project in partnership with the regional public television station, as described above, with the purpose to increase the Azoreans Health Literacy.

Methods - Weekly, a health professional presents a short segment on the regional public television station, with a duration of about 15-20 minutes. Several health professionals are included, as doctors, nurses, psychologists, and nutritionists. In this segment are presented and discussed many relevant themes, mostly related to health prevention, such as vaccination, screenings, healthy lifestyles, promotion of mental health, but are also discussed the most prevalent local health problems, especially with regard to its prevention and treatment.

Results - With this project, we hope to increase the local Health Literacy and to empower the Azoreans with knowledge about health promotion, prevention, and treatment of the most common illnesses.

Conclusions - Improving health literacy in populations provides the foundation on which citizens are enabled to play an active role improving their own health.

Disclosure: No significant relationships.

EPV218 / #1201

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.07 Health promotion and prevention*

EFFECTIVENESS OF THE BABY-FRIENDLY INITIATIVE ON EXCLUSIVE BREASTFEEDING AT TWO PRIMARY HEALTH CARE UNITS IN PORTUGAL

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Background and purpose: The WHO/UNICEF Baby-Friendly Hospital Initiative has been shown to increase breastfeeding initiation and duration rates, but it is important to determine effective methods for breastfeeding promotion in community health services. In 2016, ACeS Lisboa Ocidental e Oeiras (ACeS) became the first Baby-Friendly primary health care center group in Portugal. The aim of this observational study was to assess the effectiveness of implementing the Baby-Friendly Initiative at two health care units of the ACeS. The primary outcome was exclusive breastfeeding at 6 months of age. Secondary outcomes were other breastfeeding indicators such as exclusive breastfeeding at 2 and 4 months of age.

Methods: We retrospectively reviewed the medical files of the 143 children followed-up in the health units in 2014 and the 181 children followed-up in 2018 (before and after accreditation, respectively). Type of feeding was classified as exclusive breastfeeding, mixed breastfeeding, or artificial feeding.

Results: The descriptive characteristics between the two groups were not statistically different. We observed a statistically significant increase in the prevalence of exclusive breastfeeding at 6 months old (+15.6%; $p < 0.01$) and at 4 months old (+19.5%, $p < 0.01$). On univariate analysis, the implementation of Baby-Friendly Initiative was a protective factor for exclusive breastfeeding at 6 months old (odds ratio= 0.57; 95% confidence interval: 0.33-0.98; $p = 0.04$).

Conclusion: Implementation of the Baby-Friendly Initiative was associated with an increase in the rate of exclusive breastfeeding at 6 and 4 months of age in the two health care units.

Disclosure: No significant relationships.

EPV219 / #33

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.08 Quality and safety of care*

UNDERSTANDING VARIATIONS IN ANTIBIOTIC PRESCRIBING IN PRIMARY CARE: INSIGHTS FROM THE TUSCANY REGION, ITALY.

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Background:

Given the global rise of antimicrobial resistance (AMR), practice variation is of particular concern when it comes to the prescription of antibiotics. A growing number of health systems are tackling this issue at all levels of healthcare governance.

Aims and objectives:

This study aims to: Measure the variation of antibiotic prescribing in Tuscany's primary care; measure the observed leeway that different levels of governance have for managing this variation ; and measure the potential cost savings that prescribing harmonization could generate.

Methods:

We analyzed the performance and variation for six indicators related to the prescription of antibiotics at three levels of healthcare governance. For the statistical analysis, we built three-level mixed effects models that were fitted with 2619 GPs, 116 PCUs and 26 health districts. An expenditure analysis was also conducted to estimate the potential cost-savings that lower antibiotic use and costs could generate.

Results:

The majority of the variation was located at GP level (75% to 98%). However, the percentage of variation associated with GP partnerships and health districts ranged from 2% to 25%, depending on the type of indicator analyzed. Our expenditure analysis suggested that reducing antibiotic use and costs could generate large cost-savings at the regional level, ranging from 7.3 to 8.2 million euros.

Conclusion:

While the variation was found to be in large part due to differences between GPs themselves, the influence exerted by peer groups and institutional mechanisms does have a significant impact as well. Further research is needed regarding the factors that prompt GPs to harmonize clinical behavior that lead to improved patient outcomes and large cost-savings.

Disclosure: No significant relationships.

EPV220 / #61

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.08 Quality and safety of care*

MEDICAL TOURISM - ROLE OF FAMILY PHYSICIANS

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Background and purpose. Medical tourism refers to vacations that involves traveling across international borders to obtain a broad range of medical services.

Methods. Literature review was performed in Cinahl and Medline. We used MeSH terms: medical tourism, global health, family physician and primary care. All abstracts were reviewed to determine relevant articles (n=67). A total of 12 articles remained, ten qualitative and two mix-method studies.

Results. The treatments available for prospective medical tourists include cosmetic surgery, dentistry, cardiology/cardiac surgery, orthopaedic surgery, bariatric surgery, fertility/reproductive issues, organ, cell and tissue transplantation, eye surgery, diagnostics and check-ups. In some destinations may encounter diseases such as malaria, dengue and other arthropod-borne infections. Immunization, preventative medications and general precautions should be considered and arranged for prior to the trip overseas. Certain patients avoided discussing their plan with family physicians. This kind of fractured trust in the physician-patient relationship affects the follow-up care for the tourists returning to their respective homelands. Local primary health care provider takes the responsibility for post-operative care including treatment for complications and side-effects. The patient normally stays in the hospital for a few days and then returns home and may encounter problems accessing adequate healthcare.

Conclusions. Strategies for promoting continuity of care should be implemented to ensure that millions of medical tourists can receive optimal health care. Such strategies include increasing the information exchange between family physicians and overseas clinics and providing follow-up care for medical tourists after they return to their respective homelands.

Disclosure: No significant relationships.

EPV221 / #203

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.08 Quality and safety of care*

IMPLEMENTATION OF THE "DO NOT DO RECOMMENDATIONS" RELATIVE TO DIABETES MELLITUS (DM) IN AN AREA'S HEALTH CENTERS.

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Introduction:

DM is one of the most common chronic diseasses in the word. It carries a high health expendidure both in the methods used in diagnosis and in its monitoring and treatment.

Objective:

1. Encourage the implementation of the "Do not Do recommendations" for DM related to self-monitoring of blood glucose.

2. Improve the quality of healthcare and patient's safety in a health area.

3. Train at least the 90% of health professionals in the "Do not Do recommendations".

4. Check the correct use of the test strips and glucometers in patients with DM 2 on treatment with oral non-hypoglycemic drugs.

Methods: This is a descriptive cross-sectional study, carried tour in 5 health centers, from January 2016 to December 2018. The following recommendation Do not Do, was put into practice by health professionals: "do not use test strips or glucometers un patients with DM 2 in treatment with oral non-hypoglycemic drugs except in situations of unestable glycemic control".

Results/Conclusions:

- In all the health centers, it was an improvement in the prescription of test strips after the training of 97% of the health professionals.

- It is necessary to raise awareness and involve all professionals in the implementation of improvement actions that guarantee the generalitation of knowledge about DM self-control and that results in the benefit and safety of the patients.

Disclosure: No significant relationships.

EPV222 / #227

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.08 Quality and safety of care*

THE USE OF AUDIT & FEEDBACK AMONG IRISH GPS FOR THE SELF–MANAGEMENT OF ANTIMICROBIAL PRESCRIBING: A QUALITATIVE STUDY.

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Background: Inappropriate use of antibiotics has been acknowledged as a significant element in the proliferation of antimicrobial resistance worldwide. Physician prescribing of antibiotics has been identified as a factor in the inappropriate use of antibiotics. One methodology that is utilised in an attempt to alter physician prescribing behaviours is audit and feedback. This study aimed to explore the perceptions of Irish General Practitioners (GPs) towards the receipt of feedback on their antibiotic prescribing behaviours.

Method: GPs working in Ireland and in receipt of feedback on their antibiotic prescribing behaviours participated in phone-based interviews. The interviews were recorded and transcribed verbatim. The collected data was then analysed using an inductive thematic analysis.

Results: Twelve GPs participated in the study (range of years practicing experience 3 – 25+, female = 5, male = 7). Three themes were identified from the analysis. The themes identified were “the reliability and validity of the feedback received”, “feedback on antibiotic prescribing is useful but limited” and “feedback needs to be easily digestible”.

Conclusions and Implications: While the feedback was broadly welcomed by the participants the themes identified a perceived limitation in the quality of the feedback data, the perception of a likely low public health impact of the feedback and difficulties with efficiently processing the audit and feedback information. These findings can help refine future audit and feedback interventions on antibiotic prescribing.

Disclosure: No significant relationships.

EPV223 / #334

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.08 Quality and safety of care*

MANAGEMENT OF RHEUMATOID ARTHRITIS IN PRIMARY CARE DURING A GLOBAL PANDEMIC

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Background and Purpose

In 2020 we saw the emergence of Covid 19 virus which had an unprecedented impact on healthcare provision worldwide. In Ireland we saw the cancellation of routine healthcare services and focus primarily on acute management of Covid 19 affected patients.

Due to this we decided to focus on Rheumatoid Arthritis (RA) management in Primary Care as we were concerned that a lack of surveillance might lead to adverse outcomes. Treatment of RA involves the use of Disease Modifying Anti Rheumatic Drugs which require regular blood monitoring. Potential adverse effects include liver and renal toxicity and bone marrow suppression.

The purpose of this study was to establish whether RA patients had an annual review and regular blood monitoring if on a DMARD as per NICE Guidelines.

Methods

A Retrospective review was carried out to identify patients with RA. Once the patients were identified a chart review was undertaken as per our study protocol.

This included whether they had an annual Rheumatology review and 3 monthly bloods surveillance.

Results

17 patients were identified; 9 females and 8 males. 76% of patients had an annual Rheumatology review. Only 35% of patients had sufficient blood monitoring as per NICE guidelines. No patients had a documented Quality of Life Questionnaire either in a Primary or Secondary Care setting.

Conclusions

This study highlights that Primary Care can be a useful resource in managing patients with chronic diseases during a global pandemic.

Disclosure: No significant relationships.

EPV224 / #366

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.08 Quality and safety of care*

DIAGNOSTIC DELAY DURING THE FIRST-WAVE OF COVID-19 PANDEMIC

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BACKGROUND and PURPOSE

During the first wave of covid 19, and due to the lockdown, the control of chronic diseases and those of new appearance was limited by change in healthcare system care. The purpose is to identify health problems and areas for improvement of care.

METHODS

Case 1: A 75-year-old man, diabetic, hypertensive and ex-smoker who presented with low back pain since may 2020 that did not improve with analgesia. Due to the pain and weakness he presented, was referred to the hospital in August 2020, diagnosing him with advanced lung cancer with bone metastases. The patient died 3 weeks after admission.

Case 2: 77-year-old diabetic and hypertensive woman who calls the primary health center in May 2020 due to fatigue. He is visited at home and is diagnosed with possible heart failure. Diuretics are prescribed. In july an echocardiography was permformed and shows an ejection fraction of 28%. Currently the patient has dyspnea on small efforts

RESULTS/DISCUSION

During the pandemic, the health system has had to adapt to care for patients with covid-19, with the aggravation that diagnoses of other pathologies such as cancer, stroke, and others have been delayed and it has not been possible to carry out adequate control of chronic pathologies.

We have described 2 cases but there could be many more due to a lack of planning for care

CONCLUSIONS

1. It's necessary to establish protocols for patients with chronic pathologies and those of new appearance that are not suspected of covid-19.

2. Face-to-face visit should be guaranteed for follow-up of chronic and new-onset diseases.

Disclosure: No significant relationships.

EPV225 / #763

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.08 Quality and safety of care*

ANALYSIS OF THE MONITORING IN PRIMARY CARE OF PATIENTS THAT DIED FROM CHRONIC HEART FAILURE IN A GENERAL HOSPITAL

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Background and purpose: This study aims to see if the General Practitioners (GPs) of patients who died from Chronic Heart Failure (CHF) at a Hospital in Málaga (Spain) had correctly registered the patient's medical problems in their records and had checked the patient for CHF before their deaths.

Methods: Descriptive study of patients who died from CHF between 1/1/17 and 27/11/18. The analysed variables were whether CHF and its comorbidities had been registered in their GP health records and if the patients had had any follow-ups by their GP in a year prior to their deaths.

Results: We obtained data on 84 patients, from which only 42.9% (36) had CHF registered by their GP as a health problem. Regarding their comorbidities, hypertension was registered in 82.3% of the patients who had it, diabetes in 84.4% and renal failure in 63.6%. Among all the patients, 50% (42) of them visited their GP to check on their CHF (clinical and laboratory check-up) in the year before their deaths, from which 78% (33) had that check-up within their last 6 months.

Conclusions: There is an importance in labelling and registering CHF in medical records, which had been done in our sample significantly less than other concomitant diseases. Further improvements are also necessary to meet standards of care in regards to follow-ups. A check-up every 6 months is set as a minimum standard by the 2018 NICE guidelines, yet only 39.3% of the patients had received a check-up from their GP within 6 months of their deaths.

Disclosure: No significant relationships.

EPV226 / #823

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.08 Quality and safety of care*

THERAPEUTIC SHEET - THE IDENTITY CARD OF THE POLYMEDICATED PATIENT

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Background: The current increase in the average life expectancy resulted in increased incidence and prevalence of multiple chronic diseases. Ultimately, this results in patients' polymedication. This project aimed to minimize polymedication-associated increased risk of iatrogeny and poor adherence to treatment regimens.

Methods: We elaborated an individual therapeutic sheet to be completed during a Family Medicine appointment, together with the clinician and the patient. In this sheet, there was a table containing the names of the drugs and respective daily dosages, ordered by daily timing of medication. This was intended to assist patients about dosage, avoiding missing doses, confusions between or changes in the timing of medications, as well as to serve as a guide when contacting other health care providers. At the end, each patient was asked to read the beforementioned table and to state their understanding of its contents. Moreover, each patient was told that whenever there were changes in their treatment regimens, the table should be updated and dated.

Results: The construction of the therapeutic sheet was a moment of dedicated attention to the patients and contributed to its empowerment and also to fostering the doctor-patient relationship.

Conclusion: With the increase in average life expectancy and the consequent increase of chronic pathologies, polymedication becomes an inevitable consequence. Therefore, the physician must empower the patient with the adequate tools for the management of their treatment regimens and associated risks of non-compliance. We believe this project succeeded in this aim, while also leading to improved patient health literacy and satisfaction.

Disclosure: No significant relationships.

EPV227 / #998

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.08 Quality and safety of care*

INFLUENZA VACCINATION IN PRIORITY GROUPS: QUALITY ASSESSMENT STUDY

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Background and purpose

Flu is a seasonal epidemic contagious respiratory illness caused by influenza viruses which can present with varying degrees of illness severity. Although, pointed as a common benign infection, the influenza-associated respiratory mortality rises in the older population and those with comorbidities. Influenza vaccination is the most effective means of preventing flu infection and its severe outcomes, obtaining a reduction in mortality of 39-75%. The presenting study attempts to improve the Influenza vaccination in some Priority Groups.

Methods

A retrospective transversal and quality assessment study was undertaken to compare the Influenza vaccination in Priority Groups between 2019 (intervention period) and 2018 year (comparison group). Patients from a primary care unit with ≥65 years or with active disease such as diabetes, cardiac disease or chronic obstructive pulmonary disease were included and data were collected from the program MIM@UF. Evaluated criteria: prescription/administration Influenza vaccine in the past 12 months. Patients without family doctor were excluded.

Results

The vaccine was prescribed to 1369 patients of the 3054 total eligible individuals in 2018 year comparing to a prescription to 1487 patients of the 3116 total eligible individuals in the intervention period. The vaccination coverage was 44,8% and 47,7%, respectively.

Conclusions

A slight vaccination coverage improvement of 2,9% was verified. However, a substantial limitation to the presenting study was the limited influenza vaccine market availability. Efforts should be done to planning the vaccine campaign and prioritizing the most vulnerable individuals.

Disclosure: No significant relationships.

EPV228 / #1152

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.08 Quality and safety of care*

THE USE OF PARACETAMOL: IN A TUNISIAN POPULATION

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Background: Paracetamol is the most widely consumed pain reliever in the world. Misused, paracetamol can lead to hepatotoxicity. The objective of our work was to study the use of paracetamol by the general population.

Methods: A descriptive was conducted including Tunisian respondents who agreed to fill out an online questionnaire in December 2020. We also inquired about the willingness of participants to obtain paracetamol outside of pharmacies.

Results: We collected a total of 484 responses. The average age of our respondents was 42 ± 13 years and the sex ratio was 0.25. ninety one per cent of the participant had a good use of paracetamol, 31% had chronic painful illness, 47% consumed paracetamol less than once a month and 32% once or twice a month. Fifty-four percent of the participants used paracetamol 1 to 4 times a day. According to the participants, the maximum allowed dose per dose was 1g in 75% of cases and 49% believed that the maximum dose of paracetamol allowed per day was 2g. Fifty-two percent believed that there was a risk in consuming paracetamol at the same time as alcohol and 91% that an overdose of paracetamol could have serious and irreversible consequences on their health condition. Fifty-nine percent of participants' responses placed them in a potential unintentional overdose situation.

In multivariate analysis, the only factor independent of the correct use of paracetamol was the fact of not consuming alcohol (OR = 3.9; p = 0.025). We found that 84% of participants did not want to buy paracetamol outside pharmacies.

Conclusion: IEducation of people using paracetamol is necessary in order to avoid unintentional overdoses.

Disclosure: No significant relationships.

EPV229 / #1166

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.08 Quality and safety of care*

POINT OF VIEW OF GENERAL PRACTITIONERS ABOUT THE PHYSICIAN ASSISTANT IN A FRENCH RURAL DEPARTMENT.

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Background and purpose: In France, the number of general practitioners (GP) decreases and makes appear healthcare disparities. The government decides to modernise the patient care management. In 2019, physician assistants appear in the patient primary care team. Initially, they start with public finances. Physician assistants should liberate GP's care time, and the GP could see more patients. The purpose of the study is to explore the GP's view on physician assistants in Dordogne, a French rural department.

Method: Qualitative study employing a thematic analysis was conducted through semi structured individual interviews of GP who work in Dordogne.

Results: Nine interviews were conducted in 2020. The GP interviewed may apprehend the future of their physician-patient relationship. They could be afraid of losing their place of privileged interlocutor, and their freedom of independence in their GP's practice. Physician assistants could help them free up administrative duties. They wondered about the delegation of medical duties, that could depend on their physician assistant's training. The GP who had physician assistant have seen the flexibility in the missions they can delegate to them. They explain an improvement of their quality work. Some GP needs a financial aid to sustain physician assistant’s job.

Conclusion: Currently, the funding of physician assistants in France is based on quantitative criteria and it may be a limit of the perpetuation of the job. Using qualitative criteria will be more pertinent to maintain patient-centered care.

Disclosure: No significant relationships.

EPV230 / #251

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.09 Health care management and policy*

EVALUATION OF THE COORDINATION OF PRIMARY CARE DURING THE FIRST PHASE OF THE COVID-19 PANDEMIC IN BAVARIA, GERMANY

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Background and purpose:

The COVID-19 pandemic poses major challenges to primary care. During the first wave in spring 2020 the German state Bavaria (13 million inhabitants) appointed regional coordination physicians (RCPs) in all counties to support primary care. The tasks of RCPs included coordinating the distribution of protective equipment, implementation of test centers and COVID-19 clinics, collaboration with local authorities and facilitating communication. We investigated how RCPs and general practitioners (GPs) judge the role of the RCP and the government‘s support to primary care.

Methods:

In November 2020, questionnaires were sent to all 85 identifiable RCPs in Bavaria and to all 197 general practices accredited for under-graduate teaching of family medicine at the Medical Faculty of the Technical University of Munich.

Preliminary results:

The overall response rate was 86%. 97% of the RCPs and 70% of GPs considered the appointment of RCPs helpful. Yet, 78% of GPs reported that the influence of the local RCP on daily work was limited. 18% found that the appointment of the RCP thwarted local initiatives among GPs. In general, 94% of GPs reported that they felt left alone in the early phase of the pandemic and 79% that GPs were not sufficiently involved in political decisions. RCPs assessed the collaboration with local political authorities mostly positive while many GPs found the communication of local health authorities insufficient.

Conclusions:

Our preliminary data suggest that the appointment of RCP had some positive consequences. Findings of free-text comments and additional interviews will be presented at the conference.

Disclosure: No significant relationships.

EPV231 / #660

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.09 Health care management and policy*

HEALTHCARE LAW and COVID-19

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The pandemic of COVID-19 could be defined as syndemics. Destruction affects health, economy, policy, legislation of the countries. With the increasing number of patients and the number of affected individuals, the weak chains of the systems became more visible. Our aim in this review is to underline the need for legislation in crisis such as pandemics for patients and healthcare workers.

Methods: The questions will be answered by review of written sources: research, cases, and legislation compared with the guidelines put forward by WHO, ILO, and other international institutions work about occupational health and safety;

What are the responsibilities of health care professionals(HPs) in times of pandemic according to the legislation? What kind of measures should be taken for the protection of the rights of HPs to prevent them? Is there a contradiction between the rights of patients and HPs, or does the protection of rights of HPs serve the rights of patients? Why?

Results: HPs fulfilled their responsibilities during a pandemic following professional ethics and taking preventive measures. Governments, healthcare facilities should inform HPs about the disease, treatment for it, and the preventive measures and PPEs they should take in order to protect themselves, the individuals around them. ILO warns “measures to be taken to minimize these risks, including the provision and use of protective clothing, shorter hours, more frequent rest breaks, temporary removal from the risk and financial compensation in the event of exposure..” Both patient rights and HPs’ rights are basic human rights.

Conclusion: Astana declaration says “health for all”, justice and/or legacy is needed for all, too.

Disclosure: No significant relationships.

EPV232 / #695

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.09 Health care management and policy*

EVALUATION OF REFUSED CONSULTATION REFERRAL IN 2019-2020 and IMPACT OF COVID19 ON SECONDARY HEALTH CARE REFERRAL

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1. Background and purpose

In Portugal, family doctors serve as the gatekeeper of national health service and one of their responsibilities is patient referral to hospital specialties. Since 2019, we have been identifying and discussing rejected referrals in our health center (HC).This work aims to reduce referral errors, as well as discuss and identify cases that should be referred to hospital specialties again.

2. Methods

All referrals are sent through a common program (AlertP1®) between primary and secondary health care. Data were obtained through the AlertP1® platform, with authorization of all involved.

3. Results

In 2019 the 8 family doctors of the HC made a total of 1789 referrals, of which 173 were rejected (9.67%). Refusals for clinical reasons were 114, while the administrative refusals were 59. In 2020, the 8 family doctors carried out a total of 1333 referrals, of which 122 were refused (9.15%). Refusals for clinical reasons were 67, while administrative refusals were 55.

When comparing the first with the second quarter of 2020, during which the country was in total confinement, there was a decrease of 50% in medical referrals.

4. Conclusions

The clinical discussion of all rejected cases allowed to identify and correct errors and improve referral to secondary health care, with a 40% reduction in the number of referral refusals for clinical reasons from 2019 to 2020. Due to the COVID-19 pandemic, the focus on COVID-19 response and the decrease of face-to-face consultation resulted in a reduction of medical referrals of 25% in 2020.

Disclosure: No significant relationships.

EPV233 / #760

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.09 Health care management and policy*

REFRAMING HEALTHCARE SYSTEM PRODUCTIVITY IN TERMS OF MET NEEDS: A FOUNDATION FOR VALUE-BASED ACCOUNTING

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Background and purpose: The traditional production unit of healthcare is an encounter. Assuming all encounters have equal value, this is reasonable, perhaps with adjustment for input costs (e.g., investment in skills). However, under “value based” reimbursement, this accounting unit becomes problematic. Individual providers must know how to spend their next work hour to maximize value and administrators must parse each provider's contribution to value. These are cognitively complex tasks. A clinically meaningful and tractable alternative to encounter-based accounting is accounting based on “met needs”. Segmentation based on population needs is commonly used to maximize value in service industries.

Methods: We have developed a toolkit for providers to quickly identify a core set of patient features corresponding to services likely to produce key benefits. This system is limited to 10 core clinical and social features and 12 services. Notably, services are defined in terms of “what” it means to meet a need (from a health and social services viewpoint), distinct from “how” and “by whom”.

Results: We have validated this approach to understanding unmet needs at the population level. We describe how this work can be extended to allow tracking services in a way that more clearly links practice activities to optimizing value.

Conclusions: Success of a "met needs" approach to optimizing system performance requires agreeing on desirable patterns of care based on evidence and experience, aligning these patterns with value, and promoting contextualized innovation embraced by providers, to achieve outcomes of health, sustainability, and satisfaction for providers and users.

Disclosure: No significant relationships.

EPV234 / #1114

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.09 Health care management and policy*

STRATEGY TO ENCOURAGE PATIENTS TO ADHERE TO THEIR OWN ELECTRONIC MEDICAL RECORD

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Background: La Meva Salut (LMS) is a digital platform provided by the Public Catalan Helath System that posts the patient key medical documents from the patient electronic medical record. This platform allows professionals and patients to access to numerous documents such as discharge reports, sick leave certifications, laboratory results, radiological and other complementary reports. LMS provides benefits not only for patients and healthcare professionals, but also to the system. Aim: To evaluate the effects of a dissemination, facilitation and motivation strategy to improve and increase the use of LMS's platform. Methods: Pre-post quasi-experimental design. The participants were 5 rural primary health care centers that provided care to 32,000 people. The strategy consisted in three focus: (a) disseminating the platform to the local media (information), (b) having a space in the centers to register for the platform (facilitation) and (c)incorporating an economic incentive for health professionals (motivation). The approach was carried out from 2017 to 2019 . Results: In 2017 the records on the LMS' platform were 0.55%. The following year, it increased to 3.11%. In 2019 the records reached up to 10.79%. Conclusions: A scheme that combines information and facilitation for patients with the motivation of health professionals is effective for increasing registrations on the LMS platform.

Disclosure: No significant relationships.

EPV235 / #174

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.10 Ethical issues*

PERSON CENTRED CARE IN DEMENTIA DURING PANDEMICS: THE GP'S ETHICAL DUTIES IN LONG TERM CARE FACILITIES

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1.Background and purpose: Person-centred care in dementia in long term care facilities (LTCF) means 70% of all our residents. Due to pandemic, good-practice has changed or was put aside, even if only for a short time.

2Methods: We as GPs visit once a week our patients in LTCFs, and see the restrictions , mistreatments and social lockdowns in numerous ways. Medical ethical principles guide our daily observation in order to show the negative impact in person-centred approach

3Results: a.Beneficence: temporary prohibition of visits to avoid contagion ; but what about: isolation intra-muros , meals served in sleeping rooms, patients without Covid gathered as 2 persons in a single bedroom, b. Non-maleficence: as GP we see situations where persons with dementia can't express their wishes , but less than 3% have a written living-will; the discussion with families and teams can only speculate on hospitalizations, when legal guardianship is missing c. Respect for autonomy: wandering as an important activity for some persons with dementia and being in "auto-quarantine" and front-doors of a ward closed and d. justice: fear of overloading hospital beds by persons from LTCF, let the Ministry to organize "automatically" in case of a suspected or positive Covid resident, a "palliative care kit" for possible sedation (ad finem!)

4Conclusions: We as GPs have to be the advocate of our patients with dementia in order to respect a minimal amount of good person-centred care in LTCFs also during pandemics. (Optimize patients skills! Minimize our restrictions!)

Disclosure: No significant relationships.

EPV236 / #330

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.10 Ethical issues*

REDEFINING THE PRINCIPLE OF AUTONOMY TO PROMOTE THE MEDICAL CARE RELATIONSHIP

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1. Background and purpose:

Patients have the right to an information and to give a "free" and "informed" consent. The physician makes now therapeutic decisions more "with" the patient rather than "for" him. This is leading to give more autonomy to the patient. How can this ethics notion of autonomy be understood and applied in care?

Objective:

To identify the limits of the principle of autonomy in care in order to propose solutions to facilitate the doctor-patient relationship.

2. Methods:

We conducted a narrative review of the literature of articles (epidemiological, philosophical, economic, sociological, legal...) from the Pubmed, Persée and Cairn databases; and from the grey literature published until 31/12/2018. Data from the different currents of thought were grouped together and compared.

3. Results:

The outcomes of our research shows that physicians can find solutions in philosophical works to enforce the autonomy principle.

First, we found several limitations to the principle of autonomy. Autonomy in health cannot be considered without the responsibility that each person must have towards others. Moreover, autonomy faces determinism (cf. Spinoza). In the care relationship, autonomy would be more the capacity of each person to reach out to others than the capacity to decide alone.

Second, the care relationship must be seen as an accompaniment of equals where each person allows the other to move forward (cf. Ricoeur).

Thus, the care relationship becomes the shared medical decision-making

4. Conclusion:

Autonomy would become an adaptative capacity of the patient-doctor couple. The shared medical decision-making is what should prevail from now on in medical consultations.

Disclosure: No significant relationships.

EPV237 / #492

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.10 Ethical issues*

"GOOD SAMARITAN ACTS" EXPERIENCES and PERCEPTIONS OF GENERAL PRACTITIONERS IN THE WEST OF IRELAND.

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Background

Good Samaritan Acts are defined as situations in which doctors provide medical assistance whilst off duty. Little is known about Irish General Practitioners (GPs) experience in this regard. The decision to intervene can raise moral, legal and professional dilemmas. This studied explored the experiences and perceptions of GPs when faced with medical emergencies in a Good Samaritan context.

Purpose

The Study aimed to:

Determine how many participants have provided Good Samaritan care and how often they have done so.

Describe the scenarios and settings encountered.

Ascertain participants' awareness of Good Samaritan Law

Identify possible barriers to providing Good Samaritan care.

Explore participants' experience of providing Good Samaritan care

Methods

The study used an embedded mixed method design .The data collection instrument was an anonymous postal questionnaire. The target response rate was 30%.

Results

120 completed questionnaires were returned (39% response). The majority of Participants (96%) encountered scenarios where medical assistance was required. The most common scenarios were Collapse (17%), Road Traffic Accident (15%) and Sports injury 14%. The most common reason for not responding was somebody else taking charge (69%). Many respondents encountered difficulties both personal and professional. Concerns included, inadequate equipment and training (27%) and challenging environment at (10%).

Conclusions

GPs whilst off duty, have frequently provided Good Samaritan care. Despite the many personal, professional and ethical dilemmas posed by these stressful situations GPs generally chose to help and felt a moral obligation to do so.

Disclosure: No significant relationships.

EPV238 / #69

E-POSTER VIEWING

Topic: *4. Education / 4.01 Patient education*

USE, ABUSE and DEPENDENCY IN TEENAGERS – COMMUNITY PROJECT

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Background and purpose:

Teenagers are highly vulnerable to addictive behaviours, such as the consumption of alcohol, tobacco and other illegal substances. It is estimated that over 90% of smokers in Portugal started smoking before the age of 25; 75% of students drank alcohol at some point in their lifetime and 16% have tried cannabis at least once. For this reason, it is essential to develop awareness and critical thinking during adolescence.

Methods:

The project was a collaborative partnership with the School Health Department (SHD) of the Primary Health Care Cluster of Western Lisbon and Oeiras. We had several meetings in order to define the main needs of our area of influence and then educational sessions about “Use, Abuse and Dependency” were scheduled.

Results:

As medical interns we gave a classroom session to 10th grade students, where alcohol, tobacco and drug use was identified. The main goal was to elucidate the students about the health and social consequences of consumption. The students’ feedback was truly positive, they showed interest and misconceptions were clarified. Furthermore, they recognised the need for more sessions about other themes.

Conclusions:

These activities promote health literacy and healthier behaviours among teenagers and. It is important to prepare these sessions consistently to create a positive impact in long-term lifestyle changes. We initiated a programme in partnership with the head nurse of the SHD, however it was suspended because of COVID-19. We hope to restart in 2021.

Disclosure: No significant relationships.

EPV239 / #356

E-POSTER VIEWING

Topic: *4. Education / 4.01 Patient education*

IMPACT OF ARAB AMERICAN CULTURES ON DERMATOLOGIC HEALTH KNOWLEDGE

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1. Background and Purpose: Cultural backgrounds are known to have a great impact on health knowledge and daily behaviors of the general population. A deficit of health knowledge is a major obstacle for positive long-term outcomes of disease processes. This study sets out to understand if there is an association between behaviors of the Arab American community and their dermatologic health knowledge (DHK).

2. Methods: A 35-item DHK instrument, consisting of sociodemographics, health behaviors, attitudes, and knowledge components was designed for distribution to consenting patients. DHK is measured on a 0-15 scale. Statistical analysis uses IBM-SPSS and will include Pearson correlation (r), student t-test, and chi-square test. Statistical significance will be assigned at $p<0.05$.

3. Results: An exploratory study was performed using a preliminary DHK instrument and was administered to 30 participants. The group consisted of 80% Arab Americans and 20% others (African Americans, Caucasians, Asian Americans). Results revealed that none of the participants scored 100%; 16% scored 80-90%; 43% scored 60-70%; 20% scored 40-50%; with the remaining 21% scoring below 40%. The results clearly indicate a lack of DHK among the participants to manage their day-to-day preventative health activities.

4. Conclusions: It's crucial that gaps in DHK are identified to implement primary disease prevention. The results of the exploratory study revealed a variable distribution of DHK among the study population and represented the necessity for a broader study. It is visualized that this study would provide an in-depth knowledge of specific DHK gaps and enable development of an educational intervention.

Disclosure: No significant relationships.

EPV240 / #385

E-POSTER VIEWING

Topic: *4. Education / 4.01 Patient education*

MEDICAL ACADEMICS ORGANIZED A CIRCLE CONVERSATION WITH ADOLESCENTS IN ADSCRIPTED TERRITORY OF A FAMILY HEALTH STRATEGY

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The Medical academics of Universidade do Oeste Paulista (UNOESTE), Campus of Presidente Prudente, are inserted, since the first semester, in the context of Public health. In a meeting, it was proposed to organize a circle conversation with focus on Health Education for adolescents. Was raised as an essential theme the Sexually Transmitted Infections, which is the main responsibility for damage to adolescent's health.

Was realized the Circle conversation in a municipal school, where the coordinators were consulted previously and the positive answer permitted the realization of the activity. The medical academics built topics which were necessary to be aboard during the conversation, based on a critical reading of the National Policy for Integral Attention to Adolescent Health and from the epidemiology found in the city's health territory, Which have approximately 16.587 adolescents between 15 and 19 years old. Overall, 60 adolescents were present in the activity, 2 nd and 3rd High School Students. and also, were present 10 medical academics, who were cursing the 3rd period, they were supervised by a facilitator.

After the circle conversation, the teenagers exposed their doubts on a sheet, and the medical academics read and answer loudly, to everyone could listen.

It Was concluded that most of the students know about Sexually Transmitted Infections, but they proved to be oblivious to the relevance of the theme. In this way, it becomes necessary to confirm the importance of health education, in order to implement the public policy related to it that can guarantee the integral attention to adolescent Health.

Disclosure: No significant relationships.

EPV241 / #659

E-POSTER VIEWING

Topic: *4. Education / 4.01 Patient education*

SUSTAINABLE DIET ON A HEALTHY FUTURE

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Background and purpose:

Diet is one of the main determinants of health, and an inadequate diet is associated with increase prevalence of chronic diseases, such as cardiovascular diseases, cancer, diabetes and obesity, which in Portugal are major public health problems. At the same time, concerns about the impact of food consumption on the environment, and the pursuit of a healthy diet respecting the well-being and protection of animals – the so-called “Sustainable Diet” – have motivated the adoption of a vegetarian eating pattern as a practice with an increasing trend.

Methods:

Review of scientific guidelines and articles on internet database (mesh terms: education, vegetarian, diet, sustainable, Portugal).

Results:

There was an increase in the number of vegetarians in Portugal and the development of guidelines for implementation of a well-planned vegetarian diet, promoting nutritionally adequate food consumption in a healthy adult. As scientific evidence points to the benefit of increasing the presence of products of plant origin in food, with an impact on a lower occurrence of chronic diseases, it is important that health professionals know how to advise healthy food habits, informing patients to the associated benefits and risks, taking into account that the main recommendations of the vegetarian diet are related to the content of macronutrients, micronutrients, their bioavailability and the energy value of food.

Conclusions:

It is essential to promote, above all, an interest in patients about healthy and sustainable food alternatives, with the main objective of increasing the quality of life, while empowering them with scientific rigor.

Disclosure: No significant relationships.

EPV242 / #856

E-POSTER VIEWING

Topic: *4. Education / 4.01 Patient education*

EMPOWERING PATIENTS TO DETECT and MANAGE ATRIAL FIBRILLATION BY THE USE OF INTERACTIVE APPS

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Background and Purpose:

Atrial Fibrillation (AF) is the most common heart rhythm disturbance in the UK and accounts for one in five strokes. Technology aids patients in taking more responsibility for managing their health. The apps that we created, Know my Beat [KMB] and Know my Heart [KMH], look for warning signs for AF and also aid those with diagnosed AF to learn more about their condition and how to manage it more effectively. These apps do not replace treatment but underpin it, allowing patients to feel empowered and more independent. We rolled out the apps to the public; and promoted them to clinicians.

Methods:

Clinicians developed these apps with Virtual Health Shed using 3D models and interactive features to illustrate how people can check their own pulse [KMB] and understand more about what a normal heart looks like and what happens when somebody has AF to encourage patients to adhere to prescribed treatment and a healthy lifestyle [KMH]. We promoted the apps to the general public with its QR code on drinks mats across 20 pubs/restaurants, on family doctors' public Facebook pages; and via educational workshops for clinicians.

Results:

Currently KMB and KMH have had 1603 downloads, with installations boosted by the promotional activities. Prevalence rates for AF have risen across a population of 1.2 million people in the last year to an average 2.46% of the population in 2019/20 compared to 2.36% in the previous year.

Conclusions:

Digital mobile apps such as KMB and KMH encourage early detection of AF and adherence to prescribed treatment.

Disclosure: No significant relationships.

EPV243 / #989

E-POSTER VIEWING

Topic: *4. Education / 4.01 Patient education*

EVALUATION OF SEXUAL HEALTH KNOWLEDGE IN A METROPOLITAN FEMALE POPULATION: DEVELOPMENT OF E-LEARNING CURRICULUM

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PURPOSE: Gaining accurate knowledge on reproductive health topics can be a perplexing endeavor, due to dissimilarity in available resources. Our study aims to evaluate sexual health knowledge (SHK) in a metropolitan female population, and determine whether there exists an association of SHK with high-tech and in-person communications to develop an e-learning curriculum.

METHODS: A 50 item evaluation instrument, capturing sociodemographics, range and type of social interactions (digital and face-to-face), and SHK was developed. Of the 50-items, 18 were knowledge-based questions, having only one correct response. One point was assigned for correct answers, allowing for a maximum score of 18. The assessment was administered to adult patients in two ambulatory, metropolitan primary care settings. Data was coded and analyzed using IBM-SPSS. Statistical analysis included: Pearson correlation (r), t and Chi-squared tests. Statistical significance was established at $p < 0.05$.

RESULTS: Of 287 female participants, 85.7% were African-American, 66.2% had incomes < $50,000 USD; with mean age of 55.3 ± 14.8, average years of schooling of 14.2 ± 2.5. and an overall SHK score of 10.4 ± 3.4, on a scale of 0-18. SHK deficits were identified among the participants. The quantity of technological communications ($p < 0.001$) and total number of weekly in-person social interactions ($p > 0.05$), both were positively associated with the SHK score.

CONCUSION: Our study reveals significant gaps in SHK. Additionally, the association of digital and social interactions with the SHK is enlightening, since it provides an ability to develop an e-learning curriculum that fulfills the need.

Disclosure: No significant relationships.

EPV244 / #72

E-POSTER VIEWING

Topic: *4. Education / 4.02 Medical student education and residency training*

MEDICAL EDUCATION IN A PANDEMIC: RESULTS FROM A PILOT LIVE-STREAMED CLINICAL CLERKING CURRICULUM IN A COMMUNITY HOSPITAL

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Background and purpose:

The COVID-19 pandemic has disrupted medical teaching. Conducting clinical teachings, maintaining standards and minimizing assessment disruptions are unprecedented challenges faced. A novel live-streamed clinical clerkship session was trialled in a community hospital to facilitate learning despite barriers limiting patient contact such as being in a “lockdown”. Third year medical students interacted with patients through live-streaming applications during their family medicine posting. We aim to evaluate their perceptions towards this novel teaching method in terms of structure and effectiveness.

Methods:

Students interacted with pre-selected inpatients using teleconferencing applications. A discussion of the session and an online questionnaire were given to participants to gather feedback.

Results:

49 students participated in this study. More than 90% of the participants agreed that the program was a useful learning experience, the audio and visual connection were good and the patient case-mix was appropriate for their learning. 85.7% agreed that the tools and systems were easy to use and accessible. More than 70% of the participants agreed that the program was effective in improving history taking skills, communication skills and case presentation skills. However, 51% disagreed that it was effective in improving physical examination skills.

Conclusion:

Virtual mediums are largely effective modes of learning, except in the realm of physical examination. However, clerking and learning from a patient through virtual mediums cannot supersede face-to-face interactions and its value in medical education. Nonetheless, given the constraints placed upon resources in a global pandemic, it will be worthwhile to improve such curriculum to ensure minimal disruptions to medical education.

Disclosure: No significant relationships.

EPV245 / #107

E-POSTER VIEWING

Topic: *4. Education / 4.02 Medical student education and residency training*

PERCEPTIONS, OPINIONS, and EXPERIENCES OF GENERAL PRACTITIONER SPECIALIST TRAINEES (GPSTS) REGARDING THE ROLE OF PHYSICIAN ASSOCIATES (PAS) IN PRIMARY CARE.

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Background/Purpose:

PAs are a relatively new workforce in the UK. A new postgraduate PA course commenced in Dorset, UK in January 2019. The authors noted some resistance from primary care staff towards PA students and wanted to investigate possible reasons for that. This research aims to understand GPSTs' perceptions of PAs, and to elicit their views regarding introduction of PAs into the primary care workforce. Over the next 5 years Primary Care Networks will receive funding from NHS England to deliver 7 national service specifications, requiring a larger workforce including PAs. GPSTs are the GPs of the future and will be joining the workforce at the same time as many newly qualified PAs.

Methods:

A mixed methods questionnaire was completed by 38 GPSTs. Study participants were selected purposively. Quantitative data were
gathered via closed-ended questions. Qualitative data were gathered from open ended questions and were analysed using thematic analysis.

Results:

Three major themes:

• Perception of role – PAs are 'the same as Advanced Nurse Practitioners'; PAs can only see 'simple cases'

• Challenges faced in primary care – staff do not understand the PA role; patients think PAs are doctors

• Interprofessional working - desire to work with PAs; concern about PAs increasing GP workload

Conclusions:

Awareness of the PA role is lacking in primary care and views of GPSTs have not previously been sought. A better understanding of GPST concerns and GPST education about the PA role may help break down barriers to effective multidisciplinary patient care.

Disclosure: No significant relationships.

EPV246 / #130

E-POSTER VIEWING

Topic: *4. Education / 4.02 Medical student education and residency training*

"ADOLESCENT MENTAL HEALTH IN PRIMARY CARE: A QUALITATIVE EXPLORATION OF FAMILY MEDICINE RESIDENTS' EXPERIENCE and TRAINING NEEDS"

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Background and purpose

Nearly half of mental health conditions start in adolescence but many often go undetected. In Singapore, teenage suicide rates have been on the rise. As the first point of patient care in the community, family physicians are well-situated to address this issue. This study aims to explore the perceptions of Family Medicine (FM) residents toward adolescent mental health and to identify their training needs.

Methods

The study took place in the Department of Family Medicine, National University Hospital, Singapore between February-June 2020. FM residents (R1 to R3) were recruited purposively to participate in Focus Group discussions (FGDs) that were conducted via online video-conferencing due to COVID-19 restrictions and facilitated by a trained moderator using a semi-structured topic guide. All FGDs were audio-recorded and transcribed. Recruitment continued until thematic saturation was reached. The transcripts were thematically analysed.

Results

In total, six FGDs were conducted (N=21, 18 females and 3 males, aged between 26-33 years old). We identified the following themes: (1) Primary care physicians recognize their role in providing adolescent mental health care. However, (2) limitation of resources, time, and physicians' willingness to broach the topic were barriers to care in addition to (3) the palpable stigma within our Asian society and (4) uncertainties and unfamiliarity surrounding the topic. Finally, (5) increasing exposure and learning effective communication strategies during training will benefit residents.

Conclusions

Adolescent mental health is an important territory that FM residents commonly encounter. More exposure and training opportunities will help residents to understand our youth better and provide holistic care for them in the future.

Disclosure: No significant relationships.

EPV247 / #284

E-POSTER VIEWING

Topic: *4. Education / 4.02 Medical student education and residency training*

ONLINE MEDICAL EDUCATION: THE PERSPECTIVE OF MEDICAL UNDERGRADUATES AT FACULTY OF MEDICINE, UNIVERSITY OF COLOMBO, SRI LANKA

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Background and Purpose

Remote learning rose to prominence during the COVID-19 pandemic. Faculty of Medicine, University of Colombo conducted Family Medicine lessons for 3rd year undergraduates online via Zoom. The present study aimed to assess their perspective regarding the use of an online platform in medical education.

Method

Feedback was obtained via a Google Form from 164 medical undergraduates who had completed their Zoom lessons over a two-week period. A quantitative analysis was performed using MS Excel.

Results

The response rate was 93.2% (153). The respondents were between 24-25 years of age (mean=24.4), and 53% (81) were female. Most students (89%) have not used Zoom before the pandemic. 91.5% encountered technical difficulties at least 'sometimes'. Compared to regular classes, 42% reported their focus was better, 87.5% experienced less psychological fatigue while 58% rated Zoom as a better overall learning experience. Regular off-screen breaks was a popular suggestion to improve Zoom lessons (80%). The most preferred length of a Zoom lesson was 45 minutes to 1 hour (73%). Although 34% were concerned regarding its privacy fears, 82% believed Zoom is an effective long-term tool for medical education. 11% preferred in-person learning with strict precautions while 2% opted for alternative software.

Conclusion

Although a novelty, Sri Lankan medical undergraduates appear to have adapted to online learning remarkably well. While certain drawbacks were common, they do not seem to have dissuaded its users. The security and privacy concerns notwithstanding, online learning is poised to be a viable long-term option for medical education.

Disclosure: No significant relationships.

EPV248 / #392

E-POSTER VIEWING

Topic: *4. Education / 4.02 Medical student education and residency training*

THE IMPORTANCE OF THE MULTIDISCIPLINARY FACE AT LEAGUE OF FAMILY HEALTH ON ACADEMIC COMMUNITY

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The Multiprofessional League in family health and Community from Universidade do Oeste Paulista- UNOESTE (University in the Western region of São Paulo), university campus Presidente Prudente- SP, Brazil. Had like purpose during the letive year was work with Healthcare students varied themes which are rarely discussed on Education Curriculum, in order to expand their knowledge and improve their actuation as future health professionals in the labour market. The applied method to organize the meetings was to choose the less covered topics during the academic period in courses in the health area , and the invitation to specialists in the field who are able to present the themes.

During the letive year of 2020, was promoted online meetings, most of the time, because of the pandemic situation, and additionally, organized two online symposiums. Some themes covered in the meetings were: “The role of Religiosity in Health population under detention”, “Mental Health in pandemic period”, “Acceptance of mourning”, “Prenatal care on pregnant woman during pandemic period”; “Golden August”; “Men’s Health and Paternity”; “Auriculotherapy on SUS”; “Autism”; “Immunisation scheduler”; “Demystification of Anti-vaccine movement”; “Cultural competence in Health”; Multidisciplinary Symposium on Violence Against Women”; “Symposium on Sexual Redesignification and Assistance to the Transgender Population”.

The effectiveness of the Health family League and community is evidenced, in the academic community, with the positive reviews that have been made by the league members , and it provides the consolidation of the humanization concept in the public system, as of new knowledge about topics not covered in the classroom.

Disclosure: No significant relationships.

EPV249 / #478

E-POSTER VIEWING

Topic: *4. Education / 4.02 Medical student education and residency training*

MEDICAL STUDENTS' CAREER OUTLOOKS and THE VIEW OF GENERAL PRACTICE CAREERS IN SINGAPORE: A CROSS-SECTIONAL SURVEY.

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Background and purpose

To support its ageing population and the increasing need for chronic care in the community, Singapore needs to attract more doctors into General Practice and Family Medicine (GPFM). But the initiative has been met with challenges because like in many other countries, GPFM in Singapore suffers from a host of (real and perceived) issues that makes it potentially less appealing than other medical careers. To better understand how to attract medical students view GPFM, we conducted a cross-sectional survey among 391 medical students enrolled in one of the three medical schools in Singapore.

Methods

The survey contained questions on what they value in their careers and, perceived attractiveness of different aspects of GPFM careers, and the positive and negative perceptions of GPFM held by themselves, their lecturers, and mentors on placements.

Results

We found that medical students valued job satisfaction and career development opportunities the most and research opportunities the least in their own careers. In addition, they perceived reasonable working hours and close patient relationships as the most attractive aspects of GPFM careers and career advance opportunities as the least attractive aspects. Furthermore, the most prevalent positive perceptions (community-based, continuity of care) of GPFM across the three groups were mostly similar while the negative perceptions were more heterogenous.

Conclusion

These results differ appreciably from those reported prior studies in other countries and highlight the value of situating such inquiries in localised contexts.

Disclosure: No significant relationships.

EPV250 / #611

E-POSTER VIEWING

Topic: *4. Education / 4.02 Medical student education and residency training*

HEALTHY and SOCIALLY RESPONSIBLE UNIVERSITY: PEER EDUCATION ABOUT ADOLESCENT HEALTH

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Background and purpose: Adolescence is characterized as a period when there is adoption of different behaviours that can impact health. Although adolescent monitoring is performed by family physicians, it is still not effective enough. Peer education is an approach to health promotion, in which community members are supported to promote health-enhancing change among their peers. In this Social Responsibility Project (SRP) our aim was to inform university students about the necessity of age-and gender-appropriate adolescent periodic health examination and to raise awareness on the subject.

Method: Eleven first year medical students who were volunteered to participate project were trained about topic. They took eight meetings to discuss about the risky behaviour of adolescence and prepared a sheet including the most risky behaviours to use in peer education. In the following four meetings, adolescents who applied to Family medicine center in the university campus for any reason were given education.

Results: Brochures were explained to approximately 300 students. Adolescents were given peer education about the questions on the brochures and they were directed to the family physician to whom they were registered to.

Conclusion: It is known that adolescents undergoing a biopsychosocial change are at certain risks during this period. These risks are thought to be due to social factors rather than medical and it is important to determine risk behaviours during this period. Considering the importance of peer education in adolescence, it would be appropriate to have some of these trainings done by peers.

Disclosure: No significant relationships.

EPV251 / #746

E-POSTER VIEWING

Topic: *4. Education / 4.02 Medical student education and residency training*

HOSPITAL RESIDENT'S PERCEPTION OF MENTORSHIP IN THE DEVELOPMENT OF LEADERSHIP SKILLS: A QUALITATIVE EXPLORATION OF HOW MENTORING INFLUENCES CLINICAL LEADERSHIP.

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Background

Better patient outcomes are more likely when there is effective clinical leadership and healthcare services are better when doctors participate in leadership. However, there is a need for clinicians to be encouraged and supported in leading within the workplace. Mentorship, especially informal mentoring, is an important way of acquiring leadership skills and focuses on a relationship, that fosters the achievement of specific goals. To date, research in medical education worldwide, has not focused on mentorship for hospital residents. To my knowledge, this is the first study in the Middle East, looking at mentorship of residents and development of leadership skills.

Methods

This is a qualitative study taking a phenomenological, constructivist position. Following ethical approval from the Research Ethics Committee at King Faisal Specialist Hospital Research Canter, participants were recruited using purposive sampling. Data collection was done through semi-structured interviews of twelve hospital-based residents, from various specialties including family medicine, internal medicine, surgery, obstetrics and gynaecology and paediatric in their final two years of training.

Results: The following themes emerged: perception of mentorship, understanding of leadership, influence of mentoring on leadership, leadership styles and interlinking mentoring and leadership. All the participants had a positive perception of mentorship.They felt it would positively influence their leadership aspirations. They aspired to be clinical leaders and the majority preferred a more distributive style of leadership.They believed that mentorship and leadership are connected.

Conclusions: There is a need for residents to learn about leadership. Mentorship was viewed in a positive way, with the majority acknowledging that mentoring would influence them to become leaders in the future.

Disclosure: No significant relationships.

EPV252 / #884

E-POSTER VIEWING

Topic: *4. Education / 4.02 Medical student education and residency training*

MEDICAL SCHOOL and PRIMARY CARE COLLABORATION FOR PATIENTS' BENEFIT DURING COVID-19 PANDEMIC: THE MEDCHRONIC PROJECT

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Background and purpose

The Coronavirus Disease 2019 (COVID-19) pandemic has heavily disrupted medical education and healthcare systems worldwide. During the first confinement, a significant amount of programmed activity was cancelled in the Portuguese Primary Health Care. In medical education, the confinement also forced to cancel planned activities, namely clinical clerkships, and elective programs. Several strategies were established to adapt medical education, ensuring its continuity in a safe learning environment. This work describes a collaboration project developed by the University of Algarve and the Balsa Family Health Unit, the Medchronic, who provided telephone support for patients during first lockdown.

Methods

Medical students made telephone contacts with patients whose family doctors' appointments were cancelled during COVID-19's first wave. They applied a structured interview designed to identify and minimise the impact of isolation on healthy lifestyles, therapeutic adherence, and medical support needs. They also aimed to conduct health education on chronic illness and COVID-19 pandemic.

Results

During May 2020, a total of 167 patients were contacted. Most patients appreciated the contact and considered it very helpful. The students developed communications and clinic skills and considered this project as a deeply rewarding experience.

Conclusions

This project minimized the negative impacts of COVID-19´s outbreak on medical education since it served as a learning opportunity while providing collaborative experience, skills acquisition, and the development of relationships with patients. The students' involvement in this community project also contributed to restrain the impacts on patients' assessment to health care during the Portuguese COVID-19 first wave.

Disclosure: No significant relationships.

EPV253 / #912

E-POSTER VIEWING

Topic: *4. Education / 4.02 Medical student education and residency training*

NATIONAL SURVEY OF UK MEDICAL STUDENTS' EXPERIENCES OF TEACHING and LEARNING DURING THE COVID-19 PANDEMIC

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1. Background and purpose

The COVID-19 pandemic, and resulting social distancing restrictions, has caused an unprecedented disruption to the delivery of medical education worldwide. In the UK, the role of the medical student during the pandemic has been debated. We seek to elicit the view of UK medical students regarding the impact on, and changes to, their teaching and learning during this time. We also aim to seek their opinion on their role during this pandemic.

2. Methods

In a joint project between Univesity College London Medical School and University of Newcaslte Medical School, we sought the opinions of UK medical students using a national online survey. This has been distributed nationally via the Heads of Schools.

3. Results

The survey is currently live; with over 175 responses thus far. Results will be presented focusing on; clinical on-site learning, clinical off-site learning, synchronous and asynchronous remote teaching and the role of medical students during the pandemic.

4. Conclusions

We will present the impact of the COVID pandemic on UK medical students' learning and teaching, and their role during the pandemic from their point of view. We hope this feedback can be utilised in order to help guide and develop both pandemic and post-pandemic teaching and learning in the future.

Disclosure: No significant relationships.

EPV254 / #1136

E-POSTER VIEWING

Topic: *4. Education / 4.02 Medical student education and residency training*

TRANSFORMATIVE LEARNING IN CLINICAL REASONING TEACHING and LEARNING IN UNDERGRADUATE PRIMARY CARE MEDICAL EDUCATION: A SYSTEMATIC REVIEW

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1. Background and purpose

Clinical reasoning (CR) is commonly taught to undergraduate students in the primary health care setting. However, little is known if CR educational activities in this context lead to transformational learning. Using Mezirow's transformative learning (TL) theory, this systematic review sought to identify its elements as an end-outcome in CR educational activities within the primary care context.

2. Method

Assisted by an information specialist and two experts in CR, we searched five databases and other sources using a combination of relevant keywords. We screened empirical studies published in the English language between January 2010 to August 2020. We used review management software Rayyan to make independent decisions about study selections. We conducted meta-synthesis to all included articles and assessed each study's quality using a Critical Appraisals Skills Program UK checklists.

3. Results

From 4515 records identified, 29 made to the final synthesis. Themes were organised around ten steps of TL. Educational activities such as reflective assignment, teaching point, mid-point review, and use of CR teaching tool/method were suggestive of being transformational to CR teaching and learning. In comparison, we identified sub-optimal task fidelity, inadequate supervision, contradictory feedback, poor role-modelling by clinician teachers, and the temporality of TL effects in CR education as setbacks in this context.

4. Conclusions

This review has made apparent essential knowledge about transformative CR teaching and learning in undergraduate primary care medical education. This review may also serve as an impetus for further research in the future.

Disclosure: No significant relationships.

EPV255 / #1164

E-POSTER VIEWING

Topic: *4. Education / 4.02 Medical student education and residency training*

AN EXPERIENTIAL APPROACH TO PATIENT CENTERED CARE BASED ON SOCIAL DETERMINANTS OF HEALTH

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Background: Patient Centered Care (PCC) is challenging to teach at the GME level. We developed a rotation that taught patient centered care using an experiential approach. The educational goals are 1) learn how to access and use community resources, 2) understand social factors affecting child health, 3) understand barriers to healthcare, 4) become familiar with the local community, and 5) understand how illness affects the patient and the family. To address these goals a virtual "shopping assignment" was created. Residents assume the role of the head of a family and by using state-provided financial support, must navigate through a series of exercises ranging from using public transportation to buying groceries.

Methods: Assignments from the last 20 years were reviewed. The 13 components of the exercise were mapped to a specific educational outcome. Descriptive statistics evaluated how well residents completed the assignment and to determine differences in outcomes (creativity and end-cash balance) based on resident demographics.

Results: PL1 residents had better outcomes compared to PL2 and PL3 residents. Residents in groups did better than those who completed the assignment individually. There was no difference in resident outcomes based on gender, ethnicity and type of medical school/graduate (US versus International).

Conclusions: This exercise was key in teaching residents how social determinants of health impacts the lives of patients. Residents found the exercise more difficult than expected but also noted that the experience enhanced their ability to understand, advise and assist their patients.

Disclosure: No significant relationships.

EPV256 / #1295

E-POSTER VIEWING

Topic: *4. Education / 4.02 Medical student education and residency training*

HOME CARE AS AN EDUCATIONAL TOOL IN FAMILY MEDICINE RESIDENCY PROGRAM

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Background and purpose: Home care services (HCS) have an important role of healthcare with the growth in the older population, the increasing prevalence of chronic diseases, and rising hospital costs. The aim of this study is present the 3 years data of home care service, implemented in family medicine residency education.

Methods: The authors have been implementing a program for 8 year, which uses home care as an educational tool to further family medicine residents' understanding in community medicine. Our home care program have been served to 1649 patients in September 2020. The program is conducted with family medicine trainers. Each trainer, resident, nurse and driver as a 4 person team, are involved in eight-ten home visits in a day. Most of the days 2 team are involved to the home visits.

Results: More than 100 assistants received training in 2-month periods. An average of 482 patients per month was visited. Most of these patients had neurological and cardiovascular diseases (23.4% and 12.98%). The most visited age groups each month were as follows: 66-85 (n=245); >85 (n=109); 46-65 (n=56); 19-45 (n=35); <19 (n=17).

Conclusions: This program suggest that the home care services may have crucial role as an educational tool in terms family medicine residents' understanding in community medicine.

Disclosure: No significant relationships.

EPV257 / #204

E-POSTER VIEWING

Topic: *4. Education / 4.03 Professional education and development*

A GOOD WAY TO START – START MGF (GENERAL and FAMILY MEDICINE) 2020

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Background and purpose: Start MGF is a theoretical and practical course created by residents in 2018, seeking to provide higher quality training to younger General and Family Medicine (GFM) trainees from Portugal's center region. It approaches topics considered essential to GFM practice, at the lowest possible cost, and aims to ease the adaptation to the residencies' first year and medical career. The course has been growing and had its 3rd edition in 2020, whose creation process this paper intends to describe, highlighting its role in the professional development of young practitioners.

Methods: A group of 15 GFM residents formed the Organizing Commitee (OC) of the 3rd START MGF. Throughout the 5 months preceding the event, the OC gathered 8 times, deciding issues such as the date, scientific support, pertinent subjects and fitting speakers. Secretary, treasury, and marketing work were also done by the OC. A digital file was created, as well as a book with information about the specialty, courses, clinical content, and advice from recently graduated specialists in GFM.

Results: On-site 30-hour course, spanning 4 days, with optional final evaluation. Counted with 205 participants, mostly 1st year Portuguese residents from GFM. The program consisted of 21 sessions of 30 to 90 minutes, covering subjects such as women's and children's health, diabetes, hypertension, bureaucracy in GFM, scientific work… The reported satisfaction level was 8.89 on a 0-10 scale.

Conclusions: This course's success corroborates the residents' need for guidance in clinical practice and curricular planning. Being made by fellow residents, it more easily answers young practitioners' questions.

Disclosure: No significant relationships.

EPV258 / #253

E-POSTER VIEWING

Topic: *4. Education / 4.03 Professional education and development*

APPROACH TO BEREAVEMENT CARE IN THE PRIMARY HEALTH CARE SETTING - EXAMPLE OF A FAMILY HEALTH CARE UNIT IN PORTUGAL

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Background and purpose: Distress disorders, including complicated grief, are common in primary care, and can be associated with a significant rate of morbidity and mortality. Family doctors are in an excellent position to help individuals during the grieving process, however it is a topic that is not frequently addressed during training or continuing medical education. The objective of this project was to assess family physicians' approach to bereavement care in the family health care centre USF andREAS, Portugal.

Methods: The questionnaire "Family Physicians and Grieving Patients" published in "A Questionnaire Survey of Family Practice Physicians' Perceptions of Bereavement Care" by Lemkau JP et al. in 2000 was translated into Portuguese. All family physicians working on the 19th of November 2020 were asked to complete the questionnaire. After having filled out the questionnaires, a revision of the topic bereavement was presented. Data treatment was carried out with the program Excel®.

Results: Eleven family physicians responded to the survey. Largely, they reported strong views that grief contributes significantly to health problems and that family physicians can play an important role in treating grieving patients. Prescribing behaviour varied greatly amongst physicians, as did the sources of information regarding grief. Time constraint was seen universally as a barrier regarding treatment.

Conclusions: Bereavement can pose significant health risks to patients however training on this topic is often scarce. In responding to the questionnaire, family doctors at USF andREAS confirmed these two notions and we found that great discrepancies exist regarding treatment approaches.

Disclosure: No significant relationships.

EPV259 / #325

E-POSTER VIEWING

Topic: *4. Education / 4.03 Professional education and development*

DEVELOPING EDUCATIONAL RESOURCES TO IMPROVE PRIMARY HEALTHCARE SERVICES FOR PEOPLE WITH DEAFNESS and HEARING LOSS

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Background

12 million people have hearing loss in the UK. GPs have identified a lack of training in the necessary skills to communicate effectively with people who have hearing loss, and this has presented a clear learning gap. Evidence suggests that people wait on average 10 years before seeking help for hearing loss and 30-45% presenting to their GP are not referred to NHS audiology services.

Methods

To address this knowledge gap, a diverse stakeholder group was formed with The Royal National Institute for Deaf People, NHS England/Improvement, RCGP and the patient public voice community, to tackle the barriers impacting hearing health and to raise awareness. A toolkit of educational resources was developed including podcasts, video, screencasts, online courses which GPs, trainees and members of the wider primary care team could access, engage and receive appropriate training and support.

Results

19,850 CPD tinnitus module users; 3,659 podcast listens; 2,576 number of toolkit views. RCGP core curriculum updated with references to hearing loss. RCGP accredited its first Deaf awareness online course for doctors. NHS England bulletin and BJGP article published a piece highlighting the educational resources for use in primary care.

Conclusions

Resources developed give GPs and trainees the confidence to recognise the symptoms of hearing loss and appropriately refer for a hearing assessment in a timely manner. It signposts resources to help with remote consulting and covers new additions of the core curriculum in relation to hearing loss. The toolkit provides QI initiatives and helps GP surgeries comply with legislation (Accessible Information Standard and Equality Act), which is inspected by CQC.

Disclosure: No significant relationships.

EPV260 / #442

E-POSTER VIEWING

Topic: *4. Education / 4.03 Professional education and development*

HOW DO TRAINEES USE EPAS TO REGULATE THEIR LEARNING IN THE CLINICAL ENVIRONMENT? A CONSTRUCTIVIST GROUNDED THEORY STUDY

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Background and purpose: GP-office is not primarily designed for workplace learning. Ample learning opportunities compete with workload and may impair self-regulated learning. Entrustable Professional Activities (EPAs) may support self-regulated learning in the clinical environment by providing a framework for e.g goal setting and feedback. This study explores how GP trainees use EPAs in the clinical environment. Purpose of this study is to explore how EPAs help or hinder trainees' learning in a clinical environment, through the lens of self-regulated learning theory.

Methods: A purposive and theoretical sample of trainees in several stages of their training program was interviewed. Data collection and analysis followed principles of constant comparative analysis. Trainees were interviewed until theoretical sufficiency was reached. In total 10 trainees were interviewed.

Results: Factors influencing self-regulated learning through EPAs were constructed (e.g. framework for learning, motivation and feedback). Factors have both hindering and stimulating influences. Trainees self-regulate their learning by balancing these influences. Three consecutive stages in EPA use could be constructed: adaptation, taking control and ticking the boxes. In the 'taking control' stage trainees found EPAs most stimulating to regulate their learning. Hindering influences were mostly related to poor alignment of learning and assessment goals of EPAs.

Conclusion: EPAs can be of use to inform training and learning activities at the workplace. Profiting most from the stimulating influences of EPAs on learning requires creating circumstances to promote and prolong the 'taking control' stage. Thus EPAs could be used to stimulate self-regulated learning while working and learning in GP-office.

Disclosure: No significant relationships.

EPV261 / #451

E-POSTER VIEWING

Topic: *4. Education / 4.03 Professional education and development*

BRINGING A WEEKLY GLOBAL COMMUNITY OF FAMILY PHYSICIANS TOGETHER USING A VIRTUAL PLATFORM DURING COVID19 - #STRONGERTOGETHER

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Background

The COVID-19 pandemic disrupted health care and education across the globe. In our e-poster, we engage in an international dialogue how the University of Toronto's Department of Family and Community Medicine (DFCM) created a weekly virtual learning collaborative called Co-TIPs, offered to former Toronto International Program (TIPs) graduates and including DFCM faculty, to foster active and live exchange across a global community.

Methods

Using zoom as the virtual video platform, weekly didactic sessions were held April to December 2020 (19 sessions), average 12-15 participants from 12 countries (India, Japan, Brazil, Haiti, Ethiopia, Jamaica, Saudi Arabia, Egypt, Australia, Nigeria, Kuwait and Canada). Topics and faculty presenters were decided on based on consensus, and ranged from a discussion of Telemedicine internationally, Continuity of Care during COVID-19, to Public Health, Primary Care and Community Engagement, Cross Cultural Competency and Medical Education.

Results

Virtual Co-TIPs provided a unique supportive platform with focus on global issues in primary care and education. The virtual learning collaborative allowed for an active exchange regarding primary care delivery in different settings and countries, during and beyond the pandemic. The participants unanimously agreed that Co-TIPs enhanced the resilience of family medicine leaders through an online sharing of experiences during a global pandemic.

Conclusions

Co-TIPs, the University of Toronto DFCM's International Program created as a new virtual learning collaborative offered new opportunities to provide easily accessible education on important topics in primary care, and strengthened strategic partnerships with a global family medicine community.

Disclosure: No significant relationships.

EPV262 / #497

E-POSTER VIEWING

Topic: *4. Education / 4.03 Professional education and development*

CYANIDES: GENERAL TOXIC DEADLY POISONS - ROLE and PLACE OF THE GENERAL PRACTITIONER

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Cyanides are seriously present in people's lives. Natural sources of cyanides and those of human activity create preconditions for the occurrence of acute intoxication with them. One of the first doctors-respondep to the patient is a general practitioner (GP). This determines the question “How significant is role and place of GPs in their preparation for medical care in cyanide poisoning?”.

The aim of the study is to formulate the role and place of GPs for the population in living conditions closely related to cyanides.

The methods used for this research are documentary and deductive-analytical.

The results of the study indicate that a significant proportion of plant species in human life contain amygdalin. Some of them can cause both acute and chronic forms of intoxication. Drug toxicology also targets some drugs that can also cause this poisoning. Products from the food industry, in the chemical, metallurgy, etc., or in case of fires are also risk factors. GPs knowledge of the physico-chemical characteristics, toxic properties and clinical manifestations is the right step in timely health risk management. Recognizing the early symptoms of acute poisoning is a priority for early therapy. Severe poisoning poses a new task to overcome and solve. The complex skills of the symptoms and their dynamics on the part of the GP is a reliable base for making an early diagnosis.

Conclusions. A patient with cyan intoxication, at the right place and time, with a GP prepared to recognize and treat is more likely to survive and overcome the late consequences.

Disclosure: I do not have!

EPV263 / #555

E-POSTER VIEWING

Topic: *4. Education / 4.03 Professional education and development*

CAN VIRTUAL INTERNATIONAL EXCHANGES ENHANCE PROFESSIONAL DEVELOPMENT IN GLOBAL and INTERNATIONAL HEALTH?

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Background

The COVID pandemic has highlighted how interconnected our world is and the importance of healthcare professionals having a good understanding of current and emerging global health threats and challenges. There is an urgent need for educators to review postgraduate training programmes to ensure that doctors have adequate global health knowledge and skills. The traditional approach to developing global health competencies was through overseas medical electives and exchanges, but these are likely to be limited for the foreseeable future and the opportunities were often best suited to junior doctors who had fewer work and family commitments. The aim of this project was to explore ‘virtual international exchanges’ as a tool for postgraduate education in global health.

Methods

We undertook a systematic literature review of 'Virtual International Exchanges (VIEs)' and 'Collaborative Online International Learning' with studies where participants were health care professionals or students. We then assessed GP trainees self rated competence in global health and their views on participating in VIEs.

Results

11 key papers emerged from the review showing this is an under explored but promising pedagogical tool. Participants not only learnt about global health and health care systems, but also developed skills in reflective practice, communication and intercultural competence. >95% GP trainees agreed it was important to learn about global health. 75% thought that VIE could enhance GP training and 62% were personally interested in participating.

Conclusions

GP trainees were positive about VIEs. They hoped to improve their communication skills, understanding of different cultures and health care systems and to be challenged to think about new ways of working.

Disclosure: No significant relationships.

EPV264 / #751

E-POSTER VIEWING

Topic: *4. Education / 4.03 Professional education and development*

MGFLASH – FAMILY MEDICINE PRACTICAL COURSE FOR RESIDENTS

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Background and purpose:

MGF Flash is a theory-practical course introductory to Family Medicine. It was designed for newly arrived residents. Our specialty intervention is so wide that it can be challenging to adapt to so many and different curricular objectives.The main goal of the course is to improve knowledge and provide guidance at the beginning of the professional activity in this area.

Methods:

We started this project in 2019 and this year we presented the 3rd edition. Initially an 8 hour course with 10 sessions of 20 to 50 minutes each. In 2020 we decided to grow to a 16 hour course. Initially we started as a live event but in 2021 we went fully online. At the end of the event participants were asked to answer to an evaluation query.

Results:

MGF Flash got a rising number of participants, 40 in 2019, 137 in 2020 and 509 in 2021. From the evaluation query, we got a global satisfaction index of excellence, over 4.5/5, in the first 2 editions. Data on this year edition not yet available. All participants said they would recommend it to all colleagues.

Conclusions:

Short and practical approached sessions, over hot topics in family medicine, seem fundamental for a young resident to start the journey in the new specialty. Educational needs and expectations achieved as seen on the hight level of satisfaction. Highest participation in 2021 in relation to the online format, by the pandemic reason, that facilitated participation from all regions of Portugal.

Disclosure: No significant relationships.

EPV265 / #853

E-POSTER VIEWING

Topic: *4. Education / 4.03 Professional education and development*

HOW SHOULD WE APPROACH / OPERATIONALISE GENERALISM IN MEDICAL EDUCATION? A NARRATIVE REVIEW OF INTERNATIONAL POLICY and MISSION DOCUMENTS

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1. Background and purpose

Whilst generalists are essential for healthcare, there is a lack of understanding about what generalism means and how to support training of doctors. This review forms part of a larger project seeking to articulate the nature of generalism.

This review aims to examine how generalism is characterised within undergraduate and postgraduate medical education in health policy documents from across the UK, Canada and North America and how doctors should be trained.

2. Methods

Systematic searches were conducted in Medline, Psycinfo, Socioindex, EMBASE, OVID Healthstar, Scopus and Web of Science. Search terms included ‘generalism’, generalist’, ’internal medicine’, ‘surgeon’, ‘paediatrics’ and ‘psychiatry”. Grey literature was also explored.

Texts from 1999–present were included. This review limited inclusion to English language policy or mission documents. Forward citation searches and hand-searching references of relevant documents was also undertaken.

We began by familiarising ourselves with documents and identifying relevant sections. An iterative process of deductive and inductive analysis was then performed to answer our research questions.

3. Results

So far 31 relevant documents have been identified. Early results suggest there is little information about how generalism is ‘done’. Whilst ‘excellent generalist care’ should be valued and there is an imperative to increase generalist training, it is not clear how this should be achieved.

4. Conclusions

Our review will set out recent descriptions of generalism. It will comment on key characteristics, challenges and how doctors should be trained. It will also identify gaps in current literature and consider future directions.

Disclosure: No significant relationships.

EPV266 / #1259

E-POSTER VIEWING

Topic: *4. Education / 4.03 Professional education and development*

COLLABORATIVE WORKING BETWEEN HEALTHCARE and CHARITY TO IMPROVE CANCER EDUCATION AMONGST PRIMARY CARE TEAMS IN WALES

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Background and purpose

The Macmillan Primary Care Cancer Framework (MPCCF), a five-year programme funded by Macmillan Cancer Support Charity, was tasked with supporting primary care professionals to diagnose, care for and support people affected by cancer in Wales. The programme consisted of a network of General Practitioners (GPs) and Nurses, supported by an expert programme team.

Methods

Since 2017, the MPCCF team have developed and delivered 94 educational events reaching 1,297 primary care staff across Wales including GPs, Practice Nurses, Allied Health Professionals, Practice Managers and Administration staff. These events covered a wide range of topics, including Holistic Cancer Care Reviews, Cancer in Primary Care, Cancer Signposting for Non-clinical Staff, Covid-19 and Cancer. During the pandemic, moving to an online platform increased attendance as there was no travel time or cost, geographical location was no longer a barrier.

Results

Collaboration with local health boards or third sector organisations in the development or delivery of these sessions occurred in 39.4% (n=37) of events.

The feedback from these events have been very positive. Participants reported

increased confidence and skills to support patients

increased knowledge, awareness of tools and resources

This also facilitated improved communication between primary and secondary care.

Conclusion

All events were well attended, suggesting that there is a need and appetite for cancer education in Wales. Demonstrating adaptability during the pandemic, the team collaborated to provide innovative cancer education events for primary care teams across Wales. Overall, attendees rated the events very highly and reported several benefits to their practice.

Disclosure: No significant relationships.

EPV267 / #1294

E-POSTER VIEWING

Topic: *4. Education / 4.03 Professional education and development*

EVALUATION OF THE KNOWLEDGE LEVEL OF PRIMARY CARE PHYSICIANS IN ALLERGIC DISEASE MANAGEMENT IN IZMIR

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Background and Objectives

The prevalence of allergic diseases in the world is increasing dramatically . Previous studies have shown that physicians fail to manage allergic diseases. The aim of this study was to measure the level of knowledge of family medicine physicians working in family health centers in İzmir to manage allergic diseases.

Methods

It is aimed to apply the Allergic Disease Management Knowledge Level Questionnaire and sociodemographic data questionnaire prepared by the researcher by taking expert opinions with Delphi method to 268 physicians selected by cluster sampling method. We analyzed a 2016 cross-sectional survey with responses from 208/268 (77% response).

Results

The average score of 202 family physicians who participated in our study was 59.81 (The max score is 100). While age ($r = -0.144$, $p = 0.038$), and participation in an education activity ($p = 0.01$) had a statistically significant effect on the total score, gender ($p = 0.91$), the working years as physician ($r = -0.09$, $p = 0.19$), the number of patients who applied to their outpatient clinics with allergic complaints in the last week ($r = 0.08$, $p = 0.25$), the number of patients who applied to their outpatient clinics with any complaints in the last week ($r = 0, 10$, $p = 0.14$), title ($p = 0.09$), allergic disease status ($p = 0.05$) did not have a statistically significant effect on the total score.

Conclusions

The knowledge level of primary care physicians who participated in our study about allergic disease management was insufficient. Allergic disease management knowledge levels were high in those attending any education.

Disclosure: No significant relationships.

EPV268 / #150

E-POSTER VIEWING

Topic: *4. Education / 4.04 Professional skills and communication*

BEING WELL and WELLBEING: BETTER UNDERSTANDING OF PATIENT PRIORITIES IN PRIMARY CARE

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1. Background and purpose.

Achieving desired health outcomes in primary care can be challenging because of dissonance between the theory and reality of medicine, inadequate understanding of patient perspectives and priorities regarding wellness, wellbeing and goals of treatment, and under-emphasis of the concept of whole-person care in the doctor–patient relationship.

2. Methods.

Anticipated dissonance in the doctor–patient relationship was explored using a self-designed audit, which also functioned as an educational and engagement tool.

Over a 12-month period, 282 adult patients (aged 24–94 years) provided responses to a question asking them to describe their best day in the context of their current health status. These responses were then entered into the Classifications field of the practice's patient management system.

3. Results.

Most respondents appreciated the opportunity, with a small number commenting on the challenging nature of the question.

4. Conclusions.

Entering audit findings into the patient's clinical record in a format accessible to all clinical staff enables increased opportunity for patients to be valued and engaged with. Goal setting and therapeutic choices can be made in the light of a better understanding of what matters most to the patient.

LESSONS and MESSAGES: This project provided valuable and, at times surprising, information to clinical consultations that had not previously been obtained from or offered by patients. Such information requires an intentional, engaged and collaborative interaction with the patient, and enhances patient-centric consultations with a focus on whole-person care and wellness in the journey to therapeutic goals and health outcomes.

Disclosure: No significant relationships.

EPV269 / #338

E-POSTER VIEWING

Topic: *4. Education / 4.04 Professional skills and communication*

GUIDE OF PRECONCEPTIONAL COUNSELLING FROM PRIMARY CARE

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Background and purpose

The Preconceptional Counselling is focused in promoting the health of the woman and of her offspring from a multidisciplinary point of view and must prevent the transmission of inherited genetic disorders. The Primary Care (PC) has a privileged situation; they are the health professionals that better know the personal and familial medical history of each person. There is a need of a protocol to help to the health professionals of PC to carry out the first phase of the Preconceptional Counselling. The “Guía de Asesoramiento Preconcepcional para Atención Primaria” (Guide of Preconceptional Counselling for Primary Care) has been put into practice with the general purpose of avoiding the transmission of inherited genetic disorders.

Methods

That multidisciplinary team has checked the bibliography in that regard and has prepared a clinical guide with a profile of knowledge for PC. This is divided in sections of assessment of the couple, of procedures to carry out, of personal and material resources required to develop the process, of criteria of derivation, and with annexes of information for the couple and the health professional.

Results

With this guide we have a tool to: Assess the maternal health; Advertise healthy life habits to reduce the risk of congenital defects in both parents; Identify in the couple the situations or risk factors to transmit an hereditary disease; Prevent the recurrence of hereditary diseases in the same family; When necessary, to derive the couple to a service of clinical genetics.

Conclusions

Now it's possible to apply this new tool for the preconceptional counselling from Primary Care.

Disclosure: No significant relationships.

EPV270 / #495

E-POSTER VIEWING

Topic: *4. Education / 4.04 Professional skills and communication*

STRATEGIC PRINCIPLES OF FAMILY MEDICINE DURING ACUTE POISONING: WHEN THE TIME IS LIMITED and MORE VALUABLE THAN THE GOLD

Diana Dimitrova
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In his practice, GPs encounter patients with acute poisoning. Exogenous intoxications with highly toxic chemicals pose serious time challenges to GPs. The ti

me as a scarce resource in acute poisoning requires quick and adequate behavior decisions.

The aim of the study is to systematize the basic strategic principles of behavior of GPs in acute poisoning and to present a simplified unified model for phased risk reduction.

The methods used for this research are tactical-strategic risk analysis and constructive-analytical modeling.

The results of the study indicate that it is necessary to build basic simplified diagnostic and therapeutic behaviors for GPs. The GP knowledge of the different classifications of poisons helps to understand the processes of medical provision of the population based on the type and severity of clinical manifestations. The search for specific clinical syndromes in each group of poisons is a strategic step to creating a unified model of approach and rapid response. The simplified and clear protocol for the operation of GPs in a textual and schematic version is a tactic for reducing the risk of fatal outcome and permanent damage to the patient: emergency measures and dynamic monitoring; diagnosis and triage; antidote therapy; two-stage detoxification depuration; CPR and stabilization of hemodynamic with intensive therapy from the spot.

Conclusions. Good knowledge and mastery of the basic stages of behavior in acute poisoning for GPs provide significant benefits for both the patient and the doctor, and for society as a whole. The application of simplified models reduces the risk of death and disability of the intoxicated.

Disclosure: I do not have!

EPV271 / #589

E-POSTER VIEWING

Topic: *4. Education / 4.04 Professional skills and communication*

PERSONALISED RELATIONAL CONTINUITY OF HEALTHCARE: HOW TO ACHIEVE THIS IN PRACTICE

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Background and purpose

Research has previously shown that increasing continuity of care reduces service use, morbidity and mortality. The next question to address is how can continuity of care be increased within a pressurised healthcare service? A Health Foundation Programme was designed to identify which approaches will lead to an increase in relational continuity of care. The programme covers 0.5 million patients across five locations in England. It started in 2019 and is to complete in June 2021. The programme will complete despite the Covid pandemic.

Methods

Qualitative and quantitative evaluation of the Health Foundation Continuity of care programme has assessed a range of locally designed interventions to increase continuity. The presentation will describe these approaches and give practical tips on how to increase personalised care and relational continuity

Results

Some of the key points we will present include; tailoring the approach to the setting, preparing the setting, use of patient groups, patient focused information, involving the whole healthcare team, use of measurement tools, feedback on continuity of care, helping frequent attenders, and helping doctors with their heart-sink feelings associated with care of complex patients. These and other interventions in this programme have been associated with increased continuity and reduction in urgent attendance in care centres and emergency departments.

Conclusions

A comprehensive range of approaches to increase continuity of care have been developed within the Health Foundation programme. These have been shown to increase continuity of healthcare and are associated with increased patient, staff and GP satisfaction, reduced workload and reduced urgent service use.

Disclosure: Professor Mark Rickenbach is currently funded as a Clinical Champion of Continuity of Care for the UK Royal College of General Practitioners by the UK Health Foundation. Mrs Julie Davidson is partly funded as an Operations Director under the Health Found

EPV272 / #630

E-POSTER VIEWING

Topic: *4. Education / 4.04 Professional skills and communication*

EFFECTIVENESS OF A FORMATIVE INTERVENTION ON PATIENT-CENTERED MEDICINE IN PRIMARY CARE

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Background: The Patient-Centered Medicine (MCP) method has been gaining more and more adherence in clinical practice through the growing evidence of improvement in terms of the patient's health and quality of life, associated with the use of this method during the consultation. The aim ofthis study was to evaluate the effectiveness of a formative intervention on MCP with the medical community.

Methods: An longitudinal study was carried out in three primary care units (USF), in which the Patient Perception of Patient-Centeredness (PPPC) questionnaire, in its portuguese version, was applied in two different periods: before and after a formative intervention with the doctors of each USF, reviewing the main components of MCP and the first phase results. Descriptive and inferential analysis was performed.

Results: Sample of 185 patients, most of them female (70,8%), aged between 35 and 64 years old (45,4%), with no significant differences between the first and the second period of application. In the PPPC-VP questionnaire, 75.7% to 96.8% of the answers corresponded to the maximum value in most questions. All questions showed an increase in the quotation in the second phase of the questionnaires, with a positive growth dynamics of +0.04 in the average of the results of the 3 USF.

Conclusions: The intervention was probably effective in increasing the application of all the components of the MCP. This study provides additional support on the need to increase the dissemination of the MCP clinical method among primary health care, showing that this kind of intervention seems to be an effective way to achieve this goal.

Disclosure: No significant relationships.

EPV273 / #826

E-POSTER VIEWING

Topic: *4. Education / 4.04 Professional skills and communication*

A YEAR OF BALINT GROUPS IN PORTUGAL.

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Background and purpose | Balint Groups exist in Portugal since 1993. Currently, and throughout the year of 2020, nine groups remained active. Traditionally, Balint Groups are composed of various members that meet, seated in a circle setting and guided by a Leader and Co-leader. The process begins when one member presents a case focused on the doctor-patient relationship.

Due to the global pandemic, indoor and in person groups were suspended, and there was a need to adapt alternative ways of meeting. Some groups met outdoors, but most came together online. Despite the perceived (and reported) advantages of this method “few” participants commit to attend regularly. This national based research aims to characterize the participation in Balint Groups as well as participant profile.

Methods | Members of Balint Groups (since March 2020) interviewed in focus groups. Interview transcriptions were subject to qualitative context analysis.

Results | Seven (out of nine) Balint Groups opted for an online format with an average of 5 to 6 elements. Perceived obstacles varied from “technological issues", to group engaging strategies. These counterbalanced with the opportunity that new members, from remote locations, could participate online groups in a secure environment.

Conclusions | Profiling members of active Balint Groups, identification of existing barriers and acknowledging the perceived benefits of online groups, allows to tailor strategies that improve doctor patient relationship national wide (and beyond).

Disclosure: No significant relationships.

EPV274 / #1177

E-POSTER VIEWING

Topic: *4. Education / 4.04 Professional skills and communication*

LARC'S SCHOOL - AN IN-HOUSE TRAINING PROJECT

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The Portuguese family doctor dedicates part of his weekly schedule to family planning consultations. In Portugal, healthcare centres offer a wide range of contraceptive methods, including long-acting reversible contraceptives (LARC) - the subcutaneous implant and the intrauterine system. Thus, training in the techniques for placing and removing these devices is essential. This is often carried out in hospitals for a limited period of time.

Acknowledging training limitations and recognizing the potential of resources available in the primary care setting, Family Healthcare Unit (USF) Marginal created a training project that aims to educate resident and senior doctors who do not have or want to improve this ability. Therefore, three actions were taken: assistants who have these skills were assigned as trainers; guidelines for placement and removal of each LARC were developed, and a minimum number of procedures to observe and perform under tutorship were defined. As for the circuit, after fulfilling the minimum number of observations, the trainee undergoes an OSCE-type assessment to begin practical training. The final evaluation takes place in a family planning consultation.

The project aims at improving the mastery of theoretical and practical skills necessary for counselling, placing and removing a LARC, increasing the number of doctors with this competence and, consequently, the availability and promptness of these methods for women who seek them.

Structured, continuous and accessible training is essential for pre- and post-graduate medical practice. The project proves that it is possible and desirable to improve in-house training for acquiring these and other medical competences.

Disclosure: No significant relationships.

EPV275 / #1258

E-POSTER VIEWING

Topic: *4. Education / 4.04 Professional skills and communication*

POSITIVES DURING THE COVID -19 PANDEMIC – UPSKILLING AS A DIGITAL CHAMPION TO SUPPORT A FUTURE-READY WORKFORCE.

Savita Shanbhag
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Background and purpose

The COVID-19 pandemic has dramatically accelerated the digital transformation of the NHS in Wales. More people are working remotely and collaborating online using the Microsoft Teams platform. Digital Champions from various NHS teams were recruited for a voluntary role to drive the uptake of technology at grassroots level.

Methods

Digital Champions were offered the opportunity to attend online training sessions to learn about various components of Office 365 software. Attending live lunchtime events and watching the recorded sessions enabled me to upskill. A network of champions and trainers communicated successfully using Microsoft Teams, which allowed people to discuss queries, and solve problems at a pace that would not have been previously imagined.

Results

With online delivery of sessions, geography was no longer a barrier and learning became easily accessible. The ability to use technology optimally in my own work improved the speed and efficiency of working, enabling me to focus attention and add value to projects. Sharing my learning with team members provided the impetus for change that ultimately benefits patients.

Conclusions

For me as an employee, this training offered an opportunity to improve knowledge and herald a change within my own team, aid the development of projects and increase efficiency in the system by adopting new ways of working. Upskilling the existing workforce builds talent within organisations and employees feel valued, with increased confidence and job satisfaction. Adaptability, a passion for learning and flexibility are vital to come out of the pandemic with a positive experience.

Disclosure: No significant relationships.

EPV276 / #1080

E-POSTER VIEWING

Topic: *4. Education / 4.05 Team work and collaboration*

COMMUNITY and CO-DEVELOPMENT PROJECT EXPERIENCE IN A RURAL AREA IN SENEGAL

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Background and purpose: In 2006 born an ONG in Bolembou (situated 500km far from Dakar). It is founded by cooperators and immigrants from this town to our country. Bolembou belongs to a rural area with poor resources and isolation. A study was carried out to define the environment, the population and their needs and to start meetings and committees to prioritize interventions. These interventions would have the aim to improve both the infrastructures and the population health.

The objectives of this community experience were to know and to take part of a community project that works as a co-development ONG.

Methods: co-development (cooperation way where the immigrants participate in the development and they contribute initiatives) and community health (interventions and actions addressed to improve the community health)

Results: the town has drinking water from fountains, there are orchards per family and a health care center (nurse, a midwife and health agents) and school improvements.

Conclusions: the projects have been carried out from a communitary and co-developed point of view and have allowed that all the projects can be self-managed and self-financed to continue evolving and progressing by themselves. Even in the actual coronavirus pandemic periodical meetings are being carried out to continue all projects and start new ones.

Disclosure: No significant relationships.

EPV277 / #1124

E-POSTER VIEWING

Topic: *4. Education / 4.05 Team work and collaboration*

OPTIMISING USAGE OF MICROSOFT TEAMS IN A PANDEMIC: ROLE OF A NHS WALES DIGITAL CHAMPION.

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Background and purpose

As part of the national Office 365 initiative, Digital Champions were recruited within the NHS to drive the adoption of technology and digital maturity of the workforce. To ensure support across the NHS, a General Practitioner joined the initiative with the aim of driving efficiencies to benefit colleagues and patients within primary care.

Methods

During the COVID-19 pandemic, the Macmillan Primary Care Cancer Framework Programme consisting of GPs, nurses and administration staff from across 7 Health Boards within Wales, met virtually on Microsoft Teams fortnightly. The Lead GP in Hywel Dda University Health Board, acting as a Digital champion, adopted innovative technologies to enhance the team's output. Creating a Microsoft Teams channel aided a project development for the programme. Faced with some resistance due to lack of knowledge about the platform, online peer learning, and the creation of training videos by the GP Lead, increased colleague's participation.

Results

Using Microsoft Teams platform facilitated access to and uptake of shared learning as there was no travel time. The creation of a channel on a collaboration platform allowed colleagues to chat and work on shared files together in real time. Previously this would have resulted in long email chains, multiple versions of files that needed merging, making projects far less efficient, and subject to misinterpretation and error.

Conclusion

With any change there are early adopters and those who will resist. A Digital Champion who understood and overcame these barriers has resulted in increased efficiency and opportunity for collaborative working.

Disclosure: Hable is funded by Microsoft to support NHS Wales. I do not gain personally in any capacity however any positive outcomes from this would be seen in a positive light for Hable which in turn could generate more revenue from Microsoft. Mrs Sital Champaneria

EPV278 / #1176

E-POSTER VIEWING

Topic: *4. Education / 4.05 Team work and collaboration*

ADOPTEUNPAIR.COM - DEVELOPMENT OF A QUALITY CIRCLES PLATFORM

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Background and purpose:

Peer review groups (PRGs) or quality circles are known as a method of improving the practice of physicians. One of the obstacles to setting up a PRG is the difficulty of finding available colleagues to create a group. To our knowledge, no platform exists so far that facilitates finding PRGs in a region nor getting in touch with other peers to create such groups. The purpose of this project was the creation of a free online platform allowing general practitioners to search for a PRG in their region and find interested peers to create their group.

Methods:

Establishing the online platform required four stages: a narrative literature review aiming to explore the use of PRGs; the creation of the website's bill of specifications with the help of members of the French Society of General Medicine; the construction of the website; and finally, the evaluation of the platform.

Results:

An online platform dedicated to general practitioners was created to tackle the challenges of PRGs. Accessible at www.adopteunpair.com, it lets users view existing groups based on their location and create a free account to access contact details and other features, such as creating new groups. To our knowledge, this is the first online platform for PRGs. In the evaluation stage, fifteen users answered the questionnaire with a System Usability Scale (SUS) score of 87.78.

Conclusions:

Adopteunpair.com is a new tool created to answer the current challenges of PRGs, a free online platform that will allow healthcare professionals to organize themselves independently and participate in the promotion of this type of training.

Disclosure: No significant relationships.

EPV279 / #1317

E-POSTER VIEWING

Topic: *4. Education / 4.05 Team work and collaboration*

MACMILLAN PRIMARY CARE CANCER FRAMEWORK: A COLLABORATIVE, PRIMARY CARE-BASED COMMUNITY OF PRACTICE TO IMPROVE CANCER CARE THROUGHOUT WALES.

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Background and Purpose

The MacMillan Primary Care Cancer Framework is a Welsh programme, which has been funded by MacMillan Cancer Support Charity for 5 years. General practitioners and nurses, representing all the Health Boards, work together with an expert programme team. The team was created to support primary care to improve the quality of cancer care. It aimed to improve communication and collaboration between primary and secondary care, and encourage the involvement of primary care representatives in cancer improvement initiatives across Wales.

Methods

As a community of practice, we provide a supportive environment to encourage sharing of experience and ideas. With regular meetings and digital platforms, we share successful initiatives and develop projects. Our expert programme team co-ordinate the team and provide communications and evaluation expertise. Developing the role of primary care in national cancer forums led to representation in national cancer site groups and peer review panels.

Results

Sharing of good practice has resulted in the extension of individual projects, including health board newsletters, multi-disciplinary educational events, and quality improvement initiatives across Wales. The value of primary care input in improving cancer care has been established. We have integrated with our secondary and tertiary care colleagues to strive towards optimal cancer care and patient experience.

Conclusions

We have created a valuable, supportive and inspiring community of primary care professionals, with a shared enthusiasm for improving cancer care in Wales. This has led to the extension of successful initiatives across health boards, and primary care representation in national cancer forums.

Disclosure: No significant relationships.

EPV280 / #57

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.01 Research methodology*

2PROACT-HYT - AN HEALTH PROMOTION PROGRAM AIMED AT INCRESING PATIENT AWARENES and CONTROL OF HPERTENSION and CARDIOVASCULAR RISK

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Background

Cardiovascular disease remains the top cause of death in the World, with Hypertension as one of the major risk factors. Several strategies and therapeutic options exist but, patient adherence, awarenes and capacitation remains an important limitation in hypertension treatment.

With this project we aim at improving blood pressure parameters, body mass index, waist circumference, physical activity and health literacy of hypertensive patients, implementing a series of interventions, at an early and assymptomatic stage of the disease (40-49 years-old), aimed at raising awarenes of the comorbidities and deleterious outcomes of uncontroled hypertension.

Methods

We report the methodology of a randomized control trial in wich the test group, adding to usual treatment and an hypertension and cardiovascular risk structured seminar, will be exposed to a series of simulations, in a safe and pedagogic fashion, such as leg and arm immobilizers for hemiparetic stroke simulation, weighted vests and ankle weights for heart failure, foggy vision goggles for hypertensive retinopathy. In each of this simulations, patients will be asked to perform specific tasks that they would normaly do with no difficulty, such as peeling an orange, choosing and reading medication, or climbing a two-story stair. The control group will receive only usual treatment and the seminar. We enrolled 85 patients, randomly assigned to each group (Test Group, n=43, 19 females; Control Group, n=42, 15 females). Follow-up evaluations will be made at 0, 6 and 12 months.

Preliminary results and conclusions

With this project the researchers wish to prove the benefits of an early stage intervention in the disease, improving long term health outcomes and promoting meaningful lifestyle modifications and therapeutic adherence.

Disclosure: No significant relationships.

EPV281 / #291

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.01 Research methodology*

CASE STUDY WITH A PARTICIPATORY APPROACH IN IMPLEMENTATION SCIENCE OF HEALTHCARE INNOVATIONS: GOOD PRACTICE RECOMMENDATIONS FOR PRIMARY CARE RESEARCH

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Background and purpose

Case studies combined with a participatory approach of consultation with stakeholders may improve the implementation of complex healthcare innovations and knowledge application. The aim of this presentation is to illustrate this kind of case study with the example of the PriCARE program and to propose good practice recommendations.

Methods

The PriCARE program is a multijurisdictional Canadian study aiming to evaluate the implementation of a case management intervention in 10 primary care clinics of five provinces, for frequent users of healthcare services with chronic diseases and complex care needs. Following a pragmatic posture, we proposed a 12 steps case study with a participatory approach to conduct an implementation analysis.

Results

Explaining how stakeholders were engaged in PriCARE, we propose 10 sequential and 2 iterative steps: 1) Think about what a pragmatic posture means; 2) Identify stakeholders and determine a governance structure for consultation; 3) Consult stakeholders about the research problem; 4) Conduct a literature review; 5) Sharpen research questions or objectives; 6) Choose or construct a theoretical framework; 7) Define the case and its boundaries; 8) Design the methods and collect the data; 9) Do the analysis; 10) Reflect on the impact of the participatory approach on the results; and two longitudinal steps: 11) Plan strategies to ensure rigor; and 12) Elaborate and apply a knowledge transfer plan.

Conclusions

Case study with a participatory approach and a pragmatic perspective can foster translation of findings into practice, while ensuring that perspectives of stakeholders be considered without requiring a too time-consuming engagement.

Disclosure: No significant relationships.

EPV282 / #342

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.01 Research methodology*

ESSENTIAL ITEMS FOR REPORTS OF PRIMARY CARE RESEARCH: RECOMMENDATIONS OF RESEARCHERS, PRACTITIONERS and USERS

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Background and purpose. Despite calls to improve reporting of health research, no reporting guidelines address the needs of primary care (PC). Consensus Reporting Items for Studies in Primary Care (CRISP) is an international, multidisciplinary initiative to identify reporting essentials to meet the needs of the variety of users of PC research. Here we synthesise recommendations on reporting PC research from researchers, end-users and the published literature.

Methods. Synthesis of statements on unmet needs across three CRISP studies: 1. International PC researchers, stakeholders and user survey (2018) - 286 respondents across 23 nations (physicians 60% with 92% GP/FPs, investigators 26%, clinicians 16%, and patients 7%). 2. PC practitioner survey (2019) - 252 respondents across 29 nations (88% physicians with 88% GP/FPs, nurses 5%, physician assistants 3%). 3. Scoping review - 25 articles identified from 2,847 titles (2000-2020), including opinion pieces, systematic reviews, methods articles, literature reviews, qualitative studies, and surveys.

Results. Most respondents, regardless of personal or professional characteristics or research role, recommend more focus on context, transferability and implementation of research findings. Users need better descriptions of origin of questions, composition of research teams, practice setting of study, clinician-patient-researcher relationships, adaptations of research and practice interventions, clinical relevance of findings, and practical details necessary to transfer findings into variety of PC settings. Many producers and consumers of PC research support new reporting guidance.

Conclusions. This inventory of suggested reporting items provides input into the CRISP Delphi study that will prioritize key items for reports of PC research.

Disclosure: No significant relationships.

EPV283 / #378

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.01 Research methodology*

ASSOCIATION BETWEEN DIPEPTIDYL PEPTIDASE 4 INHIBITORS (DPP4-I) and BULLOUS PEMPHIGOID

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INTRODUCTION: Bullous pemphigoid (BP) is the most common autoimmune bullous disease and has an annual mortality rate of approximately 23.5% worldwide. DPP4-i are recommended drugs for the treatment of type 2 Diabetes Mellitus and despite having a good safety profile, the hypothesis of association with BP has been raised.

GOALS: Review the available evidence on the association between exposure to DPP4-i and the appearance of BP in diabetic patients.

METHODS: Literature review performed using the PubMed database and other evidence-based life science and biomedical search engines, with reference to the MESH terms “Dipeptidyl Peptidase-4 Inhibitors” and “Bullous, Pemphigoid”, in publications between January 2015 and September 2020. The evidence level was assigned according to the Strength of Recommendation Taxonomy (SORT) Scale.

RESULTS: Seventy-seven eligible articles were identified, 10 of which met the inclusion criteria: 2 meta-analyzes (MA) and 8 non-randomized clinical trials (NRCT). The MA found that exposure to DPP4-i is associated with an increased risk of BP. Additionally, in one of the MA’s, vildagliptin proved to be the main therapeutic agent involved. Most NRCT corroborate previous results, showing an increased risk of BP in patients on DPP4-i versus placebo therapy or other oral antidiabetics.

CONCLUSION: Although all included articles demonstrate a positive association between DPP4-i therapy and BP, studies are not strong enough to establish an absolute risk and the mechanism underlying the appearance of BP in these patients remains unclear (Strength of Recommendation B). In the future, more studies are needed to validate results with a higher level of evidence.

Disclosure: No significant relationships.

EPV284 / #761

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.01 Research methodology*

MODERN ASPECTS IN PSYCHOSOMATIC PROBLEMS AMONG ADOLESCENTS – HOW WE CAN HELP AT PRIMARY CARE

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Background and purpose

Certain somatic symptoms often occur in adolescents as a result of emotional and psychological distress. The aim of this study was to investigate how often somatic symptoms appear in adolescents.

Material and methods

The study included 270 secondary school students in Rijeka (Croatia) between 15 and 17 (57,7% girls). An anonymous questionnaire provided information on gender, satisfaction with personal health, school success, family and peer relationships, quality of leisure time. The final part contained the Scale of Anxiety Sensitivity and Somatization SOMA from Questionnaire SKAD-62. The statements describe somatic reactions that occur in different situations - social evaluations, separations, test situations, anxiety sensitivity. Each answer is in the form of a 5-point Likert scale

Results

Most of the respondents were satisfied with their health. There are no differences between gender in satisfaction with school success and family relationships. Adolescents who have additional activities (i.e. sport, music) have a lower tendency to somatize. More than 40% of the adolescents have a tendency to somatize, girls more often than boys. The most somatic symptoms are headache (37%), abdominal pain (18%) and respiratory problems (11%). Only a small number of them refer psychological problems (9%).

Conclusion

The psychosomatic difficulties are common in young patients in every segment of their lives. The problem should be approached through primary health care with different types of preventive activities and with close cooperation of school medicine doctors, psychologists, professional associates of schools and the whole family.

Disclosure: No significant relationships.

EPV285 / #1305

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.01 Research methodology*

AMIODARONE and THYROID FUNCTION – QUALITY ASSESSMENT PROTOCOL

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1. Amiodarone is an effective drug in the treatment and prophylaxis of cardiac arrhythmias, however it presents multisystemic toxicity, in particular in the thyroid gland. Most patients remain euthyroid, but thyroid dysfunction is possible. Therefore, the General Health Directory (GHD) published guidelines that define the monitoring of thyroid function six in six months. Aim: Assess and ensure the quality of monitoring of thyroid function, of patients taking amiodarone, according to GHD's guidelines.

2. Observational, cross-sectional, internal evaluation of the technical and scientific quality. The study will take place during 2021, in 2 stages: 1st evaluation-1 January to 30 June; 2nd evaluation- 1 July to 31 December.

Population: adult patients treated with amiodarone, in a Family Health Unit.

Exclusion criteria: patients with diagnosis of thyroid disease prior to the initial prescription of amiodarone; patients who did not return to a medical appointment.

Quality Criteria: prescription blood tests with TSH and free T4, according to GHD's guideline.

Corrective measures: presentation and discussion of these GHD's guidelines; preparation of document summary of GHD's guidelines to support the medical appointment; analysis and discussion of the first assessment at a meeting; brainstorming with team on strategy implementation. Data source: computerized medical records.

Data analysis: software Microsoft Excel and SPSS

3. The results will be reviewed in January 2022 and presented as soon as possible.

4.The thyroid pathology associated with amiodarone may appear as hypo or hyperthyroidism. Therefore, it is essential that the family physician's role in the follow-up of these patients with specific needs, consists in making proper management of the chronic therapy.

Disclosure: No significant relationships.

EPV286 / #318

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.02 Advances in clinical research*

IMPLEMENTING AN OUTPATIENT CLINICAL TRIAL ON SARS-COV-2 TREATMENT IN AN EMERGENCY EPIDEMIC CONTEXT. EXPERIENCE OF THE COVERAGE TRIAL, BORDEAUX (FRANCE).

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1. Background and purpose

COVERAGE is a randomized trial evaluating the efficacy and safety of outpatient drug therapies to prevent the risk of worsening in at-risk individuals with COVID-19. It was set-up in Bordeaux (France) in April 2020, in an emergency epidemic context. Participants are recruited and followed-up at home. The objective of this study was to describe the experience and perceptions of key actors involved in the early implementation of Coverage.

2. Methods

A mixed-methods survey was conducted in July 2020 among the clinical, operational and research personnel involved in COVERAGE. A self-administered questionnaire (including Likert-scale questions investigating attitudes and perceptions towards the trial and its implementation) was emailed to 212 personnel; individual semi-directed interviews were conducted among 14 selected subjects.

3. Results

156/212 actors responded to the questionnaire; 15.4% were general practitioners (GPs); 46% did not have prior experience in clinical research. Among the 14 interviewees, 6 were GPs. Respondents agreed that COVERAGE was unusual (81.6%), complex mainly due to logistical challenges (82.6%), and that outpatient trials required specific professional skills (89.3%). Interviewees suggested that outpatient trials contribute to reach a more diverse population than solely inpatient trials, and recommended stronger collaborative research and practice between GPs and hospital physicians.

4. Conclusions

In an emergency epidemic context, the implementation of a clinical trial with at-home follow-up was perceived as relevant and innovative although requiring important adaptations to usual professional obligations and standard research procedures. Lessons learned from the COVERAGE trial so far underline the need for, yet many challenges, outpatient clinical research involving GPs.

Disclosure: No significant relationships.

EPV287 / #709

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.02 Advances in clinical research*

HEALTH LITERACY and CARDIOVASCULAR DISEASE IN TYPE 2 DIABETES – A CROSS SECTIONAL STUDY

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Background and purpose: The macrovascular complications are the main cause of death of diabetic patients. Health literacy is the capacity one can have in order to acquire, interpret, understand and communicate the information related to health, necessary for the diabetes control and, consequently, for the cardiovascular prevention. The main goal of this project is to understand the relationship between health literacy and the occurrence of cardiovascular events in a person with type 2 diabetes mellitus, as well as its relationship with adherence, enablement and quality of life.

Methods: Cross-sectional national pilot study of a prospective cohort, carried out in persons with DM2 selected by convenience in aleatory health regions. The Medical Term Recognition Test, the Summary of Diabetes Self- Care Activities, the Diabetes Empowerment Scale– short version- and the European Quality of Life– Visual analogue scale- were used. The Spearman correlation and the U of Mann Whitney test were used for statistical analysis.

Results: No significative relation was found between health literacy and the occurrence of cardiovascular events. However, people with previous isquemic coronary disease had an inferior evaluation in the literacy scale. People with more literacy were more predisposed to adhere to a specific diet, but not so much to physical activities. There was a significative relation between health literacy and the values of LDL ($p=0.046$), age ($p\leq0.001$), education ($p\leq0.001$) and the Socio Economic Deprivation Index ($p\leq0.001$).

Conclusions: It is essential to continue to amplify the sample so that the longitudinal research can be achieved.

Disclosure: No significant relationships.

EPV288 / #1115

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.02 Advances in clinical research*

USE OF PULSE OXIMETRY AT HOME IN THE COVID-19 ERA – OF ADDED VALUE IN PRIMARY CARE?

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Background and purpose

Pulse oximeters, either consumer types or devices validated for medical use, are increasingly used to monitor COVID-19 patients in the home setting with the primary aim to early detect hypoxemia, which is related to clinical deterioration. Although obvious to many, evidence to substantiate this approach is, however, scarce, and it is uncertain whether the use of pulse oximeters at home provides any benefit over care as usual. Even so, when a trustworthy validated oximeter is used.

Methods

In an ongoing pilot randomized controlled trial (RCT) with nested qualitative investigation, we evaluate the feasibility of regular measurement of oxygen saturation with an easy-to-use -but validated and FDA approved- pulse oximeter at home. This in patients aged ≥40 years with moderate-to-severe symptoms of COVID-19 and (at high risk of) cardiovascular disease in the primary care setting, and compared to usual care. Secondary outcomes include healthcare resource use, hospitalization, number of days-alive-at-home during 45 days of follow-up, and disability-free survival after 45 days. In a process evaluation alongside the RCT, we will explore how the intervention has been adopted in daily practice in terms of fidelity, dose, adjustment and reach, and the perceptions and experiences of patients and GPs with the intervention.

Results

Preliminary findings will be presented during the WONCA conference.

Conclusions

Although widely used, clear evidence about feasibility and the potential benefits and harms of the use of pulse oximetry to monitor COVID-19 patients at home are urgently needed in order to underpin effective, safe and person-centered care for patients with serious COVID-19 symptoms in primary care.

Disclosure: No significant relationships.

EPV289 / #1202

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.02 Advances in clinical research*

PLANNING A BLUE PRESCRIPTION

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Background and purpose

There is a growing evidence that social prescribing can lead to positive health and wellbeing outcomes. Although exposure to blue spaces can promote health and well-being, the mechanisms are poorly understood.

Methods

We have created an interdisciplinary and transectorial research team within the framework of the Roses Oceans and Human Health Chair (Catalonia, Spain), which engages researchers and patients in health promotion and research activities.

We used smartwatch technology to assess the different parameters of health and well-being of patients. The project was supported by an E-Health grant of the Official College of Physicians of Girona .

Results

We have designed a Blue Prescription model for oncology patients: (i) establishment the research team (family physicians, oncologists, marine biologists and social anthropologists in collaboration with a local cancer patient support association and a diving club) (ii) planning a pilot study to evaluate how swimming, snorkelling and walks by the sea in well preserved Blue spaces can contribute to improve the health and well-being of cancer patients. We used smartwatches to monitor health parameters before and after patients perform these activities (iii) development of the blue prescription circuit in primary health care centers

Conclusions

Local interdisciplinary and transectorial approaches can be useful to assess how sustainable recreational activities in Blue spaces can play a role in health promotion and wellbeing, in order to identify them as health assets in our community.

Our model can contribute to a salutogenic approach to primary health care consultations that considers the blue prescription in the community social prescription program.

Disclosure: No significant relationships.

EPV290 / #1231

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.02 Advances in clinical research*

PROGNOSTIC FACTORS ASSOCIATED WITH POSITIVE RAPID ANTIGEN TEST FOR SARS-COV-2 IN PRIMARY HEALTH CARE.

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Background: To describe the characteristics and clinical evolution of patients who have taken the SARS-CoV-2 Rapid Antigen Test (RAT) at a primary care centre on November 2020.

Methods: Observational study with cross-sectional design. The participants had clinical criteria to perform RAT. The main variable was the result of the test and the secondary variables were the sociodemographic, clinical characteristics (symptoms and comorbidities).

Results: From 405 participants, 251 (62.0%) were women, with a mean age of 46.3 years (SD 19.2). The most common symptoms for which the participants consulted were headache (34.3%), cough (34.1%), odynophagia (28.1%), fever (27.7%), fatigue (24.4%) and myalgia (24.2%). Hypertension (11.9%) and dyslipidemia (5.2%) were the main comorbidities. 86(21.2%) were vaccinated against the flu and 145(35.8%) were close contact with a positive SARS-CoV-2. 59 participants (14.6%) were positive for RAT. Being a close contact, vaccinated against the flu, headache, cough, fever, fatigue, myalgia, blocked nose, anosmia and dysgeusia were factors associated with a positive SARS-CoV-2 test. The most common symptoms that maintain at 10 days were cough (10.4%), fatigue (7.2%), headache (6.4%), anosmia (4.9%), blocked nose (4.4%) and dysgeusia (4.2%). In fact, 77% of patients with dysgeusia and 65% of patients with anosmia at the beginning of symptoms still had these symptoms at 10 days after RAT.

Conclusions: The patient with positive RAT is associated with several highly frequent symptoms. Some of these maintain at 10 days after RAT. Although RAT gives results in a few minutes, and it is cheap, PCR is still the reference test.

Disclosure: No significant relationships.

EPV291 / #1315

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.02 Advances in clinical research*

MULTIDISCIPLINARY FAMILY INTERVENTION BASED ON PROBLEM SOLVING TREATMENT TO DECREASE COMPLEX CHRONIC PATIENT USE OF HEALTH CARE SERVICES

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Background and purpose

In the current socioeconomic context, new strategies are necessary to improve the effectiveness and efficiency in the management of complex chronic patients.

A family intervention can improve the family's ability to solve problems of a family member derived from the chronic disease.

The main objective of this study is to analyze the impact of a family intervention in the health care services use.

Secondary objective is to analyze the effect on the patient's health (self-care, depression and mortality).

Methods

Non Randomized clinical trial; 87 complex chronic patients assigned to cases management program were included (41 control group and 46 intervention group in different primary health care centers), between 2016 and 2019.

Outcome variables: mortality and use of health care services (patient medical records); self-care (Jaarsma, inhaler compliance); depression (Beck questionnaire) before and after the intervention.

Family intervention consists of three visits. First visit: discover, define and classify the problems tributaries for intervention. Second visit: meeting with family members to choose the most suitable solutions to problems. Third visit: evaluation.

T-Student or ANOVA (independent samples); Mann-Whitney U-test and Fisher's exact or Chi-square (continus or discrete variables, respectively) were used for the statistical analysis.

Results

A significant reduction in the number of hospital emergencies was observed in the intervention group compared to the control group ($p = 0.037$). Although no significant differences were found when compared with their baseline value.

Conclusions

A family intervention could decrease the use of health care services in relation to hospital emergencies.

Disclosure: No significant relationships.

EPV292 / #633

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.03 Precision medicine*

AGREEMENT BETWEEN CLINICIAN- and MODEL-GENERATED MELANOMA RISK PREDICTIONS IN AUSTRALIA: A CROSS-SECTIONAL STUDY

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Background and purpose

Improvements in clinical information systems have seen a growing use of risk prediction models in chronic disease management. The purpose of this study was to assess the agreement between unassisted clinician- and model-generated melanoma risk predictions.

Methods

We used a cross-sectional design. Participants were recruited from GPs Down Under, a Facebook group comprising over 6000 authenticated general practitioners (GPs) from Australia and New Zealand. GP participants completed an online survey with questions on: (1) their own overall melanoma risk and (2) their personal melanoma risk factors as identified in a validated melanoma risk prediction model. The relation between clinician- and model- generated melanoma risk prediction (both absolute and relative melanoma risk) was assessed using Pearson correlation coefficients and correlation plots.

Results

136 of the 150 GP respondents completed the online survey between June to August 2019. The Pearson correlation coefficient for clinician- and model-generated melanoma risk prediction was 0.20 (95% CI 0.03 to 0.36) for remaining lifetime absolute melanoma risk and 0.61 (95% CI 0.49 to 0.70) for relative melanoma risk. There was a tendency for participants to overestimate risk when it is low, and underestimate risk when it is high.

Conclusions

This is the first study to compare clinician-generated melanoma risk predictions against a well-validated and prospectively evaluated model. It showed poor correlation between clinician-generated against model-generated melanoma risk estimates. Further work is needed to assist clinicians in melanoma risk estimation.

Disclosure: No significant relationships.

EPV293 / #1104

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.03 Precision medicine*

ULTRASOUND IN PRIMARY CARE. WHAT DOES IT BRING US?

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Background: Ultrasound is a safe and reliable way to increase diagnosis capabilities and a speed up method for taking decisions.

Aim: to identify the main indications and findings of ultrasound imaging in a primary care setting

Methods: retrospective study based on an ultrasound data registry from 2015 to 2020 in a rural Primary Healh Care Centre (Spain). The registry included sociodemographic variables, the clinical indication of ultrasound and the main findings of the test. The data obtained from the questionnaires was

analyzed using the IBM SPSS Statistics for Windows version 21.0 (IBM Corp. Released, 2012). Results: The sample involved 940 ultrasound tests (N=940). 45,6% were women and 54,4% men. The average age was 56 years. Most ultrasound tests were indicated for kidney stones or nephritic colic (32%), benign prostatic hypertrophy (BPH) (19.1%) or transaminitis (18.6%). 60.2% of the ultrasounds performed were pathological. The most frequently diagnosed pathology was BPH (13%), followed by kidney stones (10%) and hepatic steatosis (7%). 34.5% of ultrasounds indicated for kidney stones and 20.3% for transaminitis were normal. 54.3% of ultrasounds indicated for shoulder pain diagnosed a tendinosis and 21.7% a partial tendon rupture. Hematuria was the ultrasound indication for 81.8% of the neoplastic images detected. 6% of patients missed the medical appointment and 0.7% were not well prepared for the test. Conclusions: Clinical ultrasound imaging should be considered a key tool in primary health care. It leads to a better problem-solving capacity of GPs.

Disclosure: No significant relationships.

EPV294 / #297

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.04 Big data research*

ACCESS TO CLINICAL TRIALS IN PATIENTS WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) IN WESTERN and EASTERN EUROPE

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Background: There are 38,0 million people living with HIV: 36,2 – adults, 1,8 - children.

Methods: Based on data from https://clinicaltrials.gov/ we searched clinical trials that has been performed in 2010-2020 in 30 European countries (10 Western and 20 Eastern). Clinical trials were studied by phases, status, type of therapy, age of patients.

Results: The vast majority of HIV trials has been performed in Western Europe (1088/1221) and 22,61% of them are phase I-II; the median of trials per country was 94,5. In Eastern Europe the median of trials per country was 0,5, phase I-II - 19,55%. 100% of Western European countries is recruiting patients for clinical trials, Eastern countries -25 %.

The most frequent clinical trials have studied: Integrase inhibitor (INSTI) - 23,53%, Protease inhibitor (PI) – 4,78 %, Inhibitor Cytochrome P450 - 12,04%, vaccine - 8,09 %, combination of Nucleoside Reverse Transcriptase (NRTI) and non-Nucleoside Reverse Transcriptase (NNRTI) - 7,44%, NNRTI – 4,87 %, NRTI - 4,14 %, behavioral – 3,77 %, CCR5 receptor inhibitor – 3,95 % and other in Western Europe. Respectively in Eastern Europe there were INSTI -18,04%, PI – 10,53 %, Inhibitor Cytochrome P450 – 1,5%, vaccine - 3 %, NRTI+NNRTI - 12 %, NNRTI - 8,27 %, NRTI – 6,01 %, behavioral – 15%, CCR5 receptor inhibitor – 5, 26 % and other.

Conclusions: Access to clinical trials for HIV 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.

Disclosure: No significant relationships.

EPV295 / #1099

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.04 Big data research*

LOW RISK ALCOHOL CONSUMPTION: CHANGE OF PARADIGM

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Background and purpose

Alcohol consumption associated with the best health is zero. Among European societies, a proposal of complete abstinence does not seem feasible. Low risk for voluntary behavior has been defined as that which causes mortality below 1/1000. Systematic reviews of alcohol consumption and mortality published over many years conclude a decrease in cardiovascular or even global death with “moderate” consumption (under 30-40 g/d). However, there seems to be a change in the paradigm since most large independent systematic reviews do not confirm this protective effect.

Methods

A systematic review including all cohort studies that established a relationship between overall mortality and amounts of alcohol consumed, published from 2014 to 2020. Those studies are not carried out in countries of our socio-cultural environment and those that present conflicts of interest.

Results

the median of quantities from which mortality increased was 23-25 g / d without differentiating by sex, and 20 g / d in women and 24 in men when it was made a difference. The global minimum was 17-21 g / d without differentiating, and 12 g / d and 20 g / d in women and men. Over this level, mortality raises progressively.

Conclusion

If we take into account the precautionary principle and take those more conservative levels of average alcohol consumption from which the observed an increase in mortality, low-risk consumption should be at 20 g / day in men and 10g / day in women assuming there are no zero risks. Family doctors should be aware of this new evidence.

Disclosure: No significant relationships.

EPV296 / #343

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.05 Health technology assessment*

THE EFFECTIVENESS OF TELEMEDICINE PRACTICE IN OUTPATIENT SETTING DURING THE COVID-19 PANDEMIC: A SYSTEMATIC REVIEW

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ABSTRACT

Background and Purpose: To eliminate the gap in the existing pool of literature and to establish a recommended approach for best practices in telemedicine in an outpatient setting, the authors carried out a systematic review. The authors identified controlled assessment studies of telemedicine that reported its clinical effectiveness through reported patient outcomes and assessed the quality of the literature.

Methods: The authors carried the systematic electronic search from databases for journals and articles published from January 2020 to November 2020. Articles were reviewed based on a careful step by step approach using the PRISMA-P.

Results: A total of 583 articles identified with 103 duplicates removed. Based on the review of titles and abstracts, 61 full text articles were independently reviewed. From this pool of literature, 5 articles were deemed for inclusion based on inclusion criteria. Most of the literature were excluded due to differences in population, different outcomes being measured (i.e cost effectiveness, privacy and security etc).

Conclusions: This systematic review was able to determine the effectiveness of telemedicine in comparison with face-to-face consultation in an outpatient setting in terms of patient satisfaction and satisfaction of staff. Best practices such as using video-conferences, standard script per patient before obtaining consent and the duration of consultations were also described. However, literature regarding the effectiveness of telemedicine are still limited. The role of policy makers in promoting the spread of utilization of Telemedicine was also emphasized.

Disclosure: No significant relationships.

EPV297 / #350

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.05 Health technology assessment*

ASSESSMENT OF THE USE OF RETINOGRAPHY AS A SCREENING METHOD FOR THE EARLY DIAGNOSIS OF CHRONIC GLAUCOMA IN PRIMARY CARE

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1. Background and purpose: Glaucoma is an optic neuropathy characterized by morphological ocular changes and alterations in visual functions. Rapid diagnosis is necessary to initiate treatment to halt the advance of glaucoma towards blindness. The aim of this PhD study is to determine usefulness, validity of retinographies performed in Primary Care as a tool for early diagnosis of open-angle chronic glaucoma (OAG).

2. Methods: An observational, descriptive and cross-sectional study with two blinded parallel observers (2 general practitioners and 1 ophthalmologist), developed in an urban Primary Care Health Centre and the Ophthalmology Department outpatient clinic. A total of 196 patients of both genders, between 40-70 years, with diabetes and hypertension, and undiagnosed with glaucoma, were recruited by phone call. Two patients that did not arrive for their appointments for the ophthalmology tests were considered as losses.

3. Results: The retinography for OAG screening has a sensitivity of 21% (95% CI: 0-43%), a specificity of 93% (95% CI: 89-97%), a negative predictive value of 94% (95% CI: 90-97%), and positive of 20% (95% CI: 0-40%); positive probability ratio of 3.07 (95% CI: 0.98-9.62) and negative 0.84 (95% CI: 0.64-1.11). The IC was 0.653 (95% CI: 0.495-0.769) and kappa index of 0.140 (0.106 ET).

4. Conclusions: According to this proposed model, retinography is not a useful tool for the early diagnosis of OAG in Primary Care, as it is not safe enough. Before it can be used, it would need adjustments for its low sensitivity, and the use other combined tests. The training of general practitioners would also need to be improved.

Disclosure: No significant relationships.

EPV298 / #725

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.05 Health technology assessment*

TOBACCO CESSATION TREATMENT MONITORING WITH TELEMEDICINE PLATFORM

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Background and purpose

Tobacco cessation treatment is a challenging process that requires monitoring at certain time intervals. The pharmacological and psychological treatment and monitoring that helps tobacco addicted patients quit tobacco products. The use of telemedicine technologies in the treatment of tobacco addiction is a necessity that improves addiction treatment. Especially in pandemics, conducting tobacco addiction treatment remotely is an easy method for the patient and the doctor. It is predicted that tobacco cessation treatment of patients will be more precise, reliable, easier to follow and more motivating with a telemedicine platform providing remote treatment and support.

Methods

WebRTC technology, one of the telemedicine tools that use information and communication technologies to provide remote healthcare services to patients, is a secure, fast, and open-source technology that enables media and data sharing between patients and healthcare professionals. The web and mobile application we have developed based on WebRTC aims to provide online consultation and transfer data on tobacco addiction treatment remotely, continuously, and securely.

Results

Here we purposed a telemedicine platform that will enable patients who want to quit tobacco uses to provide effective, patient-specific personalized treatment and remote monitoring based on internationally developed evidence-based guidelines. In this way, it enables remote monitoring of patients in pandemic conditions by reducing the risk of contamination and easing the burden in the clinics.

Conclutions

This application, which enhance patient-doctor relationship, could further provide clinical support to healthcare professionals in the treatment of tobacco addiction.

Disclosure: No significant relationships.

EPV299 / #1246

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.05 Health technology assessment*

REALIST SYNTHESIS and PRIMARY CARE INTERVENTION CO-DESIGN TO REDUCE DECLINE IN PHYSICAL ACTIVITY and FUNCTION IN PEOPLE WITH LONG-TERM CONDITIONS

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Background and purpose

The aims were to develop a primary care intervention to promote physical activity for people with long-term conditions and reduce functional decline.

Methods

Realist synthesis incorporating literature review, two theory-building workshops (n=25) and ten theory-refining interviews. Three co-design workshops (n=23) and a knowledge mobilisation event (n=14) developed a primary care service innovation.

Results

Abridged context, mechanism and outcome statements:

GP consultations tend not to prioritise physical activity and function. If the culture of the practice is supportive of physical activity, then encouraging physical activity will become part of usual routine.

Physical activity promotion is inconsistent. If physical activity promotion is better resourced and co-ordinated, then this will improve opportunities to change behaviour.

People with long-term conditions have varying physical activity levels, ability, attitudes and opportunities. If physical activity promotion is adapted to individual needs, potential and preferences, then people will be more likely to carry on.

Many general practice staff lack knowledge and confidence about promoting physical activity. If training makes staff more capable, then they will be better able to promote physical activity.

If a programme makes sense and is trustworthy, then patients and professionals will engage with it.

Resources were co-designed for developing: an environment that encourages physical activity, knowledge about physical activity, and a new role for someone who can encourage people to use local opportunities to be more active.

Conclusions

This product needs further development, consideration alongside current schemes and contexts, and testing in a future study.

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EPV300 / #1253

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.05 Health technology assessment*

IS IT FEASIBLE TO REDUCE TIME OF TRANSPORTATION FOR GENERAL PRACTICE OUT-OF-HOURS SERVICE BY GEOGRAPHICAL INFORMATION SYSTEMS?

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INTRODUCTION: allocated time for GP out-of-hours service is scarce. Reducing transportation time is one way to increase GP-patient consultations during out-of-hours service. Geographical information systems (GIS) used to reduce response time may be a promising way to address this issue.

The aim of this study was to compare response time between GP vehicles using GIS (from WhatsApp®) and GP vehicles using telephone-assisted driver guidance for non-acute patients who contacted a GP out-of-hours service with an unknown address.

MATERIAL & METHODS: This study was a prospective observational controlled study using two groups. For each group, vehicles were dispatched simultaneously from the out-of-hours office. One group had vehicles with GIS and the other one had vehicles with telephone-assisted guidance to locate the patient. The main outcome was the response time from two different approaches.

RESULTS: In 515 GP out-of-Hours services 63 patients did not know their location. A total of 61 non acute patients agreed to participate. Patient age varied from 25 to 78 years with a mean of 56.6 (SD 12,86). Women comprised 28 of the patients (45,9%). The main tentative diagnoses were sore throat, otitis and superficial wound treatment.

The vehicles with GIS were significantly faster ($p < 0.0001$) to reach the patient destination (mean 20 minutes) compared to vehicles using phone guidance (mean 28 minutes).

CONCLUSSION: In this feasibility study, GIS guidance seems to help reduce the transportation time of GP vehicles to patients with unknown address compared to telephone guidance.

Disclosure: No significant relationships.

EPV301 / #1274

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.05 Health technology assessment*

ANALYSIS OF REHABILITATION CARE FOR PATIENTS AFTER STROKE IN AKTOBE

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Introduction. In Kazakhstan, stroke is the second most common cause of mortality and the first one in terms of disability. One of the conditions for improving care for patients with stroke is the development and improvement of neurorehabilitation services. The effectiveness of rehabilitation in middle and low-income countries is more than 2 times lower than in developed countries (GBD, 2021).

Purpose. The aim of the study is to study the state of rehabilitation care in medical organizations in the city of Aktobe (Kazakhstan).

Materials and research methods. International recommendations on rehabilitation after a stroke, regulatory documents and standards for the provision of rehabilitation assistance in the republic, as well as the readiness of outpatient organizations to provide evidence-based rehabilitation services to patients after a stroke in the city of Aktobe were studied, interviews were conducted with specialists.

Results. There is a general protocol for the rehabilitation of patients ("Protocol for medical rehabilitation") and a standard of assistance for rehabilitation ("Standard for organizing the provision of medical rehabilitation to the population"). The time interval between the first and second stages of rehabilitation , which, according to the protocol, should not exceed 30 days, in practice is 45-60 days. and not all patients undergo stage II of rehabilitation (68% at the end of 2019, according to the Republican Center for Electronic Health of the city of Aktobe). equipped rehabilitation rooms or lack of certified specialists.

Conclusions . The lack of quality methodological tools and the limited resources of primary health care do not allow the development of rehabilitation care for patients after stroke.

Disclosure: No significant relationships.

EPV302 / #565

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.07 Future trends*

LONG-ACTING REVERSIBLE CONTRACEPTIVE PRACTICES IN NORTHERN PORTUGUESE PRIMARY HEALTH CARE

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Background and purpose:

LARCs (long-acting reversible contraceptive) are long-term contraceptives, suitable for all women, not dependent on use, with high contraceptive efficacy, satisfaction and continuity by users. In Portugal, LARCs are free of charge in Primary Health Care and their placement is part of the Family Physicians' skills. This study aimed to characterise contraceptive practices and the prescribing/placement of LARCs in Northern Primary Health Care, Portugal.

Methods:

Cross-sectional study, using a “snowball” sample of specialists and trainees Family Physicians through an online questionnaire.

Results:

Oral estroprogestatives lead the contraceptive recommendation in Portuguese Primary Health Care (84,4%; 95%CI: 78,5% - 89,8%), followed by LARCs (21,6%; 95%CI: 15,6% - 28,1%). The subcutaneous implant was the most recommended (74,9%; 95%CI: 68,3% - 80,8%) and placed LARC (70,7%; 95%CI: 62,9% - 77,8%). Most Family Physicians do not place intrauterine contraceptives (59,9%; 95%CI: 52,1% - 67,1%), choosing to refer users to a gynecologist. The subcutaneous implant tends to be recommended for nulliparous ($p < 0,001$) and intrauterine contraception for multiparous women ($p < 0,001$).

Conclusions:

There is a paradigm shift in contraception of Portuguese Primary Health Care, with an increase in the use of LARCs. There is a divergence in the preference of LARCs in Portugal, as intrauterine contraception is the most used LARC worldwide. The use of intrauterine LARCs seems to be more dependent on external barriers than on Family Physicians competence. Improving the LARC placement conditions could optimize the use of intrauterine contraception and users’ sexual health as well as decrease hospital referrals.

Disclosure: No significant relationships.

EPV303 / #672

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.07 Future trends*

DIGITAL AIDS THAT HELP PATIENTS FIGHT AGAINST CARDIOVASCULAR DISEASE

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Background and Purpose:

Cardiovascular disease affects 7.4 million people in the UK and is responsible for 25% of deaths. Digital aids encourage and empower patients in controlling and managing their health condition(s). Mobile apps aid patients to manage their current conditions more effectively but provide opportunities for primary and secondary prevention such as enhancing a patients' adherence to medication through the use of reminders and reversing adverse lifestyle habits by encouraging exercise and smoking cessation.

Methods:

A review of evidence was conducted surrounding the prevention and management of cardiovascular diseases and diabetes using technology for enhancing health and wellbeing. The review included various modes of technology such as mobile apps, text message reminders, personal digital assistants such as Alexa and digital pill organisers.

Results:

Digital mobile apps were linked to increased weight loss and reduced waist circumference in those with type 2 diabetes with average reductions of 0.84kg of body weight and 1.35cm waist circumference. Dietary mobile apps induced an average decrease of 2.45kg of body weight, 2.54cm waist circumference reduction and average reduced daily energy intake of 149.54kCals; with decreased Hb1ac levels in those with diabetes and reduced systolic and diastolic blood pressure in those with hypertension - due to better adherence of medication. Digital assistants supported medication adherence by simplifying self-organisation through voice-controlled reminders, alarms and lists.

Conclusions:

Analyses of various types of digital technology showed their worth in managing and preventing cardiovascular disease and associated risk factors, via increasing medication adherence, supporting patient empowerment and independence and aiding efficient management and prevention of CVD.

Disclosure: No significant relationships.

EPV304 / #815

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.07 Future trends*

VARIATIONS OF BITTER TASTE PERCEPTION CAN MODULATE ADIPOSITY RISK

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1.Background and purpose:

Bitter taste perception, conditioned by individual characteristic associated with TAS2R38 gene (combined phenotypes of Proline/Alanine/Valine/Isoleucine), may be associated with food appetite. Lowest bitter taste perception was associated with preference for fat rich food and adiposity risk. The purpose of this study is to evaluate the impact of variation in the bitter perception taste in body-composition and metabolism.

2.Methods:

A sample of 150 individuals of both genders were genotyped by endpoint analysis. Body-composition by DEXA, BMI (kg/m^2), metabolic parameters (lipid and glucose profile) by standard methods. Statistics: c2, T-student and ANOVA, significance for $p<0.05$.

3.Results:

There were found significant associations between the AVI and/or AAV variants and total lean mass (kg) ($p=0.004$), showing inferior lean mass average of 41.30±5.75 in comparison to the other variants 44.89±7.56. Total sample lean mass was between 30.63 to 65.2 kg (mean±SD 43.92±7.45) and BMI of 28.24±4.73kg/m^2. Total lean mass was higher for PVV (45.09±8.06; $p=0.014$) and PVV and/or AVV (45.06±7.76; $p=0.01$), comparing to AVI and/or AAV carriers (41.30±5.75). BMI showed no significant differences between groups as did the other parameters.

4.Conclusions:

Lower bitter perception associated with the AVI and AAV variants, has impact in body-composition. The unknown variants of bitter taste perception PVV and/or AVV can be related to higher bitterness perception and less risk for adiposity. In excess weight individuals, variations in body lean mass may be associated with differences is bitter taste perception. The taste ability should be explored in general practice to better adjust dietary practices to prevent adiposity.

Disclosure: No significant relationships.

EPV305 / #1172

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.07 Future trends*

EVALUATING A TELEHEALTH DEVICE (TYTOCARE) FOR VALIDATION OF A PEDIATRIC TELEINTERCONSULTATION METHOD

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Background and purpose:

Digital innovations are great assets for the improvement of accessibility in healthcare initiatives. The conduction of a telepropeadeutic method for better applying these innovations on telemedicine and healthcare routines must go through validation and standardization for the safety and well-being of patients. Our study's purpose is to evaluate a complementary telehealth device while conducting teleinterconsultations and then to apply this technology to our clinical practice, with safety and liability.

Methods:

We are conducting an open clinical trial for the evaluation of a mobile telemedicine device (TytoPro) while performing remote physical examination through teleinterconsultation. For that purpose, we compared traditional presential physical examination (gold standard) performed by a pediatrician with a Tyto-performed teleinterconsultation between an inexperienced doctor and a pediatrician, in order to verify the compatibility of both. The study is being performed with patients admitted at the emergency Department of a pediatric hospital, in south of Brazil. In order to compare the two methods, we evaluated the agreement between the results of otoscopy, oroscopy, cardiac and pulmonary auscultations.

Results:

So far, we have collected data from 193 patients over a period of 6 months. We obtained the following agreement results for the evaluated outcomes when comparing segments of pediatric physical examination: otoscopy - ear canal (72%) and tympanic membrane (87%), oroscopy (74%), cardiac auscultation - murmur (74%), rhythm (93%) and rubs (96%), pulmonary auscultation - vesicular murmurs (98%) and adventitious sounds (94%).

Conclusions:

Our preliminary results demonstrated that this telehealth device presented satisfactory agreement when compared to the gold standard, revealing a promising tool for future clinical practices.

Disclosure: No significant relationships.

EPV306 / #406

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.08 Others*

KNOWLEDGE, ATTITUDE, PRACTICES, and BARRIERS IN CONDUCTING RESEARCH AMONG RESIDENT PHYSICIANS IN A TERTIARY MEDICAL CENTER IN NORTHERN PHILIPPINES

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Background: Medical research is undoubtedly an essential tool in improving health care. Thus, every resident physician should participate in health research activities to keep his knowledge and training up-to-date. Although research is incorporated in residency training, several studies have shown that much is still lacking in terms of the residents' knowledge, attitude, and practices in research.

Objectives: To determine the knowledge, attitude, practices, and barriers in conducting research among resident physicians in Cagayan Valley Medical Center.

Methods: This study utilized a descriptive survey design. Purposive sampling with total enumeration was done. A total of 108 resident physicians were included in the study. Validated questionnaires were used to assess the residents' knowledge, attitude, practices, and barriers in conducting research.

Results: The level of research knowledge of the resident trainees is below average, and their overall research practice is poor. On the contrary, the residents' attitude towards research is positive. The residents' level of research knowledge significantly differed across age (P=0.010), number of years in residency training (P=0.012), and training department (P=0.028). The trainees' research attitude significantly differed in terms of current involvement in research (P=0.048). The top three barriers identified were lack of research training and skills, insufficient time allotted for research, and lack of statistical support.

Conclusion: There is a need to fill the gap between the residents' positive attitude and their below average level of knowledge and poor practice in research. Addressing the barriers in conducting research is also needed to improve the overall standards of research among the residents.

Disclosure: No significant relationships.

EPV307 / #532

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.08 Others*

INFLUENZA VACCINATION - SEIZING THE OPPORTUNITY CREATED BY THE COVID PANDEMIC

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Background and purpose: Influenza vaccination has been shown to have many benefits including reducing the risk of flu illnesses, hospitalizations and even flu-related death. Routine annual influenza vaccination is recommended in Portugal for elderly (age ≥65), health care professionals, pregnant women, and those with chronic medical conditions. In the current pandemic context, with the lockdown of all non-essential services, we could expect a diminished affluence to the primary care services, nevertheless immunization services were maintained, as they are essential to protect individuals and communities from vaccine-preventable diseases. The aim of this study was to compare adherence to the flu vaccine in the last 4 years.

Methods: We compared influenza vaccination rates of the population over 65 years old, in our healthcare center, during the period between October 1st and January 31st of each vaccination season from 2017 to 2021.

Results: In the 2017-2018 season 41.59% (n= 1817; N=4369) of people over 65 years old were vaccinated. In 2018-2019 this percentage was 39.99% (n=1783; N=4459), and in 2019-2020 it was 43.18% (n=1975; N=4574). This current season (2020-2021), 61.68% (n=2912; N=4721) of the aforementioned elderly were vaccinated.

Conclusions: There was an increase of almost 20% in influenza vaccination in the 2020-2021 season, regardless of the lockdown order and the risk of visiting healthcare services. We believe this increase is precisely due to the pandemic context, as the COVID provided greater awareness to respiratory infections and all efforts should be done to maintain higher vaccination rates.

Disclosure: No significant relationships.

EPV308 / #587

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.08 Others*

SPANISH and CATALAN TRANSLATION OF THE LONG TERM CONDITION QUESTIONAIRE (LTCQ): PROJECT DESCRIPTION.

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1. Background and purpose:

Population ageing has brought complex health needs such as greater morbidity, polypharmacy, high use of resources or social risk. Patients with this conditions are currently labeled as "Long-Term Conditions Patient" (LTCP). Under this new stage, our main challenge now is enhancing quality of life (QoL). A new tool has been developed to evaluate QoL in the UK by Dr Potter et al.: The Long-Term Conditions Questionnaire. The aim of this study is to describe the development of the Spanish and Catalan version.

2. Methods

Translation was carried out according to the standards of the International Society for Pharmacoeconomics and Outcome Research (ISPOR) and the World Health Organization (WHO). The following steps were followed:

Step 1: License from authors and recruiting expert panel.

Step 2 and 3: Forward Translation and Review

Step 4 and 5: Back Translation and Review

Step 6: Expert Panel discussion.

3. Results

Translation and linguistic adaptation carried out led to a conceptually equivalent version of the 20 items, originally designed in English, in both languages Spanish and Catalan. Some items were modified during the expert panel discussion from the first translation as means to create a most accurate translation.

4. Conclusions

This method allowed us to develop a conceptually equivalent translation, however, it is necessary to carry out the 7th and last step (Cognitive Debriefing) and proceed with a cognitive interview process in which 10 representative participants for each language will be interviewed to complete the validation according to the international standards ISPOR and WHO.

Disclosure: No significant relationships.

EPV309 / #708

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.08 Others*

FAMILY MEDICINE/GENERAL PRACTICE WITH ITS HEALTH SYSTEM IN THE NETHERLANDS: AN EXAMPLE TO THE WORLD?

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Background and Aim: The Netherlands is fully integrated with the family medicine and health system and is one of the countries most suitable for the definition made in WONCA (The World Organization of Family Doctors) Europe 2011. The aim of this presentation is to evaluate the structure and status family practice/general practice in the Nederland,

Method: The development of family medicine accelerated with the foundation of The Dutch National Association of General Practitioners (LHV) and The Dutch College of General Practitioners (NHG) in the Nederland in 1956. The first clinical guide for family medicine was prepared in 1980 and today there are over 100 clinical guides.

Results: Together with these two family medicine organizations and their subsidiary institutions, the Dutch Ministry of Health, together with the Insurance system, family medicine constitutes an exemplary structure in Europe in the system where the Dutch people with high education and family physicians are involved.

Conclusions: The successful implementation of family medicine in the Netherlands with family physicians and their professional organizations on the basis of the Dutch health system is an example for other countries.

Disclosure: No significant relationships.

EPV310 / #754

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.08 Others*

FACTORS AFFECTING THE NON-UTILIZATION OF ANNUAL PERIODIC HEALTH EXAMINATION AMONG EMPLOYEES IN A TERTIARY HOSPITAL IN CAGAYAN VALLEY, PHILIPPINES

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Introduction: Periodic health examination (PHE) is an important aspect of primary care. It serves as an opportunity for family physicians to perform various measures for health promotion and illness prevention.

Objectives: To determine the factors affecting the non-utilization of annual PHE among employees in Cagayan Valley Medical Center (CVMC).

Methods: This research utilized a descriptive cross-sectional study design. Systematic sampling was done. A total of 170 respondents were included. A self-developed, researcher-assisted questionnaire was adopted and pilot-tested. Five factors were included, namely predisposing factors, enabling factors, need factors, environment, and health behaviors.

Results: The rate of non-utilization is 78.24%. Non-utilizers have mean age of 36.42 years, female, married, Roman Catholic with non-medical positions. They perceive their health as very good and tend not to feel the need for consultation if they are healthy. They have an estimated monthly income of more than 20,000 with household size of about 5, working more than 40 hours per week. Majority are on a fixed time shift. Few have health insurance other than PHIC. The top three chronic illnesses noted include musculoskeletal disease, hypertension, and asthma. Non-utilizers have lesser visit in the EHS due to unavailability of time. They tend to consult in a private clinic or hospital, although most have an access to free medications and laboratories. Majority practice self-treatment.

Conclusions/Recommendations: The non-utilization rate of PHE among employees of CVMC remains high at 78.24%. Stringent measures should be implemented to address this pressing issue. The factors for non-utilization and the reasons for non-consultation should be properly addressed to improve the services offered in CVMC.

Disclosure: No significant relationships.

EPV311 / #771

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.08 Others*

THE THERAPY DOG AS A FACILITATOR DURING BLOOD DRAWS IN CHILDREN IN A PRIMARY HEALTH CARE CENTER

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BACKGROUND

Drawing blood is stressful for children. Fear and anxiety generate defensive and escape behaviors. Animal-assisted therapy (AAT) is a complementary intervention based on emotional support with therapy dog as a distraction element.

PURPOSE

To evaluate AAT efficacy during blood collection in Primary Care Pediatric Service. To determine if it facilitates the blood collection technique and reduces anxiety of the child and parents during extraction.

METHODOLOGY

Randomized, open-label clinical trial. Population: 3-8 years old children who require blood tests. Exclusion: dog allergy/phobia. Intervention: Control Group (CG) extract blood following the usual protocol or Experimental Group (EG) same care as CG plus AAT: interact 10 minutes before, during and 5 minutes after extraction with dog therapy individually. Personnel: nurse, pediatrician, ATT-technician. Variables: age, gender, Observation-Scale-Behavioral-Distress (OSBD), Parent and nurse opinion questionnaires. Ethics committee approved, zoonosis prevention and animal welfare protocol.

RESULTS: 64 participants (29CG, 35EG). Gender: 36 Males (56.2%). Average-Age: 5.42(±1.75) years. OSBD: Before-extraction 0.82(±3.23) (0.00[0.00;1.17]CG, 0.00[0.00;0.00]EG, p=0.005); During-extraction 4.61(±7.38) (5.25[1.25;10.1]CG, 0.25[0.00;3.40]EG, p=0.002); After-extraction 0.35(±1.09) (0.00[0.00;0.007]CG, 0.00[0.00;0.00]EG, p=0.198; Total 5.73(±10.4) (7.90[1.40;11.8]CG, 0.21[0.00;3.50]EG, p<0.001. Parents'-opinion: Satisfaction-procedure 9.34(±1.09) (10.0[8.00;10.0]CG, 10.0[9.00;10.0]EG, p=0.072); Kid-relaxed 6.25(±3.19) (4.00[2.00;8.00]CG, 8.00[5.00;10.0]EG, p=0.001).

CONCLUSIONS: There is a significant decrease in children's anxiety in EG during extraction. Parents believe that the dog helps to relax both, the child and themselves, with a less aggressive perception of technique and recommended ten out of ten. Nurses believe that the presence of the dog does not interfere during the extraction and facilitates it. A positive memory could facilitate future extractions.

Disclosure: No significant relationships.

EPV312 / #913

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.08 Others*

LESS IS MORE: BETTER OUTCOMES THROUGH DEPRESCRIPTION

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Background and purpose: We live in an aging society with a medical community that is traditionally trained to add medication and not to subtract, adverse polypharmacy is increasingly common. Deprescribing is a way to remove potentially inadequate medications and improve patients' outcomes. Like prescribing, deprescribing is an art form, and as all art forms it can and should be learned. It's a time consuming process that must carefully balance a patient's individual needs and characteristics with an effective control of their chronic medication. Deprescribing techniques are a staple in palliative and geriatric care, but its benefits are applicable to every clinical setting, especially when used by primary care practitioners. With this study, we aim to review currently available deprescribing tools and algorithms, it's application in primary care settings, reminding clinicians about the importance of this practice.

Methods: Classic systematic review based on PubMed and Cochrane queries, for relevant articles published within the last 10 years, using the terms "deprescribing" and "polypharmacy" and "primary care" and "guides" or "tools" or "criteria" or "algorithm".

Results: Of the retrieved articles we identified 6 criteria or screening tools, 2 risk scales and 7 deprescribing algorithms.

Conclusion: Point-of-care resources for deprescribing can help physicians reduce the impact of polypharmacy and easily identify inadequate and redundant medications. There are many screening tools and criteria, all with limitations regarding the unique conditions of each individual. While no single approach stands out, each and every tool, scale, criteria, and algorithm in this in this review showed measurable improvements in patient-related outcomes and decreased polypharmacy risk.

Disclosure: No significant relationships.

EPV313 / #963

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.08 Others*

HOW DO HEALTHCARE PROFESSIONALS EVALUATE THEIR KNOWLEDGE ABOUT CHRONIC PAIN?

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Background and purpose

Chronic pain is the second most prevalent health problem in Portugal. However, only 1% of these patients attends a Chronic Pain Unit, being most of them evaluated by their General Practitioner, whom core curriculum during residency does not include specific training in Pain Medicine.

It is important to understand how professionals from those services evaluate their knowledge (and that of their peers) about Chronic Pain.

Our purpose is to assess how doctors and nurses from Primary Care evaluate their performance with Chronic Pain patients, analyzing their response to a questionnaire.

Methods

Cross-sectional, prospective study from a convenience sample of doctors and nurses from Primary Care who participated in a training event on Pain. The information was obtained by answering a questionnaire not validated for the Portuguese population but previously tested. Data analysis was performed on IBM®SPSS®.

Results

We obtained 139 responses, with 58.3% female participants.

On average, consultants rated pain medical care higher than residents ($p = 0.040$) and nurses ($p = 0.009$). Also, nurses considered a Primary Care Multidisciplinary Pain Consult more important than doctors ($p = 0.11$).

Conclusions

There were no major differences between the answers of consultants, residents or nurses in most subjects. Nevertheless, residents believe that pain care is worse than consultants do. It is also remarkable to realize that nurses attribute more importance to a Primary Care Multidisciplinary Pain Consult than doctors.

The results obtained emphasize the importance of more studies in this area in order to understand, on a larger scale, how healthcare professionals evaluate their knowledge about chronic pain.

Disclosure: No significant relationships.

EPV314 / #965

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.08 Others*

EXPIRA+ FOR YOUR HEALTH – CHRONIC OBSTRUCTIVE PULMONARY DISEASE INTERVENTION PROJECT

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Chronic obstructive pulmonary disease (COPD) is relatively unknown to the general public thus frequently going undiagnosed/untreated. Two primary healthcare units have jointly created a respiratory rehabilitation program: EXpiRA+.

EXpiRA+ aims to provide short-term improvements to physical condition and muscular strength, enabling a patient's autonomy for daily activities, reducing psychosocial impact, and improving quality of life. In the long term, it seeks to prevent hospitalizations from COPD exacerbation.

The study sample will comprise patients diagnosed with COPD (groups B and C).

During phase 1 (1 month), patients will be invited for a medical evaluation with informed consent, involving medical history review, and inclusion criteria assessment: SpO2>90% at rest, SpO2>85% during the "6-minute Walk Test" (6MWT), and FEV-1 post-bronchodilation>30%.

During phase 2 (8 weeks) selected patients shall perform:

- Biweekly supervised physical exercise, customized by a Specialist Nurse

- Weekly educational and psychosocial support sessions led by healthcare professionals

- Monthly "Walk with the Doc"

- Medical evaluations during weeks 4 and 8.

Short-term goals assessment, the 6MWT, 1-minute sit-to-stand test (STS), and LDCAL, CAT, HADS and BODE surveys, shall be performed during weeks 0, 4, and 8.

During phase 3 (6 months after EXpiRA+ conclusion), a new evaluation will also assess the long-term objectives.

It is expected that 60% of the patients will reach clinically significant improvements at the end of EXpiRA+ and a 50% reduction in COPD exacerbations, translating into improved capacity of COPD self-management.

EXpiRA+ is an innovative intervention project in terms of design and collaboration between two healthcare units in Northern Portugal.

Disclosure: No significant relationships.

EPV315 / #1033

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.08 Others*

QUALITY FRAMEWORKS and QUALITY INDICATORS IN PRIMARY CARE IN CHINA， THE US and THE UK：A COMPARATIVE STUDY

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Background　To compare the monitoring，assessment or certification system regarding primary care quality and the included quality indicators in China，the US and the UK.
Methods　Literature regarding primary care quality evaluated using Donabedian's classic system-based framework of structure，process and outcome was searched.
Results The structure and service load for a general practitioner（GP） team，quality assessment scope，domains for quality improvement，quality indicators，feedback method are all different.
Conclusion Due to characteristic healthcare needs and resources，the quality assessment criteria for primary care are different across the three countries，but all are improving in ccordance with the changes of supply and demand in primary care and health resources，showing a trend of people-centered and continuous quality improvement incentivized in primary care. For China，relatively good quality results of primary care have been achieved using limited resources，and further effective improvement of the quality indicators is suggested to conduct in accordance with the healthcare system reform，such as the training of primary care workers，structure modification of primary care human resources，quality assessment method for contracted integrated medical and public health services，operation and management ways of a medical consortium as a gatekeeper，mechanisms for health insurance imbursement programs，and the changing of primary care delivery ways according to healthcare needs using digital technologies.

Disclosure: No significant relationships.

EPV316 / #1094

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.08 Others*

THE FIFTY YEAR STORY OF BUILDING PBRNS: A REVIEW OF THE INTERNATIONAL LITERATURE (PART 2: EXTERNAL ENVIRONMENT)

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Background and Purpose

Practice-based research networks (PBRNs) emerged in the context of primary care about 50 years ago. PBRNs formed as collaborations between academics and research-engaged practitioners in the field. We conducted a seminal scoping review to address the paucity of information about the facilitators and barriers of building PBRNs worldwide. This study focuses on the external environment that influenced their development.

Methods

We searched the electronic databases MEDLINE (PubMed), OVID, CINAHL, (EBSCOhost), Scopus, and SAGE for published and grey English literature between 1/1/1965 to 31/12/2020, and we also searched reference lists and other public online sources applying rigorous inclusion and exclusion criteria. These included the scope of primary care in each country or region. We examined the first 10 years of each network's trajectory.

Results

Ninety-three PBRNs from 15 countries met the inclusion criteria. We captured key elements that were associated with the external environment of PBRNs and interacted with PBRN development. Key element categories included patient/community and other healthcare stakeholder engagement activities, national health systems, institutional or governmental support, national or state policies and regulatory environment, external funders, professional organizations, HIT developments and vendors, and lessons learned from previous PBRNs.

Conclusions

Key elements in the external environment facilitated, hindered, or helped establish PBRNs in many countries. Networks that were initially developed as collaboratives between academics and practitioners later accelerated the engagement of traditionally not academically-linked groups, including patients, community stakeholders, and other healthcare entities, reflecting and strengthening the community role of primary care.

Disclosure: No significant relationships.

EPV317 / #1097

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.08 Others*

FEBUXOSTAT FOR GOUT TREATMENT: AN EVIDENCE-BASED REVIEW

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Background and purpose

Currently, allopurinol is the first line for chronic gout treatment. However, inadequate response, intolerance or comorbidities often limit its use. On the other hand, febuxostat is a new selective XO inhibitor approved for gout treatment, requiring no dose adjustment in cases of renal failure.

The aim of this study is to compare the efficacy of febuxostat with the most widely used treatment in preventing gout flares (allopurinol).

Methods

Research on MEDLINE and evidence-based medicine sites with the terms MeSH “gout” and “febuxostat” and “allopurinol”. Articles whose outcome did not include the occurrence of a gout flares were excluded.

Results

From the 115 articles obtained, 111 articles were excluded for not meeting the inclusion criteria, being duplicated or contained in systematic reviews.

In short-term studies, it was concluded that patients treated with high doses of febuxostat (120 to 240 mg/day) had a higher risk of having acute gout flares, whereas in patients treated with febuxostat (40 to 80 mg/day) and in studies with a follow-up of 12 months or more there are no statistically significant differences when compared to patients treated with allopurinol (100 to 300 mg/day) and Placebo. In addition, prophylactic administration of colchicine or NSAIDs during the initial phase of treatment with febuxostat or allopurinol has been found to decrease the risk of acute gout flares.

Conclusions

Febuxostat has similar efficacy to allopurinol in preventing gout flares and may be a viable alternative in cases of contraindication or intolerance to allopurinol (Strength of Recommendation: B)

Disclosure: No significant relationships.

EPV318 / #1110

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.08 Others*

INTERNATIONAL SEXUAL HEALTH and REPRODUCTIVE (I-SHARE) HEALTH SURVEY DURING COVID-19: RESULTS FROM A CROSS_SECTIONAL ONLINE SURVEY IN LUXEMBOURG

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Background and purpose: The COVID-19 pandemic has a profound impact on all aspects of our lives, including social life, sexual health and reproductive health. Lockdowns have forced or encouraged people to stay at home, exacerbating intimate partner violence, reducing access to essential reproductive health services and influencing other behaviours. The aim of the I-SHARE study is to examine the impact of the COVID-19 crisis on sexual and reproductive health worldwide (29 countries). This abstract presents key results from Luxembourg.

Methods: I-SHARE is a cross-sectional study conducted online. The survey was administered from 15.01.2021-12.02.2021 in Luxembourg in 4 languages (Portuguese, English, German and French). Participants who live in Luxembourg and over 18 years were recruited through social media networks and national agencies and invited to participate in an online survey. The association between COVID-19 and gender-based violence, access to condoms, HIV testing, and other items was examined. Ethics approval obatined (ERP 20-061-C I-SHARE-Lux).

Preliminary Results: 490 participants (35,2% male, 62,5% female) took part in the study. 35% strictly followed social distancing rules and 56.8% highly, but only 32.8% were self-isolated. 17.2% felt more vulnerable for sexual harassment, sexual, physical, or emotional assault by non-partners during this time. Participants who reported having a partner reported an increase in violence during the COVID-19 social distancing measures towards their partners and viceversa; those reporting emotional aggression doubled.

Conclusions: Global research studies in these specific areas are key to understanding how the pandemic may influence essential factors of our lives and provide evidence to support policy changes to assure the proper resources or access to health and reduce the impact.

Disclosure: No significant relationships.

EPV319 / #1112

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.08 Others*

THE IMPORTANCE OF COMMUNITY PHARMACY IN CHRONIC KIDNEY DISEASE PATIENT MANAGEMENT. DRUG DOSAGE ADJUSTMENT and NEPHROTOXICITY DETECTION.

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Background and purpose

Chronic kidney disease (CKD) is a common problem in patients over 60 years of age. It´s necessary to control the administration of nephrotoxic drugs and to adjust the dosage of drugs eliminated by kidneys. The purpose of this study is to prove the community pharmacy capabilities in the detection of nephrotoxic drugs and dose adjustment in CKD patients together with the prescriber for better patient management.

Methodology

Patients over 60 years of age prescribed at least one nephrotoxic drug or drugs that may need dose adjustment. Subjects are invited for capillary blood creatinine test (StatSensor Express, Nova Biomedical). Glomerular filtration rate (eGFR) is calculated using CKD-EPI. If eGFR <60 ml/minute the medication is analyzed. If needed the patients are referred to the Primary Care physicians with the proposed treatment changes.

Results

198 patients in 4 pharmacies were included. 87 (43.9%) eGFR <60 prescribed total of 638 drugs of which 18 (2.8%) are nephrotoxic and their withdrawal is proposed. 31 (4.9%) are used at doses higher than those recommended and their adjustment is requested. They correspond to 14(16,1%) and 23(26,4%) patients respectively, total 37(42,5%).

The physicians accepts the withdrawal of 7 (38.9%) nephrotoxic drugs and adjusts the dose of 6 (19.4%) corresponding to 7 and 4 patients respectively.

It equals to a change proposal in 49 (7.7%) of the analyzed drugs that use 37 (18.7%) of the 198 patients included. 13 (26.5%) were modified in 11 (5.6%) patients.

Conclusions

The community pharmacy can be a valuable partner for Primary Care physicians in CKD patient management.

Disclosure: No significant relationships.

EPV320 / #1228

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.08 Others*

STATINS: CONDITIONING FACTORS IN ITS ACCEPTANCE

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1. Background and purpose:

Statins are the most used drug in dislipidemia treatment. Non-acceptance may be a barrier on reaching a good control of this major cardiovascular risk, with all its known implications. Our aim was to analyze the main motives inherent to statins non-acceptance by patients, supported by the most recent scientific evidence.

2. Methods:

We conducted a research of scientific reports, published since 2001, written in English or Portuguese, available on Medline, and containing the MeSh terms “statin” and “acceptance”, in Title/Abstract. Articles referred to other treatment options or use of statins in specific diseases (eg. familial hypercholesterolemia) were excluded.

3. Results:

We obtained 40 articles, from which 33 were excluded after title and abstract review. 7 major reasons for acceptance of statins’ treatment were identified: trust in prevention; routinising into daily life; confidence in prevention; doubts regarding benefits; medical distrust; treatment as a synonym of disease; cost. Besides, doctors pre-conceived expectancy that patients will frequently reject statin treatment due to side effects, although they are actually infrequent (1-5%), leads to statin sub-prescription and side effects over-monitorization.

4. Conclusions:

Life-time dependency, the label as being unhealthy, the uncertainties of its mechanism of action, side effects and perception as a health risk, the cost and the skepticism about doctos’ motives for prescribing statins were identified as the main barriers to acceptance. General practitioners have the responsibility to assess health beliefs and patient knowledge about dislipidemia and the role of statins prior to treatment in order to improve acceptance.

Disclosure: No significant relationships.

EPV321 / #1267

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.08 Others*

MANAGEMENT OF HYPOCOAGULATED PATIENTS – A SYSTEMATIC REVIEW

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1. Background and purpose

The new oral anticoagulants or direct anticoagulants are already considered first line in the prevention of thrombotic events in most users with atrial fibrillation. There are many challenges in the management of the hypocoagulated user that the family doctor, due to his central role in health services, needs to deal with. Thus, updating knowledge is fundamental to the best practice of family doctors.

The present work aims for the systematization of available scientific evidence to support the medical decision, both in the choice of the most suitable anticoagulant drug, as well as in the management of peri-invasive procedures.

2. Methods

A review of the national and international guidelines and consensus published in the last 5 years in English and Portuguese, available on MEDLINE, was carried out using the MeSh term “hypocoagulation”. Articles that did not fit the objectives of this work and/or the context of primary health care were excluded.

3. Results

The selection of the direct oral anticoagulant and its dosage must consider several factors, such as safety, renal and liver function, possible drug interactions, the posology convenience for the patient, its age and weight.

Hypocoagulation management in questions of invasive procedures meets risk-benefit criteria. Good practice focuses on assessing the user's thrombotic risk and the bleeding risk of the procedure.

4. Conclusions

As a preventive procedure par excellence, hypocoagulation should be managed by a physician specialized in general and family medicine. The present work assists in his decision, although it is not intended to replace clinical judgment.

Disclosure: No significant relationships.

EPV322 / #1298

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.08 Others*

MEDICAL LITERATURE ABOUT FIBROMYALGIA IN PORTUGAL: AS INVISIBLE AS THE DISEASE ITSELF

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Background and purpose: In Portugal, fibromyalgia is twice as prevalent as rheumatoid arthritis (AR) and twenty times more prevalent than systemic lupus erythematosus (SLE). A higher prevalence of disease would suggest higher rates of medical literature for fibromyalgia. The aim of this observational study was to compare the number of articles published on AR, SLE, and fibromyalgia in Portuguese medical journals. Our secondary outcome was to characterize the type of articles regarding the year and place of publication and study methodology.

Methods: We conducted a search in a Portuguese database for biomedical literature (Índex de Revistas Médicas Portuguesas) between 1992 and 2018 using the keywords "rheumatoid arthritis", "systemic lupus erythematosus" and "fibromyalgia".

Results: We obtained 411 articles: 48% related to RA (n = 198), 44% about SLE (n = 180) and 8% about Fibromyalgia (n = 33). The distribution of articles on fibromyalgia showed a median of 2 published articles per year. We found that 57% of the articles corresponded to classic reviews of the literature and that 64% were published in Rheumatology journals.

Conclusions: There are five times more articles published on SLE and six times more articles published on RA than on fibromyalgia. The publication rate did not vary considerably in the last 27 years, most studies are of low-quality evidence and most are published in Rheumatology journals. Competent entities should encourage research in the area of fibromyalgia and improve medical training on the disease. The goal would be for fibromyalgia to stop being an “invisible” disease.

Disclosure: No significant relationships.

EPV323 / #1324

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.08 Others*

WHAT DID PRIMARY HEALTHCARE JOURNALS PUBLISH IN THE PANDEMICS YEAR?

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1. Background and purpose

The COVID19 pandemics influenced the healthcare setting but also quickly shaped publication patterns. Herein, we aim to understand how it affected the primary healthcare research at its top journals.

2. Methods

We extracted all indexed articles from the top journals of the Web of Science Primary Health Care area (Q1, Journal of Citation Reports® 2019) for the 2020 period. Area-specific journals were excluded to limit bias. Available indexed MeSH terms were extracted and extra MeSH terms per article mined via Pubtator. An extensive manual revision of the MeSH tree ontology was conducted to define medically relevant areas. Each article was then mapped into one or more of these areas according to its indexed or text mined MeSH terms.

3. Results

A total of 4 journals (Annals of Family Medicine, British Journal of General Practice, Canadian Family Physician and American Family Physician) were included in the analysis, comprising 1338 articles and 2159 mapping keywords. From these, 519 articles were automatically classified. Unsurpisingly, the Infectious and Respiratory Diseases were the most assigned areas (n=182 and n=155 articles, respectively), followed Diagnosis/Prognosis (n=146). Neurology, the most common publishing area in the last five years, remained with high prevalence (n=139). Cardiology (n=97), Obstetrics and Gynaecology (n=67), and Urology (n=42) followed. Noticeably, Oncology had only 6 articles related articles throughout the year as identified by our method.

4. Conclusions

High impact journals in the primary healthcare research reflected the worlwide tendency on SarsCOV-2 and COVID19 publishing. Despiste this, the publication pattern of non-COVID literature in these journals remained relatively stable in comparison its previous years.

Disclosure: No significant relationships.

EPV324 / #1198

E-POSTER VIEWING

Topic: *3. Overarching topics / 3.02 Shared decision making and patient empowerment*

BENEFITS EXPERIENCED IN PARTICIPANTS OF OPEN PSYCHOTHERAPEUTIC GROUPS

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BACKGROUND and PURPOSE

Open groups are psychotherapeutic experimental groups that empower the participant, stimulating personal and relational resources.

METHODS

More than 200 patients with anxiety-depression symptoms participate each year in the fortnightly meetings of open groups of the Primary Care centres of Girona (Catalonia). They were asked to answer a questionnaire to find out about their experience.

RESULTS

The majority of the participants are women (85%) between 35 and 50 years old. As benefits of going to the group they mentioned: improvement in self-confidence, managing anxiety, emotional release, socialization, empowerment and coping with personal, family and work situations. A decrease was observed in the high frequency of medical visits. Approximately half of the patients reported a reduction in the consumption of anxiolytics/ antidepressants and a lower tendency to prolonged sick leave. The evaluation of the open group was very satisfactory according to 80% of the participants.

CONCLUSIONS

Open groups help to generate adaptive strategies to life circumstances. The group setting facilitates the exchange of experiences and emotions, increasing individual resources. Our work as health professionals goes beyond the prescription of drugs. Group psychotherapy is a therapeutic element to take into account to improve personal and community mental health.

Disclosure: No significant relationships.

EPV326 / #977

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.03 Respiratory*

RSV BRONCHIOLITIS IN HOSPITALIZED INFANTS - ONE YEAR EXPERIENCE

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Background

Bronchiolitis is among the most common illnesses in infants and RSV is its most common etiological agent. It is known that RSV infection in infants is associated with an increased rate of morbidity and mortality.

Methods

We performed a retrospective analysis of infants hospitalized with bronchiolitis with RSV in the National Institute for Mother and Child Health "Alessandrescu-Rusescu", Bucharest, Romania, between January-December 2019. The identification of RSV was done using rapid antigen detection tests (RADT). Clinical data were collected from patient records.

Results

Out of a total of 256 cases of bronchiolitis in infants, in 138 cases (53.9%) RADT was positive for RSV. There was a slight predominance of males (54.3%). The median age at presentation was 2.5 months (IQR:1, 4.5). Clinical symptoms were dominated by cough (98.5%), rhinorrhea/nasal obstruction (91.1%), and difficulty breathing (87.4%). Fever was not characteristic, being present in 41.2% of infants with RSV positive. A percentage of 17.4% (n=24) also presented digestive manifestations such as diarrhea or vomiting. The median length of hospital stay was 7 days (IQR: 4, 9). A total of 18 infants needed hospitalization in the ICU. No deaths were reported.

Conclusions

We identified an increased rate of RSV infection in infants with bronchiolitis. Coughing and difficulty breathing are the main symptoms that have characterized infants with RSV bronchiolitis. Close monitoring of RSV infections is important to limit the impact it has on children, especially infants. The development of specific prophylaxis measures is very necessary.

Disclosure: Acknowledgements This abstract is part of the license thesis “Respiratory Syncytial Virus infection in children - epidemiological, clinical and laboratory characteristics” performed at the Carol Davila University of Medicine and Pharmacy, Bucharest, Roman

EPV329 / #1229

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.10 Others*

THE IMPORTANCE OF MAN'S HEALTH IN PRIMARY HEALTH CARE IN BRAZIL: A CASE REPORT

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1. Background: The medical course at University West of São Paulo has a subject kown as Program of Approaching Progressive Practice (PAPP) which aims to incle academics in the pratical activities of Primary Health Care. With the increase of life expectancy the comorbidities has increased significantly affecting direclty– biopsychosocial of the population. However, most of patiantes avoid doctors assistence due to the lack of information about the importance of periodics exams. According to that, the Ministry of Health of Brazil created the National Men's Policy that aims to promote and expand access of the male population to health services.

2. Aim: Informing men about the most prevalente diaseases, and promote awareness about self-care as well as the importance of the need for medical care assistance in preventions and injuries.

3. Methods: The activity was carried out in local health care unit with the participation of 9 medical students who prepared and dissipated the lecture in the form of slides presentation and open conversation with 32 men. The action addressed information on comorbities and conditions of greatest incidence in the male population, as well as the importance of multidisciplinary monitoring in health care unit.

4. Results / Conclusions:As a result, we confirm that there is still a lack of knowledge about health care. For academics, the education aims to stimulate men's health in primary care, promoting awareness, promotion and prevention of health problems.

Disclosure: No significant relationships.

EPV330 / #1199

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.10 Others*

HARLEQUIN SYNDROME A CASE REPORT

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Background:

The objective of this clinical case report is to highlight this unusual syndrome and facilitate the diagnosis and approach.

Clinical case:

A 58 year old woman presented herself with facial erithema that appeared while walking, same event two weeks prior, and now left with light tickling on the mentioned area. Normal physical examination and facial sensibility.

Patient had history of osteoporosis, colesterol, migraine (treated with botulinum toxin) and rosacea.

On her visit to the dermatologist, she had no visible condition so treatment was antihistamines and avoiding anti-inflammatory drugs.

She started having the erithema daily, and once rejected the option of the botulinum toxin as a possible cause, she visited the emergency unit where was attended by a Neurologist. With no alterations on her tests or physical examination, and then forced to walk, it was then when the facial erithema and light sweating reappeared.

Discussion:

The Harlequin syndrome is a rare benign neurological condition that usually is idiopathic. It is important thought, to discard secondary lesion of the three neurons that form the cervical sympathetic chain caused by carotid dissection, toxic goiter, tumors, syringomyelia and multiple sclerosis. It can also be associated to neuroophthalmological syndromes such as Addie's, Ross' and Horner's syndrome.

Due to the benignity of the syndrome, it usually does not need treatment. In cases where quality of life is affected, a contralateral sympathectomy can be performed.

Conclusion:

The Harlequin syndrome is a benign condition with a clinical diagnosis but that makes it necessary to discard other important pathologies. Its treatment is conditioned to the psychological affectation of the patient.

Disclosure: No significant relationships.

EPV331 / #1269

E-POSTER VIEWING

Topic: *1. Clinical topics / 1.10 Others*

BEHCET'S SYNDROME and NERVOUS SYSTEM INVOLVEMENT

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Background:

Behcet's syndrome is a chronic relapsing multisystemic vasculitic condition with mucosal inflammation. The aim of this clinical case report is to present its most exceptional manifestations.

Clinical case:

A 25-year-old female presenting to the clinic with recurrent oral and genital sores, recurrent pharyngitis, right side predominant tetraparesis, and protuberance symptoms (dysphagia, dysarthria, and gait alterations). MRI shows inflammatory lesions affecting the pons, midbrain and, cerebellar peduncles. The case was addressed as a severe Neurobehçet managed with glucocorticosteroids and Cyclophosphamide. The orogenital sores were treated with Inmurel.

Immediately after admission, the patient developed dysarthria, paresis, and dysmetria in right side limbs; sensory bilateral pudendal neuropathy, non-affective psychotic disorder; bilateral knee osteonecrosis in the context of corticosteroid therapy.

Complete recovery after the treatment.

Discussion:

The nervous system's affectation occurs in 5% of the cases, exceptional as an early symptom. Likewise, neurological alterations rarely precede classic manifestations. The central nervous system can be affected in parenchymal and extra parenchymal areas due to arterial or venous thrombotic events.

The treatment is controversial given the clinical and pathophysiological heterogeneity, the difficulty in predicting the clinical course, and the lack of controlled trials.

Conclusion :

The discussed neurological symptomatology (rhomboencephalitis, neuropsychiatric manifestation) of the presented case supposes BD's infrequent phenotype. The diagnosis is predominantly clinical.

Disclosure: No significant relationships.

EPV332 / #755

E-POSTER VIEWING

Topic: *4. Education / 4.04 Professional skills and communication*

EARLY IMPROVEMENT IN MOTIVATIONAL INTERVIEWING SKILL MEDIATES FUTURE IMPROVEMENT FOR PRIMARY CARE PROVIDERS LEARNING MOTIVATIONAL INTERVIEWING

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Background and purpose: “Motivational Interviewing” (MI) is a counseling method primary care providers (PCPs) may use to address their patients' behavioral health-related problems. A trial of MI training did not improve MI skill for all trainees and an early indicator or "mediator" of training outcome would help flag struggling PCPs requiring additional training.

Methods: We calculated change scores in provision of trainees and not trained control PCPs in1. complex reflective statements; 2. asking permission to share information; and 3. motivation rulers, across two audio-recorded encounters along with a summary score. Rulers include two inquiries pertaining to importance and confidence to change, and 2 follow-up questions. Providers had to advance their use of rulers by asking a different inquiry, or asking an initial or new follow-up question between the first and second visit. The outcome was frequency of MI-consistent language occurring during audio-recorded index encounters across 165 patients with PCPs.

Results: A main effects analysis adjusted for random effects suggested frequency of MI consistent language was 2.5 MI-consistent statements higher for intervention versus control providers per 10-minute sections of primary care encounters (95% CI [0.7, 4.0], p=.009). The summary score for the combination mediator was 1.0 versus 0.07 in the intervention and control arms, respectively. The summary mediator candidate appeared to have both a main effect (F-value = 7.3, p=0.008) and an interactive effect on subsequent provision of MI-consistent language during clinical encounters (group X mediator F-value=4.0, p=.047).

Discussion: Trainees with limited “MI improvement” scores across their first two audio-recorded clinical encounters may benefit from extra training. "Early change in MI skill" may be the first reported mediator of training outcome in the MI literature.

Disclosure: No significant relationships.

EPV333 / #379

E-POSTER VIEWING

Topic: *5. Research and innovation / 5.04 Big data research*

DEVELOPMENT OF A PRIMARY CARE RESEARCH NETWORK FOCUSED ON CHRONIC DISEASE: A FEASIBILITY STUDY FOR BOTH PRACTICES and NETWORKS

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Background and Purpose

Would a programme of training and feedback improve the quality of data recorded in GP information systems? How feasible is this; how reliable is the data generated?

Methods

Searches were developed for GP software. Prevalence of type 2 diabetes mellitus (T2DM), asthma, chronic obstructive pulmonary disease (COPD), ischaemic heart disease (IHD), heart failure (HF), atrial fibrillation (A/Fib), transient ischaemic attack (TIA) and stroke was studied. Average monthly prevalence was compared with national and international estimates.

Results

16 practices were recruited, with 65.5 full time equivalent GPs and 36,327 patients.

Average prevalence of all conditions varied greatly, being lowest for T2DM and A/Fib (3.6 and 5.4 fold difference respectively) and highest for IHD and HF (34.0 and 20.0 fold respectively).

The average reported prevalences were as follows: T2DM 6.8%; Asthma 9.2%; COPD 4.1%; HF 1.7%; IHD 3.3%; Stroke 2.2%; TIA 1.1%; A/Fib 4.3%. These rates were similar for December. Some showed large variation with estimated Irish figures (e.g. COPD 4.1 times estimated figure) and others were broadly similar (e.g. HF 1.1 times estimated figure). T2DM (6.8%) and IHD (3.3%) figures were broadly similar to English rates (6.3% and 3.2% respectively), while A/Fib (4.3%) and COPD (4.1%) were substantially different (1.7% and 1.8% respectively). Search accuracy was improved by automation.

Conclusions

It is feasible to deliver training, collect monthly data and issue reports.

There is considerable variation of known prevalence of the conditions studied, both between practices and with national and international rates. Coding accuracy should be confirmed by audit.

Disclosure: No significant relationships.

Publications Only

PO001 / #246

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.01 Cardiovascular*

TO KNOW and TO WIN. ECG RHYTHMS MOST FEARED BY FAMILY DOCTORS

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Background

One of the most stressful situations for family doctors who treat with emergencies is dealing with acute cardiac pathologies, which put the patient in a critical condition and push physicians to the limit, challenging their knowledge, reaction capacity and clinical judgment.

A wide variety of pathologies to attend and, frequently, the uncertainty among professionals in the ability to manage them, is our reality.

This is especially crucial in systems with small clinics and rural consultations, where lack of collegial support, the growing proportion of elderly, fragile and challenging patients are common.

Aim:

We aim to train general practitioners up giving the required skills to help them feel more prepared and confident in the most common cardiac emergencies of their daily practice.

Methods and timetable:

The idea is to develop a 90-minute fun "Know and Win" contest. Behind its casual format and lively appearance, a meticulous analysis of clinical cases will be hidden, accompanied by ECG traces of the heart rhythms most frequently encountered in daily practice and most feared by family doctors.

Results / Conclusions

- Elaborate a working model of the Emergency Skills Module (ESM) to be used in the training of general practitioners working in emergency services and rural areas and keeping them updated

- Offer a new self-assessment format to improve interpretation skills through ECG problems for exam preparation and real daily practice.

- Encourage discussion about what emergency skills and ranges of knowledge are essential for general practitioners in the emergency setting.

Disclosure: No significant relationships.

PO002 / #346

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.01 Cardiovascular*

ENDOTHELIAL DYSFUNCTION LEADING TO PRINZMETALS ANGINA IN A PATIENT WITH RECURRENT CHEST PAIN

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Background: Prinzmetals Angina accounts for a greater number of patients presenting with chest pain to tertiary care health facilities requiring immediate management to reduce the incidence of complications such as heart attacks and strokes .This case explains the endothelial dysfunction as a rare cause of prinzmetal angina. She has a H/O patent foramen ovale,psoriatic arthritis,B/L optic nerve infarction with inferior field defect.Iron deficiency Anemia. Recurrent TIA

Introduction: 46 years old lady presented to A&E with complaint of increasing intensity chest pain and difficulty in breathing.

Case Description:On examination, patient was anxious with pain, blood pressure 148/88mmhg with a pulse rate 76 beats/min, slightly tachypneic with respiratory rate of 20/min. JVP-not raised. Rest of the examination was unremarkable. ECG showed TWI in leads III,V2 to V4.Initial investigations showed normal full blood count and kidney function, raised troponin level, urgent cardiology input was taken and coronary angiography was done which showed widespread and diffuse endothelial dysfunction resulting in coronary artery spasm and microvascular angina. Ultrasound angiology and nailfold capillaroscopy also showed vasospasm. Echo showed good LV function with EF 65-70%,normal structure and dimensions.

Outcome: The patient was started on IV GTN infusion(via porta cath) and her symptoms improved dramatically, remain stable during the hospital stay and discharged on CCB,isosorbide mono & dinitrate and advised for cardiology follow up in a few days time.

Disclosure: No significant relationships.

PO003 / #376

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.01 Cardiovascular*

PREVENTION OF DEMENTIA USING MOBILE PHONE APPLICATIONS (PRODEMOS): AN INTERNATIONAL RANDOMISED CONTROLLED TRIAL

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Background and purpose Up to 40% of dementia cases may be attributable to potentially modifiable risk factors, suggesting dementia may be delayed or prevented by adequately acting these risk factors. Mobile Health (mHealth) may improve accessibility to prevention strategies in hard-to-reach populations, where the expected rise of dementia prevalence is largest. We will investigate the effectiveness and implementation of a coach-supported mHealth intervention to reduce the risk of dementia by targeting dementia risk factors.

Methods The PRODEMOS RCT has an effectiveness-implementation hybrid design, taking place in the United Kingdom (UK) and China. Eligibility criteria are: 55-75 years, low SES (UK) or from the general population (China), ≥2 dementia risk factors, own a smartphone. Overall, 2400 participants will be randomised to either a coach-supported, interactive mHealth platform, facilitating self-management of dementia risk factors, or to a static control platform. The intervention and follow-up period are 18 months. The primary effectiveness outcome is change on the CAIDE dementia risk score. Implementation outcomes include acceptability, adoption, feasibility, and sustainability of the intervention.

Results The design of the mHealth platform has been informed by qualitative studies with the target population in the UK and China, existing literature, and the concepts of the Healthy Ageing Through Internet Counseling in the Elderly (HATICE) platform, and has been tested in a pilot study in both countries.

Conclusions The current study, targeting populations with a high dementia risk and poor access to preventive care, will provide insight in the implementation potential and effectiveness of a coach-supported mHealth intervention to reduce the risk of dementia.

Disclosure: No significant relationships.

PO004 / #391

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.01 Cardiovascular*

CARDIOGENIC SHOCK IN POST-STEMI PATIENTS: TREATING ONLY THE CULPRIT LESION OR SUBMIT TO COMPLETE REVASCULARIZATION?

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ST- Segment Elevation Acute Myocardial Infarction (STEMI) represents a medical emergency that reflects high mortality rates, reaching 80% in the first 24 hours. Besides, one of the most notable complications associated with this emergency is Cardiogenic Shock (CS), which affects about 10% of patients. METHODS: Considering the incidence of cases, as well as the severity of STEMI related to CS, this study will search for understanding the treatment established in this population, intending to determine the differences between the treatment of multivessel revascularization or just the culprit artery. RESULTS: Furthermore, in this perspective, studies have shown that exclusively clinical treatment is unfavorable compared to revascularization, being the invasive approach with the greatest chance of success, indicating higher survival rates of patients when introduced early treatment. In addition, among the possible approaches, we have revascularization of only the culprit artery and the multivessel; in relation to multivessel treatment, it can be mentioned as benefits of this technique, the reduction of the ischemic load and the reduction of the need for future intervention; however, on the other hand, the patients time in the procedure is enhanced, increasing the risk of complications such as contrast-induced nephropathy. CONCLUSION: Thus, taking into account the guidelines of the European Society of Cardiology and the American Heart Association (AHA), revascularization is recommended through percutaneous intervention of the culprit artery for the ischemic event instead of multivessel unblocking. Consequently, complications and associated mortality decrease, quitting the reperfusion of additional affected arteries for another moment.

Disclosure: No significant relationships.

PO005 / #609

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.01 Cardiovascular*

THE POWER OF AN ELECTROCARDIOGRAM - A CASE REPORT

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Background and purpose:

Eletrocardiogram(EKG) is a very informative, cheap and widespread tool that can diagnose heart problems. Every phsysician should know how to read an EKG, however, in Portugal, in ambulatory setting they are reported by cardiologists. The aim of this case report is to highlight the importance of carefully analyzing all the exams that are requested in daily practice.

Methods:

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

Results:

A 62-years-old patient, diagnosed with cholecystitis in an emergency department(ED), was supposed to be submitted to elective cholecystectomy, however, during pre-procedure routines the patient was found to have an abnormal EKG. It revealed excessive supraventricular extrassystoles, and an observation by cardiology was advised in order to decide if the surgery could be performed. The patient's condition worsened and had to return to the ED. An urgent surgery was advised, however it was not performed given the abnormal EKG. The patient was discharged home on analgesics and antibiotics. The following day, we saw the patient in our health center and after looking at the EKG, we realized that it had been incorrectly interpreted and it was normal. The timing intervals settings were not correct and it was shorter than the usual interval. The patient ended up doing the surgery and recovered well.

Conclusions:

This case highlights the importance of analyzing all the exams that are requested in daily practice, and, despite their report, the physician should be critical and analyze them to the best of his knowledge.

Disclosure: No significant relationships.

PO006 / #720

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.01 Cardiovascular*

DOCTOR, MY MOTHER IS FULL OF BRUISES IN HER ARMS - A CASE ABOUT SECONDARY HYPERTENSION IN PRIMARY CARE

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Background and purpose: Secondary hypertension is less common among patients aged > 50 years, being Cushing Syndrome an unusual cause. However, specific signs and symptoms together with a sudden increase in blood pressure previously stable, should be kept in mind to make the right diagnosis in adults.

Methods: The information about patient's clinical data was obtained through consultation of clinical records.

Results: A 55-year woman with a history of controlled hypertension, depression and overweight, presented with thin skin and spontaneous bruising, followed by permanent elevated blood pressure, occasional palpitations, fatigue, chest pain, hair and memory loss, since 5 months ago. On examination she had a sustained high blood pressure of 205/112mmHg and pulse of 68 beats per minute. The body mass index was 39,5. Auscultation of the heart and lungs was clear. Both forearms and legs had bruises. Abdomen had multiple striae. She had a generalized edema mainly localized in the face, abdomen and neck. Investigation of secondary forms of hypertension revealed leukocytosis in blood count, a higher level of cortisol in 24h-urine with normal serum ACTH; renal echography showed bilateral supra-renal gland mass, which were confirmed by abdominal TC as suspected adrenal tumours. The patient was referred for an hospital Endocrinology appointment and a surgical intervention was recommended.

Conclusions: This case caveat the importance of being aware of secondary causes for hypertension, especially in adults. It also points to the role of family doctors in the early detection of this pathology and urgent referral to improve its prognosis.

Disclosure: No significant relationships.

PO007 / #975

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.01 Cardiovascular*

OVERWEIGHT MANAGEMENT IN THE HEALTH CARE CENTERS AMONG A SAMPLE OF TUNISIAN ADULTS

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Background:

Overweight is a common risk factor for several chronic conditions including diabetes, dyslipidemia, high blood pressure and cardiovascular diseases. In Tunisia, although the National Obesity Prevention and Control Strategy was established since 2013, its implementation did not take place until now.

Purpose: To evaluate the management of overweight among adults in the health care centers of the governorate of Sousse.

Method:

A cross-sectional study was conducted in 2014, among 1977 adults living in 16 districts randomly selected from 3 delegations of the governorate of Sousse. A pre-established and pre-tested questionnaire was administered to participants during face to face interviews with pre-trained medical doctors at their homes. Weight, height and waist circumference were measured at the end of each interview.

Results:

The participant's average age was 39.8 (± 13.8) years. Females represented 61% of participants. Prevalence of overweight was 65.7%. Among those who visited a health care center during the previous year, measurements of weight and waist circumference were reported by 36.5% and 5.6% respectively. Assessment of dietary habits and physical activity were more common among obese consultants. However, assessment proportions of these behavioral risk factors were around 50%.

Conclusion:

Overweight is highly prevalent among the adults of Sousse. The national prevention program of obesity should be no more delayed in Tunisia.

Disclosure: No significant relationships.

PO008 / #995

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.01 Cardiovascular*

MANAGIN CHRONIC DIGOXIN TOXICITY

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BACKGROUND
Digoxin is a cardiotonic glycoside that is mainly used in the treatment of heart failure, atrial fibrillation, flutter, and paroxysmal atrial tachycardia. Intoxication due to digoxin excess is a common problem in clinical practice because it is therapeutically effective within a narrow dose range, Acute toxicity is more likely to result in a younger individual following an overdose. Chronic digoxin toxicity frequently occurs in the elderly as a result of declining renal function or drug-drug interactions, is harder to diagnose, and has a more insidious onset of symptoms. Gastrointestinal symptoms can be less pronounced than in acute toxicity. Neurologic manifestations, such as lethargy, fatigue, confusion, and weakness, are common. Hyperkalemia or hypokalemia can be observed.

LEARNING OBJECTIVES
– Managing drug-drug interactions
– Precognition of clinical signs or symptoms
– Signs of poisoning in the electrocardiogram
– Analysing blood tests if suspicion of poisoning

ORGANIZATION
– We will make an introduction with a clinical case and explaning characteristic features, diagnosis, and management.
– We will make 4 groups and provide to each group a different clinical case and ask to make an evaluation, management, afterwards each group make a presentation and discuss the case with the other groups, realizing a group debate.
– Finally we will use Kahoot and ask everyone to participate and evaluate if the principal topics have been learned.

CONCLUSIONS
We aim that the participants will be able to monitor Digital, recognice clinical symptoms, what to request in blood test, and read an electrocardiogram, all key tools in the diagnosis of poisoning of Digital.

Disclosure: No significant relationships.

PO009 / #1185

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.01 Cardiovascular*

THE PROFILE OF METABOLIC BIOMARKERS AS CARDIOVASCULAR RISK PREDICTORS IN YOUNG PEOPLE

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The aim. To assess the variation of metabolic biomarkers in young people (apoB atherogenic particles and apoA-I antiatherogenic particles).

Materials and methods. A cross-sectional study of 88 young apparently healthy individuals, 23 (26.1%) men and 65 (73.9%) women with the mean age 19.3±0.2 (17 to 25 age range), predominantly from a rural area (78,4%). The data on demographic and social characteristics of participants were collected, and clinical examination performed. The blood samples were collected under standard conditions. The plasma total cholesterol (TC) was measured using an enzymatic method, the LDL-C was calculated according to Friedewald's formula. The apoA-I and apoB concentrations were measured using the immunoturbidimetric method.

Results. The HDL level was 1,55±0,037 and LDL-C – 2, 29±0,05 mmol/L, and both of them increase with age in male and female ($p<0.05$). The levels of apoA-I varied within 0,66–3,98 g/l, the mean apoA-I values being 1,12±0,019 g/l, with fluctuations depending on sex: 0,95±0,034 g/l in males versus 0,39±0,049 g/l females ($p<0,05$). The mean level of apo B was 0,50±0,016 g/l, with variance between 0,01 g/l to 3,25 g/l, with significantly lower level in males 0,46±0,024 g/l versus 0,51±0,049 g/l ($p<0,05$). The mean of apo B/apoA-I ratio was 0,46±0,024, and it increased with age in females ($p<0,05$) and decreased in males ($p<0,05$).

Conclusion. The studied biomarkers have a tendency to increase in concentration with age and have demonstrated more "protective", profiles in young females. However, longitudinal studies are needed to evaluate the role of their value estimated in young people to predict the cardiovascular events in adulthood.

Disclosure: No significant relationships.

PO010 / #1273

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.01 Cardiovascular*

TAKOTSUBO MIOCARDIOPATHY, HISTORY OF A BROKEN HEAR

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Takotsubo cardiomyopathy is a myocardial disease that is structurally and functionally abnormal in the absence of structural cardiac alterations. It is often indistinguishable from acute coronary syndrome (ACS) and usually preceded by stress, hence it´s also called “broken heart syndrome”.

Woman, 49 years, divorced and hairdresser. Background: dyslipidemia, excess weight, reflux esophagitis and anxiety disorder. Presently medicated with proton pump inhibitors.

In September 2014, in consultation with her General Practitioner (GP) due to retrosternal pain with cervical irradiation and dyspnea, she was referred to the emergency department. Being tachypneic and tachycardic, with increased cardiac markers, electrocardiographic changes and chest X-ray with pulmonary congestion, was diagnosed with ACS. Echocardiogram showed acute heart failure (AHF) with severe impairment of left ventricular systolic function (LVSF). Coronary angiography didn´t reveal CAD, assuming AHF of unclear cause. She was discharged after rapid improvement and complete recovery of her cardiac function.

In consultation with her GP: asymptomatic but distressed by the past episode. After reavaluation, the GP concluded that the triggering factor was stress motivated by her work. In a new Cardiology consultation: assumed the final diagnosis of Takotsubo syndrome.

In subsequent consultations, the GP intervened scheduling frequent consultations where therapeutic listening played an influential role in teaching anxiety management to prevent recurrence.

Although an increasingly investigated entity, the number of cases described is small and much is still unknown. This case intends to emphasize the importance of the GP in the differential diagnosis of this syndrome, given its comprehensive knowledge of the patient´s biopsychosocial context.

Disclosure: No significant relationships.

PO011 / #19

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.03 Respiratory*

EFFICACY OF BACTERIAL LYSATES IN THE SECONDARY PREVENTION OF RECURRENT RESPIRATORY TRACT INFECTIONS IN CHILDREN

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Background: Recurrent respiratory tract infections (RRTIs) frequently affects children. It is widely accepted that RRTIs in childhood represents a problem per se in addition to an increased predisposition to future respiratory problems. In this regard, bacterial lysates were introduced in human therapy many decades ago.

Purpose: To identify the efficacy of bacterial lysates in the secondary prevention of recurrent RTIs in children.

Methods: Published randomized controlled trials (RCTs), meta-analysis, systematic reviews, and clinical oriented guidelines were searched using multiple bibliographic databases in the last 20 years. The mesh words used were: recurrent respiratory tract infections, bacterial lysates, OM-85, sublingual vaccine, oral immunotherapy. The level of evidence and strength of recommendation was graded according to SORT of the American Academy of Family Physicians.

Results: 103 studies were found, but only 6 were retained as relevant trials (3 RCTs, 2 meta-analyses, and 1 systematic review). The RCTs and the meta-analysis reported a decrease in the number of RRTIs. The systematic review showed that the evidence in favor of bacterial lysates in the prevention of RRTIs in children was weak. There is a trend for fewer and shorter infections as well as a smaller reduction of antibiotic use.

Conclusion: The strength of recommendation in favor of using bacterial lysates to prevent RRTIs is B. Further confirmatory evidence from high-quality and large-scale RCT trials is required.

Disclosure: No significant relationships.

PO011a / #1210

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.08 Cancer*

WOMEN'S HEALTH: THE IMPORTANCE OF PERIODIC EXAMINATION ON SCREENING FOR BREAST and THE CERVICAL CANCERS IN BRAZIL

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Background: Breast and cervical cancers are the most commom malignant neoplasms in women worldwide, in Brazil, it is considered the main causes of death in young women due to the lack of knowledge. The local primary health care units and the medical students from the Univeristy West of São Paulo have the role of promoting health through informative lectures.

Aim: To promote awareness about the importance of periodic examinations as a method of preventing breast and cervical cancer for a group of women in order to obtain a better prognosis of the diseases.

Methods: The activity took place in a local high school in Brazil. The medical students organized a lecture with important information about breast and cervical cancer, mainly adressing the types of prevention. The mothers of the students from the school were invited to participate in order to clarify questions about the diseases.

Results: According to the practice, it was possible to analize that, despite the large dissemination of digital information on the internet, there is a lot of lack of knowledge about the diseases as a result of the large amount of questions made at the end of the lecture, therefore, the lecture becomes an essential form of health promotion to the society.

Conclusion: The practice carried out by medical students in conjunction with local health care unit has a fundamental role in achieving a better quality of life for the population. Therefore, it is expected that after the lecture, the number of periodic exams increase significantly.

Disclosure: No significant relationships.

PO012 / #23

PUBLICATIONS ONLY

Topic: *3. Overarching topics / 3.07 Health promotion and prevention*

TRAVEL HEALTH IN LEBANON: KNOWLEDGE, ATTITUDES and PRACTICES OF LEBANESE TRAVELERS

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Background and purpose: Little is known about the extent to which Lebanese travelers seek pre-travel advice. This study aims to determine the level of knowledge, attitudes, and practices (KAP) of Lebanese travelers towards travel health.

Methods: A cross-sectional study over a period of 1 week using a self-administered questionnaire at Rafic Hariri International Airport in Beirut in January 2020, before the Covid pandemic reached the country. It included 615 Lebanese travellers.

Results: Travelers were predominantly men (68%), and 80% had a high educational level. The majority were travelling to the Middle East/Gulf countries (36%) and sub-Saharan Africa (35%). The big majority (75%) sought general information about their travel destination, and the sources of information were mainly family and friends (44%), and the internet (36.7%). Around the third (33%) sought medical advice, mostly from physicians (19%). Only 2.4% sought it from travel clinics. No medical concerns was the main reason not to get medical advice (42.9%). Half of travelers were planning to participate in outdoor activities, but most won't use protection to mosquitoes. Only 15.8% of travelers sought pre-travel medical advice at least one month before; this behavior was found to be associated with high risk destinations, stay length, travelling for religion/mission, participating in outdoor activities, visiting rural areas, and health insurance status.

Conclusions: Lebanese travelers had less than optimal levels of knowledge, attidues and practices towards travel health. This highlights the need to develop specialized travel medicine services and educational materials enhancing the public's travel health perceptions. A similar study evaluating the impact of covid-19 would be of great benefit.

Disclosure: No significant relationships.

PO013 / #24

PUBLICATIONS ONLY

Topic: *3. Overarching topics / 3.09 Health care management and policy*

THE NORWEGIAN HEALTH CARE – GPS IN A KEY ROLE

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Background. The health services can be organized in several ways. The most important distinction is between tax-funded collective services like the British NHS developed after World War II and services organized in a free market as in the US. In Norway, which developed a healthcare system that resembled the NHS, general practitioners continue to play a key role.

Material and methods. We completed a scoping review and looked at different ways to organize the health services, with emphasis on the role of GPs.

Results. In open healthcare markets, patients can seek all types of services directly, including specialized and costly services and examinations without prior GP assessment. The disadvantages of this are, among other, increased costs for society, more poorly justified medical tests and sub-optimal prioritization of the total health service resources. In the tax-funded collective services in Norway, all residents are on a list for a specific GP. The GP's task is to be the first contact with the health service for all and to clarify whether more advanced specialized examinations are needed. The benefits of this are many, reducing the overall cost of the society, protects the patients for unnecessary, unpleasant and time-consuming examinations, level out social inequalities in access to health care, and ensure that disease is treated at the lowest effective level of care.

Conclusion. Health care should be public, tax funded with the GP in a central position.

Disclosure: No significant relationships.

PO014 / #28

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.10 Others*

THE INTERNATIONAL PRACTICE OF ORGAN DONATION AFTER EUTHANASIA/PHYSICIAN ASSISTED DEATH. DIGNIFIED DYING WHILE FULFILLING THE PATIENT'S FINAL WISHES.

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BACKGROUND

Dignified dying combined with fulfillment of the final wish for organ donation of a patient experiencing hopeless and unbearable suffering who decides voluntarily to end their life has evolved from existing euthanasia practice. This noble and empathetic gesture saves other lives. ODE (Organ Donation after Euthanasia/Physician-assisted death) is decriminalized and regulary performed in three countries (Canada, The Netherlands, Belgium) and was recently decriminalized in several more (Spain, Portugal, New Zealand, Australia).

The family physician plays an integral part in the procedure as a trusted guide, performing part of the procedure and overseeing the entire palliative process. The Netherlands and Canada have developed detailed guidelines stressing the key role and importance of the family physician, working in harmony with the hospital donation physicians. Results are positive.

The major reason why many sick, hospital-weary patients ultimately decide not to proceed with ODE is their desire to end their suffering in the comfort and privacy of their own home. The recent development of ODET (ODE starting at home) removes this obstacle by enabling the patient to be sedated at home.

AIM and LEARNING OBJECTIVES

-Spreading knowledge about these procedures to family physicians

-Furthering use of the procedures and learning from each others practice.

-Establishing a WONCA special interest group

METHODS and TIMETABLE

Online international gathering of family physician experts and other interested doctors for introductions and discussion. One hour.

-ODET/ODE practice description

-ODET/ODE evaluation: advantages and disadvantages

-Attitudes towards ODE/ODET in countries where performed

RESULTS

-Increased family doctor knowledge, involvement and furthering introduction

-Improvement of processes

-Initiation of WONCA special interest group

Disclosure: No significant relationships.

PO015 / #30

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.10 Others*

THE REASON WHY PAIN TRAINING IS IMPORTANT FOR THE GENERAL PRACTITIONER

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The specific skills needed to deal with a frequent problem such as pain are not particularly well-established and we can come across practices that are not always correct and, at times, influenced by real taboos.

This may result in inappropriate management of the "patient with pain", be it cancer or non-cancer, acute or chronic, situation swhich, in order to be successfully addressed, require competence, management skills, integration of their competences and / or roles with those of other operators and ... empathy.

The role of the General Practitioner in pain therapy and palliative care is of particular importance as the first interlocutor of the patient, therefore it is important that he has specific skills and knowledge.

Role and Tasks of General Practitioner

1) Detect pain during the outpatient and / or home visit;

2) Periodically reassess the intensity of pain;

3) Treat any side effects of drug therapy;

4) Instruct family members to manage the "critical" phases;

5) Evaluate when the analgesic treatment becomes a specialist competence;

6) Collaborate with the specialist of the analgesic therapy center in the management of complex patients (for example: Invasive analgesic therapy, etc ...)

7) Promote the education of patients and family members in the correct detection of pain and the correct administration of drugs.

Conclusions

The establishment specific training courses in palliative care and pain therapy related to neoplastic and / or chronic degenerative diseases,

both in the university study plan and in post-graduate training is still to come, except for the masters, moreover established patchy.

Disclosure: No significant relationships.

PO016 / #34

PUBLICATIONS ONLY

Topic: *4. Education / 4.04 Professional skills and communication*

BEING ORGANIZED and/ OR STAY ORGANIZED, HOW COULD WE TACKLE IT IN BETWEEN PERSONAL and PROFESSIONAL SETTINGS?

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1. Background

Having an organized “mindset” helps us navigate the stressful times we are living in today. In our professional lives, good organization is key, contributing to problem solving, confidence, time management, and the overall well-being of the individual. Even though this ability does not come naturally to everyone, we can learn techniques to stay organized and develop the mindset of an organized person, both personally and professionally.

2. Aim and learning objectives

This workshop aims to review and analyze organizing skills and tools that may be useful for family doctors. Participants will :

-Gain an awareness of the different methods for developing organizing skills,

-Learn how to implement them in real-life practice (personally and professionally)

- Discover how to develop an organized mindset and increase confidence in their abilities.

3. Methods and timetable

In a 60 minutes Workshop :

1. Introduction and icebreaker; including session overview/outline

2. Review and comparison of different organization skills models and theories Divide into groups to discuss personal experiences, challenges, and successes of the following topics:

-Organizing skills

-Traditional Planning

-Technological Planning

-Time management

-Decluttering

-All in one tool

3.Each group will present the summary of their discussions, including their key learning outcomes. Debriefing discussions will reflect on how we can implement ideas in practice. Questions and goodbyes.

4. (Proposed) Results / Conclusions

After this workshop, the participants should be able to evaluate their own needs in terms of professional and personal organization, as well as implement tools and skills for improving and developing their “stay organized” process.

Disclosure: No significant relationships.

PO017 / #49

PUBLICATIONS ONLY

Topic: *4. Education / 4.05 Team work and collaboration*

THE RESPONSE TO COVID-19 IN KOSOVO: A CASE STUDY OF KLINA

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Background:
Since the rapid increase in infections of Covid-19, The both caseswere reported on the 13 th of March, both of whom had recently travelled from Italy. Both cases were also reported in the town of Klina, and this area was effectively 'ground zero' for the infection in Kosovo. Information about the measures taken in Klina, particularly by the MCFM (QKMF) to control the spread of the virus, as well as the relaxation of restrictions, will be used to analyse the effect of variation in restrictive measures and its effect on management of the Covid-19 pandemic.

Method:
We compared the number of tests, cases and mortalities for Covid-19 in Klina.. In addition to this, certain dates between the beginning of the pandemic, will be taken as inflection points, to assess how the difference in measures affected key outcomes of testing, cases and deaths.

Results:
The approach of contact tracing and testing was applied more broadly, and a policy of 14 days of self-isolation for those who had been travelling, for example visiting members of the Diaspora, was also pursued.
An important aspect of the management of the pandemic in the QKMF was collaboration with other institutions.
In July, 3 patronage teams were formed to perform home visits to suspected Covid patients, and separate rooms in QKMF were used for such patients, thereby allowing them to receive normal medical care without exposing other patients to the risk on infection.

Conclusions:
Tracking of cases and contacts.
Providing home health services for these patients
Genuine triage in QKMF
Special rooms for Covid 19 patients

Disclosure: No significant relationships.

PO018 / #1203

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.02 Diabetes mellitus*

BULLOUS PEMPHIGOID and ORAL ANTIDIABETICS – A RARITY OR NOT THAT MUCH?

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Background: Bullous pemphigoid is a rare auto-immune disorder characterized by reddish and itching fluid-filled blisters, typically seen in the elderly. The immune targeting leads to the deposition of specific anti-BP180 and BP230 IgG antibodies. Pathophysiology remains unclear, although several factors have been suggested such as medication, UV radiation, infections and trauma. Among the most common drugs associated with the disease are antibiotics, anti-hypertensives and oral antidiabetics in which dipeptidil peptidase-4 (DPP4) inhibitors are associated with the greatest risk.

Materials and Methods: 72-years old female with Diabetes and Hypertension, taking Metformin, Vildagliptin, Olmesartan and Hydrochlorothiazide, goes to the Hospital Emergency with a pruritic dermatosis, lasting for 6 weeks, with lesions spread all over the trunk and limbs. Initially given topical steroid with no improvement. Blood count revealed leucocytosis, neutrophilia, eosinophilia, with an increase in inflammatory markers, despite controlled glycated haemoglobin.

During hospitalisation, she was given Vancomycin (after MRSA isolation from blood culture), Doxycycline, Prednisolone, and topical Betamethasone with Fusidic Acid. Skin biopsy was compatible with Bullous Pemphigoid and anti-BP180 IgG antibodies were also present. The lesions got progressively better, being released from the hospital with referral to a dermatology appointment and suspension of DPP4 inhibitors.

Conclusion: Bullous Pemphigoid should be taken into consideration in patients under DPP4 inhibitor treatment, particularly if symptoms match the starting of the drug. It seems it may play as a contributor in a predisposed patient rather than having a direct cause-effect role.

Disclosure: No significant relationships.

PO019 / #1083

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.02 Diabetes mellitus*

PERFORATING PLANTAR DISEASE – A REFLECTION OF POOR METABOLIC CONTROL?

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1. Background and purpose

The estimated prevalence of diabetes among adults aged 25 years and older in the European Region are about 10.3% for men and 9.6% for women. The large majority of patients have type 2 diabetes. More health care resources are estimated to be spent on diabetes than any other condition. The diabetes-associated complications contribute to the impact in both the patient's quality of life and health care costs.

2. Methods

We present a case of a 57-year-old male who was referred to the emergency department due to complications of perforating plantar disease. This patient had a past medical history of type 2 diabetes mellitus (DM) with poor metabolic control with its multiple complications – retinopathy, nephropathy, neuropathy and peripheral arterial disease (PAD).

3. Results

He was admitted in hospital to perform intravenous antibiotics in order to control the infection associated with the perforating plantar disease. Meanwhile he was infected with SARS-CoV-2, causing a deterioration of his overall condition, resulting in multiorgan failure and death.

4. Conclusions

In type 2 diabetes, disease onset is often insidious, and diagnosis is therefore delayed.

Morbidity from diabetes is a consequence of both macrovascular (atherosclerosis) and microvascular (retinopathy, nephropathy, and neuropathy) complications. Therefore, it is important to educate patients on diabetes self-management and improve adherence to lifestyle and pharmacologic interventions in order to reduce its morbidity.

Disclosure: No significant relationships.

PO020 / #1216

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.03 Respiratory*

DIFFERENTIAL DIAGNOSIS OF DYSPNEA. NOT EVERYTHING IS COVID-19

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BACKGROUND and PURPOSE

In the current pandemic situation, in the presence of respiratory symptoms we suspect COVID-19 coronavirus, with the risk of postponing the diagnosis of other pathologies.

Dyspnea has multiple causes:pulmonary, cardiovascular, anxiety, anemia...

METHODS

23-year-old woman. Sanitary.

History:migraine with aura, asthma and venous insufficiency. She takes oral contraceptives(OCs). No toxic habits.

She consults for headache and odynophagia. Diagnostic Guidance:Possible COVID-19. Negative rapid antigenic test(RT).

She reconsults after 48h due to dyspnea. Normals blood test, temperature, oxygen saturation, electrocardiogram and chest x-ray. Negative RT-PCR and coronavirus serology.

24h later she was admitted to hospital with dyspnea at rest, tachypnea, tachycardia and paraesthesia in the right arm.

Differential diagnosis:COVID-19/reacute asthma/pulmonary thromboembolism(PTE).

RESULTS

Chest X-ray, electrocardiogram, saturation, and blood test with D-dimer were normal.

Normal CT-angiography, lower extremities Doppler and cranial resonance. Pulmonary perfusion SPECT with CT perfusion defects in the left lung, diagnostic of PTE.

More detailed anamnesis:primary antiphospholipid syndrome in mother and maternal grandfather. Pending results of the patient’s trombophilia study

Treatment:

-OCs suspension

-Oral anticoagulants.

CONCLUSIONS

1-Focusing visits for possible coronaviruses only on this pathology can lead to not asking for antecedents that could lead to other causes of equal or greater severity.

2-A family history of thrombotic pathology indicates that antithrombin III(AT-III) should be determined,especially before starting OCs, which was not done at the time.

3-Although there is variability in protocols on screening for AT-III, protein C and S before starting OCs, the current evidence does not recommend it, except for women with a family history of coagulopathy or a history of thromboembolism before the age of 41.

Disclosure: No significant relationships.

PO021 / #834

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.02 Diabetes mellitus*

IMPORTANCE OF FAMILY BACKGROUND: NOT EVERYTHING IS AS IT SEEMS

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Background and purpose

Family assessment is an essential component of Family Medicine. Consulting the process and integrating the pathological and family context of the patient, becomes especially important when we attend the patients for the first time.

Methods

Case report of an 18-year-old man, with Diabetes diagnosis since age 9 without any drug prescription.

Results

An 18-year-old man, attending for the first time by a family medicine intern, on diabetes appointment, with ICPC-2 code T90 active since age 9, without any drug prescription. Only the maternal family is part of the health archive and the known clinical family history is irrelevant.

The first thought was that there would probably be a coding error, but he brings a glycated hemoglobin (HbA1c) result of 6.3%.

For better understanding, clinical records were consulted, and the family genogram was carried out, which showed 3 generations with a diagnosis of diabetes at a young age without need for insulin treatment.

Conclusions

Children and young adults with non-characteristic diabetes, occurring in successive generations, should be tested for MODY-type diabetes. If the family assessment had been carried out, the diagnosis would have been earlier. Although in this case it has no influence on the natural course of the disease, early diagnosis can be essential for other pathologies.

Disclosure: No significant relationships.

PO022 / #620

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.02 Diabetes mellitus*

PATIENT-CENTERED APPROACH TO TYPE 2 DIABETES: A CROSS SECTIONAL STUDY ON PRIMARY HEALTHCARE, IN A RURAL MOUNTAINOUS AREA IN GREECE

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Background and purpose:

Patients with diabetes mellitus (DM) have an increased risk of cardiovascular morbidity and mortality. Therefore, they have to maintain perfect control of all risk factors for cardiovascular diseases, which, unfortunately, is not always achieved. This study aims to assess the extent to which diabetic patients in a rural mountainous area in Greece achieve therapeutic goals, identifying factors that influence this achievement.

Methods:

The study included 164 patients with DM who first visited our health center. Glycosylated hemoglobin (HbA1c) and blood lipids were measured in all patients, while systolic and diastolic blood pressure (BP) was estimated twice, at rest. Body mass index (BMI), marital status, diabetes duration and immunization against influenza and/or pneumococcus were also recorded.

Results:

Ninety-five patients (57,9%,) had satisfactory glycemic control, with mean HbA1c<7%. Therapeutic goal for BP was achieved in 52 patients (31,7%). Levels of low-density lipoprotein cholesterol (LDL) reached therapeutic goal in 20 patients (12,2%), while for high-density lipoprotein cholesterol (HDL) and triglycerides this was achieved in 103 (62,8%) and 102 (62,2%) patients, respectively. Only 1,8% of the study population achieved all therapeutic goals. Factors that adversely affect this achievement, in a significant manner, were high BMI (p=0,022), single life (p=0,005) and long DM duration (p=0,029). Patients vaccinated for influenza (74,4%) and/or pneumococcus (34,8%) had better glycemic control (p=0,022 and p=0,02, respectively).

Conclusions:

The majority of patients with DM do not achieve therapeutic goals. This emphasizes the role of primary health care physicians in continuous monitoring and treatment adjustment in diabetic patients.

Disclosure: No significant relationships.

PO023 / #1223

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.05 Genitourinary*

URINALYSIS – HOW TO HANDLE WITH ABNORMAL RESULTS?

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Urinalysis – How to handle with abnormal results?

Abnormal findings in urinalysis are regularly seen in routine test results of asymptomatic patients. How should we interpret these results? Should we continue to investigate and search for common or rare diseases?

We will start this workshop with a brief theorycal introdution and then we will describe the diagnostic workup steps in general practice and give simple methods to handle these abnormal results. The participants will be invited to work in different situations frequently faced in general pratice. It adresses to students, young and senior doctors who feel uncomfortable in the interpretion of urinalysis.

Disclosure: No significant relationships.

PO024 / #473

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.02 Diabetes mellitus*

WHAT'S NEW IN DIABETIC NUTRITION?

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1. Background

Diabetes Mellitus is one of the most frequent non-communicable diseases in our daily work and its importance and costs are progressively growing up. It is one of the reasons why we are focusing on its prevention and treatment by diet interventions, which has demonstrate to be a very cost-efficient tool in GPs consultations.

2. Aim and learning objectives

Learning objectives:

-reviewing current recommendations on diabetic nutrition.

-announcing recent evidence about this topic.

-giving ideas about how to put in practice this novelties.

3. Methods and timetable

We will use a presentation, which includes a brief introduction on the topic refreshing current recommendations and comparing them with actual evidence by Kahoot or similar system. After it, we will divide the participants into small groups in order to discuss some clinical cases that, they would present back to the general group. At the end, we will open a round of question for doubts or curiosities.

The activity will take 60 minutes:

-5': presentations of the speaker and the topic

-20': for theory and questions.

-30': for clinical cases

-5': doubts and questions

4. Conclusions

This workshop intention is to talk about the changes on diabetic nutrition recommendations and how could it be applied in our daily consultations.

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Disclosure: No significant relationships.

PO025 / #1142

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.05 Genitourinary*

PROSTATE CANCER: SCREEN OR NOT TO SCREEN?

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Background and purpose

Prostate cancer is the most frequent cancer in males, and is associated with some risk factors as afroamerican ethnicity, older age and family history of prostate cancer, specially in a father or a brother. Screening of prostate cancer with prostate-specific antigen (PSA) is controversial, as it can be associated with significant overdiagnosis and potencial overtreatment, and has no effect on overall mortality, despite the reduction in metastic disease and disease-specific mortality. Screening decisions are part of the daily routine of family phisicians and, for this reason, it is important to clarify if and/or when to screen for prostate cancer.

Methods

A literature search was conducted in PubMed and BMJ Evidence-Based Medicine databases, and international guidelines, using the keywords: prostate cancer, screening, prostate-specific antigen, overdiagnosis. It was found 29 articles and 5 were selected, based on the exclusion of the studies related to prostate cancer diagnosis, management and treatment approaches.

Results

The screening for prostate cancer with PSA should not be done on a systematic basis. It should be considered individually between the ages of 55 and 69 years old or through and individualised risk-adapted strategy, and men should have the opportunity to discuss the potencial benefits and harms of screening with their clinician, and to incorporate their preferences in the decision.

Conclusions

Family phisicians should be aware of the significant overdiagnosis and potencial overtreatment associated with prostate cancer screening using serum PSA, and should be prepared to discuss screening decisions with their patients, in order to achieve a shared screening strategy.

Disclosure: No significant relationships.

PO026 / #67

PUBLICATIONS ONLY

Topic: *2. Special groups of patients / 2.03 Elderly*

INSOMNIA AMONGST OLDER ADULTS: PREVALENCE and AETIOLOGIES

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Background and purpose: Insomnia is one of the most prevalent health concerns in primary care. In later life, insomnia is traditionally wrongly considered as a part of ageing and therefore underdiagnosed. Our aim was to evaluate the prevalence of insomnia amongst older people and identify its causes.

Methods: We undertook a cross-sectional study. Participants were identified based on a random selection at a GP surgery in Tunis. 70 participants, aged 65 years old or above, consented to participate. Participants responded to an anonymous questionnaire about sociodemographic data, quality of sleep, the impact on the quality of life and questions screening for causes of insomnia. Insomnia was defined based on the joint consensus statement of the American Academy of Sleep Medicine. Obstructive Sleep Disorder (OSD) was identified based on STOP-BANG questionnaire.

Results: The study sample consisted of 45 women (64%) and 25 men (36%). 32 (46%) had insomnia. Among them, 29 (91%) were women (χ^2 (1) = 17.812, $p < 0.005$). In the insomnia population, OSD, which had not been previously identified, was found in 27 cases (84%). Arthrosis, anxiety, depression, substance use disorders and restless legs syndrome were found in 16 (50%), 10 (31%), 9 (28%), 3 (9%) and 2 (6%) cases respectively.

Conclusions: Insomnia is common in older age, more prevalent in women. Although the most common cause of insomnia was Obstructive Sleep Disorder (OSD), this aetiology was underdiagnosed in primary care. Therefore, we encourage clinicians to screen for insomnia amongst older people and consider OSD when present.

Disclosure: No significant relationships.

PO027 / #1040

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.04 Gastroenterology*

MICROSCOPIC COLITIS: A CONDITION WE SHOULD KEEP IN MIND

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Microscopic colitis is a chronic inflammatory disease of the colon that is characterized by chronic, watery, non-bloody diarrhea (usually of an insidious onset) and normal or almost normal endoscopic appearance of the colon. It has a female preponderance, with a mean age at diagnosis of 65 years.

We present the case of a 74 year old female patient, referred to the Gastroenterology department due to an 8 month history of diarrhea (no blood or mucus), preceded by colicky abdominal pain (relieved after defecation). There was no history of fever or weight loss. She reported a change in her bowel movement pattern a year earlier. Her medical history was notable only for osteoarticular disease, medicated with NSAIDs (sos), which she took more frequently over the last year.

Physical examination revealed lower quadrants tenderness to palpation. Laboratory evaluation showed only CRP 41.7 mg/L. Abdomen X-ray and Abdominopelvic CT showed dilated colic segments with hydro-aeric levels.

Colonoscopy was performed with normal findings, but no biopsies. Despite some clinical improvement with symptomatic medication there was still a reference to diarrhea. Following this, flexible rectosigmoidoscopy was requested to exclude microscopic colitis, and biopsies were compatible with collangenous colitis.

This condition is complex and multifactorial. Medications (such as NSAIDs, PPI) have been associated with an increased risk. As it is associated with significant symptom burden and an impaired health-related quality of life, it is crucial to discuss the clinical and treatment aspects of this condition among general practitioners, often the first contact care for most patients.

Disclosure: No significant relationships.

PO028 / #68

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.06 Musculoskeletal*

A TEXTBOOK CASE OF POLYMYALGIA RHEUMATICA

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Background and purpose

Polymyalgia rheumatica is an inflammatory rheumatic disease, with it being the second most frequent rheumatic disease. Its main diagnosis characteristics are: Starting at the age of 50 and increasing in prevalence with age; clinically it presents pain and morning stiffness symmetrically in the neck, shoulders and/or hip; and lastly, increased sedimentation velocity and c-reactive protein.

Methods / Results

Case: Woman, 70 years old, with medical history of arterial hypertension, dyslipidemia and depression. She attended a medical appointment in June 2020 for asthenia, anorexia and anhedonia, without any change in physical exam. Regarding unspecified symptoms blood tests were requested where thrombocytosis and increase of sedimentation velocity (110 mm/h) and of C-reactive protein (7,48mg/L) were found. In July, the patient reported weight loss, symmetrical pain and morning stiffness in the shoulders, hips and knees with pain at articular mobilization. After excluding the presence of diseases such as cancer or other rheumatic diseases, rheumatic polymyalgia was considered the most likely diagnosis. The patient started 10mg of prednisolone per day. Two months later a reassessment was made, where the patient reported improvement in symptoms, gaining autonomy on her daily activities, and on the control tests there was a normalization of the platelets and a decrease of C-reactive protein (0,61mg/L) and of sedimentation velocity (29 mm/h).

Conclusions

It was initially difficult to understand the cause of the patient's symptoms and limitations. However, with a correct anamnesis performed by the family physician and analysis of the blood tests results it was possible to diagnose the patient with polymyalgia rheumatica and to treat accordingly.

Disclosure: No significant relationships.

PO029 / #878

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.04 Gastroenterology*

GIARDIASIS: AN UNLIKELY DIAGNOSIS IN A CASE OF ACUTE DIARRHEA

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Giardiasis is an intestinal parasitological infection caused by the protozoan Giardia duodenalis (G. lamblia / G. intestinalis). Epidemiologically, it is a global disease, being common in developing countries. In developed countries it appears mainly in children and immunocompromised people. The dissemination route is oral-fecal and, in Portugal, it is a disease of which notification is mandatory.

We describe a case of a 23-year-old immunocompetent man, living in a region in the interior of Portugal, with basic sanitation and good living conditions. There was no epidemiological context or recent travel.

He resorted the primary health care due to a very frequent daily diarrheal discharge, with four days of evolution. Additionally, he had abdominal colic, vomiting and nausea. A first therapeutic approach was made with the prescription of probiotics, but, due to no resolution of the complaints, analytical study , microbiological examination of the feces and colonoscopy were required 3 weeks after the onset of symptoms.

The microbiological examination of the feces was positive for Giardia lamblia. The remaining complementary exams did not reveal any changes.

He started therapy with metronidazole 250 mg PO, 3id, for 7 days, with clinical resolution.

Facing a situation of non-resolution of symptoms with the recommended measures for the most common causes of diarrhea, it is important to investigate its etiology. In this case, we were surprised by the diagnosis of Giardiasis, a rare cause of diarrhea in our young adults without risk factors

Disclosure: No significant relationships.

PO030 / #776

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.03 Respiratory*

A RARE LUNG OFFENDING AGENT – A CLINICAL CASE

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Background

Statins are widely used to prevent cardiovascular morbidity and mortality in patients with known risk factors. It appears that statins have profound multisystem effects that extend well beyond lipid metabolism. Certain adverse effects are well-known. Statin-induced interstitial lung disease (ILD), nevertheless, is a lesser known complication. Diagnosing ILDs at a point that clinical course can be changed by withdrawing the contributing agent is thus important.

Methods

A 57-year-old female presented to the primary care with fatigue for low intensity activity (mMRC 2), chest tightness and cough with sputum for 2 years. She denied weight loss or any other associated symptoms. Pulmonary Function Tests and echocardiogram were normal. A chest CT was requested and it showed ground-glass opacification. The patient was then referred to a Pneumology consultation where she underwent a lung biopsy.

Results

The lung biopsy identified a chronic interstitial pneumonitis probably due to a drug. According to the patient's prescriptions simvastatin was assumed as the probable cause. The patient discontinued the statin and started inhaled fluticasone furoate/vilanterol. At 1-year follow-up she had improved, although she still had complaints of fatigue for medium intensity activity (mMRC 1).

Conclusions

Many conditions can cause ILD and identifying them can be challenging. Despite being a rare complication, as the number of patients taking statins rises, awareness of this potentially severe complication is increasing, especially for primary care physicians, so they can know when to refer to a specialist.

Disclosure: No significant relationships.

PO031 / #367

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.02 Diabetes mellitus*

COBALAMIN DEFICIENCY IN DIABETIC PATIENTS TREATED WITH METFORMIN: TRUTH OR MYTH?

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Background and purpose: Diabetes Mellitus type 2 prevalence among the Portuguese population was around 13,6% in 2018. Metformin is one of the first line drugs recommended by several Diabetology societies and articles have been published linking its continuous use with decreased serum levels of vitamin B12 (cobalamin).

Evaluate the deficit of cobalamin in a sample of diabetic patients treated with metformin from a primary care unit - UCSP S. Miguel (Castelo Branco, Portugal). Patients using cobalamin supplements or previously gastrectomized were excluded.

Methods: A retrospective, observational study evaluating cobalamin levels in diabetic patients treated with metformin for 24 months. Cobalamin deficit was defined as having a blood value under 211mg/dL.

Results: 35 outpatients were included, with an mean age of 75.5 (± 10.89) years. 18 were males (52%). Mean daily dose of metformin was 1771 (± 441,80) mg. Deficit of cobalamin was reported in 9 patients (25,71%), with a mean age of 82.78 (± 9.85) years and mean metformin daily doses of 2005.56 ± 558.15 mg.

Conclusion: The results show that 1 out of 4 patients in the sample have cobalamin deficit. These patients were older and under higher doses of metformin than patients with normal values.

The results demonstrate the importance of assessing cobalamin levels in diabetic patients. Despite previous studies demonstrating this deficiency, there is still scarce evidence regarding risk factors which can lead to this deficit. Cobalamin levels should be closely monitored by physicians and supplementation should be implemented in those patients who have low serum levels or suggestive clinical findings.

Disclosure: No significant relationships.

PO032 / #77

PUBLICATIONS ONLY

Topic: *5. Research and innovation / 5.05 Health technology assessment*

PRIMARY SENSE- MEDICATION SAFETY

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Primary Sense is a data extraction, analysis and reporting and decision assist tool for general practice developed and administered by Gold Coast Primary Health Network in Australia that has been in 79 practices on the Gold Coast since 2019 covering 670,000 individual patients. The tool has real-time medication safety alerts that, unlike the clinical software alerts, captures what the GP intends to do, tracks if the suggested interventions are done, and has the ability to monitor patient outcomes overtime.

The alerts are 13 alerts which don't duplicate those proved by the clinical software. The GP is provided with options to manage them as shown below

The alerts were released without any training or education. Since 9 April 2019 to 11 January 2021, 3,679 alerts have triggered for 340 GPs:

agree and I'll take action - 41% (n=1503)

agree but I'll override - 21% (n=775)

wrong for the patient - 5% (n=180)

remind me next time - 15% (n=547)

Ignored - 16% (n=592)

Further analysis reveals that where the GP indicated they would take action for these patients, 812 had the medication in question omitted or the dose changed and 390 patients had the suggested pathology done (some fall into both categories). Interestingly, where the alerts were ignored the rate of intervention is about the same as where the GP said they would take action

GPs will interact with decision assist alerts where there is high clinical relevance and will take action even if they choose not to interact. The interactions enables tracking interventions and linking to patient outcomes

Disclosure: No significant relationships.

PO033 / #86

PUBLICATIONS ONLY

Topic: *2. Special groups of patients / 2.05 Palliative care*

DYSPNOEA IN PALLIATIVE PATIENTS: HOW CAN WE HELP?

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Managing respiratory symptoms' treatment of our chronic patients is challenging. It becomes more difficult when the patients are in an advanced stage of the disease. Primary Care and Palliative Care professionals, including doctors and nurses, need theoretical knowledge and practical skills about managing therapies during this end of life stage.

In our workshop we will explain the most common treatments, techniques and how advice to our patients and their caregivers.

Interactive tests 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.

Disclosure: No significant relationships.

PO034 / #100

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.09 COVID-19*

GERIATRIC POPULATION INFECTED BY SARS-COV2: CHARACTERISATION OF PATIENTS MANAGED IN PRIMARY HEALTH CARE

Marina Ascenso Faria[1], Mariana Ferreira Martins Oliveira Santos[2], Catarina Brás Carvalho[3], Ana Catarina Esteves[4]
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Background an purpose

The elderly are the most vulnerable to COVID-19, mainly those with chronic disorders. In March 2020, Portugal created a platform, Trace COVID-19, allowing the monitoring of SARS-CoV2 positive patients by primary healthcare. The patients are monitored through daily telephone contacts carried out by the physicians. The goal of this study is to characterise the geriatric population tracked through this platform.

Methods

An observational retrospective study was carried out examining the geriatric population monitored through Trace COVID-19 by four Healthcare Centers in Oeiras. Patients were older than 65 years, with a positive test for SARS-CoV2 and signed as cured or died due to COVID-19, between March 26th and August 31st 2020. A descriptive analysis of sociodemographic characteristics and comorbidities was performed.

Results

42 patients were included, with an average of 73 years, the majority women. About 85.7% had comorbidities, most commonly hypertension and dyslipidemia. 54.8% were symptomatic, most commonly dry cough and myalgia. 85.7% required medical observation and 26.2% required hospitalisation. 54.8% were unaware of an epidemiological link. 11.9% lived in institutions. There were 6 deaths, mainly women, whose average age was 86 years.

Conclusions

There were a large number of asymptomatic patients. Respiratory disease was not the most prevalent comorbidity; out of the three symptoms used as test criteria in Portugal, only cough appeared to be a frequent symptom. Few patients needed hospitalization. This study requires a critical review since the most severe cases were followed up at hospital care and not in primary healthcare.

Disclosure: No significant relationships.

PO035 / #1293

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.07 Mental*

ETHICAL CONSIDERATIONS IN THE MANAGEMENT OF PATIENT CARE: USING THE INTERNET TO OBTAIN PATIENT INFORMATION

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Background/ Purpose: Physicians are limited in their ability to treat because it is guided by the information they are provided from their patients. Internet searches of patients raise multiple ethical considerations and are generally unadvised in the management of care. In this case, we describe a patient for whom an internet search proved vital in her medical treatment.

Case Report: A woman with no identifying information was found obtunded by EMS and transported to our emergency department. The patient was sedated for uncooperative and aggressive behavior and was unable to provide any meaningful information. A limited physical exam revealed a disheveled appearing patient with constricted (2mm) pupils, and spontaneous movement of all 4 limbs elicited by a sternal rub. Basic metabolic panel was significant for hypokalemia, urine drug screen was negative, and alcohol levels were undetectable. The patient remained altered for the for multiple days. On the fifth day of hospitalization the patient was able to state her name and a Google search was conducted that identified the patient as a missing person from her adult foster care home. We were then able to find her hospital records that revealed an extensive psychiatric history and multiple psychiatric inpatient admissions for psychosis secondary to schizophrenia. Antipsychotics were initiated and the patient was transferred to an inpatient psychiatric hospital for further management.

Conclusions: This case demonstrates the benefits of using the internet to help with patient care. Patient-targeted internet searches raise ethical considerations but should be contemplated for patients with this presentation.

Disclosure: No significant relationships.

PO036 / #102

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.09 COVID-19*

THE FIRST TO ARRIVE and THE LAST TO LEAVE: PRIMARY CARE ROLE DURING COVID-19

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Background/Purpose: Portuguese general practitioners (GPs) are responsible for the remote assessment of patients with suspected COVID-19 symptoms, and for the follow-up of confirmed cases during the isolation period, directing the patient to observation if needed, and continuing the telemonitoring after they are dismissed. The purpose of this case report is to illustrate the essential role of primary care in responding and handling the aftermath of COVID-19.

Methods: Case study.

Results: The patient is a 57-year-old male construction worker, with multiple cardiovascular risk factors. On December 14, the patient developed cough, intermittent fever, dyspnea and pleuritic pain, which led to a positive test result for SARS CoV-2 and indication for home isolation with GP daily assessment. During the first days of telemonitoring, the symptoms gradually worsened and the patient was guided to observation in the emergency department. He is then admitted in an intensive care unit for three days, being dismissed home after a week. During the remaining isolation period the patient sister, also infected, passes away, triggering natural grief reactions. Following the infection phase, the patient presented a poorly controlled diabetes and remained severely fatigued, anorexic, with marked physical activity limitation, resulting in the need for respiratory and musculoskeletal rehabilitation plus nutritional and psychological support.

Conclusions: This case report validates primary care as the first medical contact during a pandemic, managing the great majority of COVID-19 related care, from the first symptoms to handling the consequences of the disease in all its dimensions, for the patient, family and community.

Disclosure: No significant relationships.

PO037 / #120

PUBLICATIONS ONLY

Topic: *5. Research and innovation / 5.08 Others*

INTERNAL REGULATION CENTER IMPLEMENTATION IN CAMPO LIMPO'S UNIDADE DE PRONTO ATENDIMENTO DURING COVID19 PANDEMIC IN SÃO PAULO, BRAZIL.

Liane Athayde Beringhs-Bueno, Bruna De Sá Trozidio Regazzo, Renata Dos Santos Correa, Fabiana Cristina Costa De Oliveira
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Background: Internal Regulation Center (NIR) implementation in Campo Limpo's Unidade de Pronto Atendimento III (UPA-CL), a public-private partnership Public Healthcare System(SUS) and the Instituto Israelita de Responsabilidade Social(IIRS), was conducted during the COVID19 pandemic. Patients with Severe Acute Respiratory Syndrome(SARS), demanded NIR's implementation to manage patients transfer.During the pandemic, healthcare institutions had, to restructure processes, physical areas and human resources. NIR was implemented in units after a sudden surge of occupancy rate higher than beds availability, it was needed to create a sector to quickly and safely transfer patients to final treatment units and ensure a safe number of available beds to new cases.

Methods: Experience report in patient quality and safety

Results: In May, 409 transfers were made: 57.5% to HC and 42.5% to HF, 58 to ICU, the average stay time was 51h and 39m and in June it was 27h and 49m. June, 356 transfers, to HC 41.9% and to HF 58.1%, 35 to ICU, 348 SUS unit, 8 to UP. July, there were 305 patients, to HC 31.8% and to HF 68.2%, 46 to ICU and 162 to infirmaries, 300 SUS, 5 UP. August, 152 patients, to HC 15.1% and to HF 84.9%, 29 to ICU, 148 to SUS, 4 directed to UP. The average time between assigned hospital bed and ambulance request was 270m in May to June–182 minutes, July–172 and August–140.

Discussion/Conclusions: During the COVID-19 pandemic, healthcare institutions had, to restructure processes, physical areas and human resources. NIR implementation was an efficient management action translated into great improvement in health care quality to the population.

Disclosure: No significant relationships.

PO038 / #973

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.06 Musculoskeletal*

"DOCTOR, I HAVE BACK PAIN!"

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Introduction:

Low back pain is common in clinical practice and one of the main reasons for medical consultation. The etiology is diverse: from physical effort and bad posture to structural spinal anomaly and inflammatory or systemic diseases.

Transitional vertebra (VT) is an anomalous vertebra, which results from a congenital anomaly and can occur at the transition from the cervicodorsal, dorsolumbar or lumbosacral spine.

Description of the Clinical Case:

53-year-old woman, married, Duvall cycle phase VI, with no relevant medical history. Consulted the primary care physician for mechanical low back pain without radiation to the lower limbs. A x-ray of the lumbar spine reported “Dorsolumbar transitional vertebra (on the right an intact hypoplastic vertebra and on the left a fractured hypoplastic vertebra) and a lumbosacral transitional vertebra, which presents a right transverse megapophysis and it’s neoarticular to the sacrum, with a reduction in the amplitude of the intersomatic space”. The patient was treated with analgesic treatment.

Discussion / Conclusion:

A lumbar spine radiography identified the cause of this patient’s symptoms. The treatment of VT is usually conservative and surgery is reserved for specific cases.

The lumbosacral transitional vertebra occurs with a significant prevalence (4-35%) and should be considered in the etiology of lower back pain. Its study can be bypassed if there is clinical improvement with medical treatment. Nonetheless imaging exams should be considered for the identification of these findings. In this clinical case, besides finding the probable cause of lower back pain, a dorsolumbar vertebrae was also identified, a rare finding.

Disclosure: No significant relationships.

PO039 / #836

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.06 Musculoskeletal*

IT'S NOT ALL ABOUT CARPAL TUNNEL SYNDROME

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CASE REPORT: IT'S NOT ALL ABOUT CARPAL TUNNEL SYNDROME

1. Background:

The carpal tunnel syndrome is a common medical consultation. However, a clinical-diagnose test dissociation or a non responding to treatment should make the physician to reconsider the diagnose and go beyond a simple carpal tunnel syndrome.

2. Methods:

We report the case of a 53 year-old man , hairdresser occupation, who related five month of numbness and tingling on left hand and fingers. The paresthesias didn't get better with gabapentin and non-steroidal anti-inflammatories.

The electromyography showed radicular C6 radiculopathy with a slight recruitment deficit and a minor carpal tunnel syndrome.

Magnetic resonance imaging - cranial : hyperintense lesions with microvascular appearence in white matter. Other demyelinating lesions in both hemispheres, periventricular, corpus callosum, centrum semiovale, union bulge pons, medulla oblongata, right hemimidbrain, right cerebellar mespeduncle.

Magnetic resonance imaging - cervical: Demyelinating lesions at medulla oblongata, posterior cords C3, C4, C6 and C7. Vertebral disc prolapse C6-C7 with a reduction of the cervical canal and right spinal radiculopathy.

3. Results:

The patient is refered to Neurology department to study a Multiple Sclerosis.

4. Conclusions:

Although Carpal tunnel syndrome is a very typical lesion in Primary Care, clinicians need to be aware and make a differential diagnose when the patient do not respond correct to treatment .

Disclosure: No significant relationships.

PO040 / #123

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.10 Others*

DIX-HALLPIKE and EPLEY MANEUVERS: WATCH and DO!

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Background

Benign paroxysmal positional vertigo (BPPV) is the most frequent cause of vertigo. It mainly affects women around the age of 60 and has a significant impact on their quality of life. Its etiology, in the vast majority of cases, is idiopathic. Approximately 90% of cases result from stimulation of ciliated cells in the posterior semicircular canal of the inner ear and these can be diagnosed using Dix-Hallpike Maneuver and be treated by the Epley Maneuver, considered the first line therapy for BPPV.

Aim and learning objectives

The aim of this workshop is to review the pathophysiology and clinical aspects of BPPV, as well as to review and practice the Dix-Hallpike and Epley Maneuvers. General practitioners (GP) should be able to perform it safely in primary health care (PHC).

Methods and timetable

The workshop will take approximately 1 hour and 30 minutes. It will have an introduction with a theoretical review, followed by video tutorials on the maneuvers and afterwards a brief discussion to answer questions and clarify concerns.

Results / Conclusions

It is expected that GPs feel comfortable making this diagnosis and recognise the indications for applying Epley Maneuvers as first-line treatment. It is an effective maneuver, with immediate results, without major side effects or additional costs, which can resolve BPPV in PHC, reducing the hospital burden.

Disclosure: No significant relationships.

PO041 / #1241

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.08 Cancer*

PREVENTION OF GYNECOLOGICAL CANCERS and HEALTH EDUCATION CARRIED OUT BY MEDICAL STUDENTS IN THE COUNTRYSIDE OF BRAZIL: AN EXPERIENCE REPORT

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The uterine cervix cancer is the third most common cancer in women. The most used test for it's screening is the Pap Smear Test. Breast cancer is the most prevalent among women. The brest self-examinatiom is a self-awareness action, which is not recommended as an early detection method. The purpose of this study was to report the experience of undergraduate medical students at a private university in the countryside of Brazil, putting into practice the National Policy for Integral Attention to Women's Health (PNAISM).

To develop this activity, the students performed the supervised cytopathological examination of the cervix, explained to the patients the possible complications of the test, and taught them how to perform de breast self-examination, in a basic health unit in Presidente Prudente, SP.

Nine women, between 25 and 40 years old, were benefited from this action. This activity enabled the acquisition of knowledge, skills and attitudes by the medical students on how to perform the Pap Smear Test, in addition to the health education for the patients.

The promotion of prevention and health education activitys like this has an epedimiological impact, by reducing the incidence, morbidity and mortality indicators of gynecological cancers, apart from saving financial resources of the Unified Health System (SUS). Thus, the students had the opportunity to promote affective, social and economical health. The future of medicine lies on the hands of the students, therefore they must know epidemiology, so they can direct the future of Unified Health System's users, who are the great majority of brazilians.

Disclosure: No significant relationships.

PO042 / #149

PUBLICATIONS ONLY

Topic: *3. Overarching topics / 3.08 Quality and safety of care*

ESTABLISH IMPROVEMENTS IN URGENT CARE.

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The correct management of stop-carts and advanced cases for urgent care in Primary Care is a key element for patient safety and its variability can be a source of potentially serious adverse events.

Goals:

1.Patient safety in urgent care

2.Homogenize the resources.

3.Involve healthcare professionals.

Organization: A multidisciplinary working group was formed that drew up an Urgent Care Equipment Manual, which includes the provision of the necessary material/medications in the stop car and the advanced briefcase and establishes the need for a responsible professional of its review and maintenance, through checklists and an audit procedure led by the Management based on the Lean Healthcare methodology through the Kaizen 5´S.

Duration:November 2018 and currently active.

Results: Non-conformities were detected and corrected both due to defect (most frequent due to expiration) and due to excess material (usually due to duplication). The mean number of non-conformities per center was, in the stop cart: material(2.49) and medication(6.58), and in the advanced briefcase: material(10.60) and medication(9,70).

Among the strong points identified, the great involvement of the person in charge (76%), the correct distribution (68%) and good functioning of the stop trolley apparatus (40%) prevailed.

In relation to the areas for improvement, they highlighted the need to reorganize the medication and the material of the briefcases(40%) and the cart(28%), as well as the replacement of the absent or expired(24%); in 16% excess material was removed.

Conclusions: The results have made it possible to detect areas for improvement and the implementation of actions that benefit patient safety.

Disclosure: No significant relationships.

PO043 / #152

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.06 Musculoskeletal*

THE INCIDENCE and MANAGEMENT OF SHOULDER COMPLAINTS IN GENERAL PRACTICE: A RETROSPECTIVE COHORT STUDY

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Background and purpose

Shoulder pain is the third most common musculoskeletal complaint in primary care. The international guidelines for general practitioners (GPs) recommend a stepwise treatment of shoulder pain. Little is known about the actual distribution of these treatments in current practice.The purpose of this study is to gain insight in the incidence and current management of shoulder complaints in Dutch general practice.

Methods

A retrospective cohort study was conducted using a healthcare database containing the full electronic medical records of approximately 200,000 patients in Dutch general practice. A search algorithm was constructed to identify incident cases of shoulder complaints from January 2012 to December 2017. Data on the management of shoulder complaints were manually validated in a random sample of 1000 cases.

Results

The overall incidence of shoulder complaints was 30.3 (95%CI 29.9-30.7) per 1000 person-years. More than half of the patients (58.6%) consulted their GP only once, 44.4% two times or more and 19.7% three times or more. For most patients (58.1%) the GP applied a wait and see policy or prescription of oral medication in the first consultation. However, no less than 42.9% of the patients were referred or received an injection already in the first consultation.

Conclusions

There is a wide variety of treatments for shoulder complaints applied by the GP. Some patients are referred or received an injection already in the first consultation. The stepwise approach recommended by the guideline, might not always be applicable due to the diversity of patient- and shoulder characteristics presented in general practice.

Disclosure: No significant relationships.

PO044 / #979

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.07 Mental*

SUICIDAL BEHAVIOUR IN BORDERLINE PERSONALITY DISORDER: WHAT CAN HAPPEN WHEN YOU DRIVE WITHOUT PAYING ATTENTION TO THE ROAD-CASE REPORT

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INTRODUCTION: When treating patients with borderline personality disorder we must take under consideration high risk of self-har and suicidal behaviours.

BRIEF CLINICAL HISTORY: A 19-year-old female with a history of borderline personality disorder and bulimia contacted her GP requesting an urgent visit because of a sudden suicidal ideation, that delivered in a suicidal attempt – the patient jumped under the car on the road in the town, but luckily the driver managed to stop the car without hurting her. As a manifestation of the anger the patient banged her hand against the wall, provoking the fracture of two metacarpal bones. On examination she appeared calm, she declared the will of treatment; according to her words she felt “empty” and “not belonging to anywhere” – that was a direct reason of the suicidal attempt. The Advanced Life Support Ambulance transported the patient immediately to the local University Hospital where she was examined by the psychiatrist. The blood test revealed no drugs except for cannabis. The patient stayed in for 1 day, was attended by the psychiatrist and traumatologist and, finally, was discharged with an appointment for psychologist and psychiatrist for an outpatient clinic for the follow-up.

DIFFERENTIAL DIAGNOSIS: depression, bipolar disorder, psychotic episode

FINAL DIAGNOSIS:suicidal ideation in borderline patient

DISCUSSION: Facing a difficult situation of a patient after a suicidal attempt, we should behave in a discrete, but efficient way. We need to reassure the well-being of our patient and his/her proper treatment. The first step is the psychiatric evaluation, but it is also necessary to consider close follow-ups in our clinic.

Disclosure: No significant relationships.

PO045 / #993

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.07 Mental*

MANAGIN CHILDREN CONCUSSION IN PRIMARY CARE

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BACKGROUND
Head trauma occurs often in childhood, concussions, considered a type of mild traumatic brain injury (TBI) , are increasing in incidence in pediatric population and becoming a health problem globally, most of the concussions are minor and not associated to brain injury but an small number of children may have a clinically important brain injury in wich case is a principal cause of disability and death. Family Doctors usually are the first in evaluate children who has suffered a concussion, must be competent in the evaluation and management of concussions during the initial presentation, the recognition of clinical signs or symptoms are fundamental to make a clinical diagnosis and appropriate referral.
LEARNING OBJECTIVES
– Management of concussions
– Recognition of clinical signs or symptoms in an initial evaluation.
– Make a correct referral if necessary

ORGANIZATION
– We will make an introduction with a clinical case and explaning characteristic Features, Diagnosis, and Management.
– We will make 4 groups and provide to each group a different clinical case and ask to make an evaluation, management and if it is necessary a correct referral, afterwards each group make a presentation and discuss the case with the other groups, realizing a group debate.
– Finally We will use Kahoot and ask everyone to participate and evaluating if the principal topics have been learned.

CONCLUSIONS
We aim that the participants will be able to manage and evaluate a children who has suffered a concussion, providing key tools following evidence-based medicine.

Disclosure: No significant relationships.

PO046 / #676

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.06 Musculoskeletal*

PAIN MANAGEMENT and TREATMENT IN PRIMARY HEALTH CARE

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Background and Purpose: Pain is invariably present in the majority of the primary care medical requests. This review aims to provide up-to-date information in order to create a protocol, improving and coordinating the medical team´s overall approach.

Methods: A literature review was conducted, using the standards and guidelines published by Direção Geral de Saúde, a departmental body of the Portuguese Ministry of Health. Research was supplemented by actualized information from pain courses.

Results: The physician should do a patient´s detailed history and examination, characterizing the pain in terms of temporality, topography, pathogenesis, ethology, rhythm and intensity. In case of inflammatory rhythm, alarm symptoms must be excluded. Pain´s intensity must be evaluated regularly through appropriate indexes, in order to correctly classify the pain intensity and prescribe the correct drug in the right posology (Mild: non-opioid; Moderate: weak opioid; Intense: strong opioid). Rescue therapy should always be instituted. If the pain is neuropathic, a tricyclic antidepressant or a gabapentinoid should be primarily used. An appropriate opioids rotation should be performed when the patient has intolerable side effects or when it is impossible to increase its dose and the pain isn´t controlled. Nevertheless, the physician must be alert to the appearance of opioids´ side effects, swiftly recognizing and orienting them.

Conclusions: Chronic pain doesn´t have a protective function and can be itself considered a disease. The general practitioner plays a key role in its adequate diagnosis and managing and must be aware when a timely referral to specialized pain consultation is needed.

Disclosure: No significant relationships.

PO047 / #163

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.07 Mental*

PREMENSTRUAL DYSPHORIC DISORDER - ARE WE AWARE OF THIS DISEASE?

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Background and purpose: The reproductive cycle has a major influence in women's mental health. It is important to determine the impact of hormone fluctuations and to distinguish physiological from pathological symptoms. This presentation aims to bring awareness to Premenstrual Dysphoric Disorder (PMDD) and differential diagnosis with other mood disorders.

Methods: A state-of-art review was performed to determinate the current knowledge, as well as priorities for future investigation and research.

Results: PMDD affects 3 to 8% of woman. It presents as mood and behavioural symptoms, including irritability, tension, depressed mood, tearfulness, and mood swings, with great impact in personal and family functioning. It is also described as a severe form of Premenstrual Syndrome. The symptoms are limited to the luteal and menstrual phase of the menstrual cycle. Women are asymptomatic during follicular phase, which is the key to differential diagnose with other mood disorders. The treatment should focus on symptom relieve and improving functional impairment. There is strong evidence of the benefit of selective serotonin reuptake inhibitors and/or combined oral estrogenprogestin contraceptives. Lifestyle measures (exercise and relaxation techniques) and cognitive behavioural therapy are also recommended and effective.

Conclusions: PMDD is underdiagnosed and, therefore, undertreated. Prospective studies are necessary to determine the true prevalence of this disorder. The author intents to emphasize the importance of valuing the influence of menstrual cycle in women’s mental health, namely the correct diagnose and approach of PMDD.

Disclosure: No significant relationships.

PO048 / #872

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.07 Mental*

WHERE DID THE OTHER DISEASES GO AT PANDEMICS?: ADDICTION

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Family physicians (FPs) follow-up their COVID-19 PCR + patients and the ones who contacted these patients to control the disease. Phone calls are still the most frequent tool to reach this aim.

Our case was 25-year-old male patient who was tried to be contacted after being added to the monitoring list because he had PCR + in April. Not the first day but the second day, his mother answered the recurrent calls. She stated that her son was staying with her. On the 3rd day, she called on the patient's phone and stated that her son was addicted to a substance, the isolation forced him too much, they took his phone so that his son would not provide substance and wanted to escape from the house. Conversations with the family continued for the support they can provide to the patient and for the follow-up of his illness. When communication was established with the patient again, starting from his acute complaints, additional complaints were questioned. In the subsequent daily evaluation interviews, the patient himself stated that he was addicted to substances and didn't want to share what he used. The presence and severity of withdrawal symptoms were discussed, and if there were an increase and difficulty coping, he was asked to continue communication. After covid treatment and a 14-day follow-up period, it was recommended to make an appointment with AMATEM.

Long-term communication in family medicine increases the trust relationship between the patient and the physician. The management of chronics diseases, mental health problems are in need of consideration even COVID-19 times.

Disclosure: No significant relationships.

PO049 / #572

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.06 Musculoskeletal*

NEUROLOGICAL FOCUS AFTER ANABOLIC SELF-INJECTION

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BACKGROUND: Intramuscular injections are a useful technique but not without risks, especially if they are applied by a person without proper training.

CASE: 50 years-old man consults for 24 hours back pain, right sciatica, pharestesies and stumble when walking. History of glaucoma and corticosteroid intolerance. Denies taking drugs. He doesn't identify triggers. Physical exploration: sacrum pain, preserved spinal mobility. Positive Lassegue maneuver, decreased cutaneous sensation in the distal third of the leg, paresia 2/5 in foot mobility with gait disorder. No fever. No skin injuries.

Referred to traumatology service. Hospitalized for study with diagnosis of nonspecific neurological deficit. In there, he acknowledges self-administration of anabolic injections for 6 weeks, 3 times/week. Last injection coincides with the start of the clinic.

Lumbar tomography: no signs of acute pathology or root involvement.

Pelvic tomography: cellulitis of the subcutaneous tissue, involvement of perimuscular fat of gluteus maximus, both gemellus, quadratus femoris, biceps femoris, semitendinosus and adductor magnus muscles, signs of myositis without collections. Impairment of fat surrounding the right sciatic nerve, without being able to discard nerve injury at this level.

Blood analysis: leukocytes $11.89*10^{9}$/L, neutrophils $8.92*10^{12/L}$, globular sedimetation rate 13mm

Treatment with dexketoprofen with good evolution, achieving the normalization of analytical parameters and sensory and motor improvement.

CONCLUSIONS: Patients are often unaware of the dangers of self-medication, both because of the drug itself and the method they use. Sciatic nerve injury is one of the most common complication of intramuscular injections and can take weeks to resolve or even may never resolve.

Disclosure: No significant relationships.

PO050 / #991

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.08 Cancer*

PERSISTANT SEVERE SHOULDER PAIN PRESENTING AS A FIRST SIGN OF MULTIPLE MYELOMA

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Multiple myeloma, characterized by the clonal proliferation of plasma cells, producing a monoclonal paraprotein, is the second most common hematologic malignancy, is more frequently in men and the average age at diagnosis is 60 years. The diagnosis is established by blood and urine exams and medullary biopsy. Typical clinical features include anemia, renal failure, hypercalcemia, and skeletal lytic lesions, bone pain, fatigue. Treatment involves irradiation and chemotherapy Despite significant advances in treatment it has high morbidity and mortality.

Case presentation:

A 76 year old man, not previous disease, with a 1 month history of left shoulder pain, without any trauma, repetitive stress or trigger factors, and worsened with time He was peviously treated with Acetaminophen, Dexketoprofen, and intramuscular betamethasone, persisting a partial limitation of mobility, an X-ray was made with not findings, Subsequently an MRI revealed numerous lytic lesions in the humerus diaphysis, acromion, CT scan showed multiple lytic lesions throughout the bony skeleton but also a left cervical mass lesion involving from the C2 to the C6 vertebral bodies with canal stenosis and spinal cord compression. Concurrently the patient noted dysphonia, hypophonia and a progressive weakness of right upper extremity. bone marrow biopsies were undertaken, demonstrating infiltration by plasma cells, Thus a diagnosis of aggressive multiple myeloma was made, intiating palliative radiotherapy

Conclusions

Multiple myeloma is a diagnosis based on clinical, laboratory, and radiographic assessment, This case stresses the importance of supplementary tests in a patient with severe pain with not reponse to painkillers

Disclosure: No significant relationships.

PO051 / #177

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.10 Others*

"BORRELIA BURGDORFERI INFECTION IN A PATIENT WITH FEVER OF UNKNOWN ORIGIN."

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A 60-year-old male attended the primary care consultation for a fever of three days of evolution with no apparent focus. Upon arrival, he only presented discreet urinary urgency without associated respiratory or digestive symptoms. A quick urine test was performed being normal. He has no medical history of interest. It was decided to send to emergency Department of the hospital where he was diagnosed of urinary tract infection and treated witg cefuroxime 250mg/12h.

On examination, the patient was sweaty and fever was observed. The rest was bland.

After 5 days with treatment the fever persisted, he was reevaluated by his primary care physician observing non-pruritic annular erythematous lesion with a necrotic center in the second phalanx of the fourth finger on the right hand, he commented that he had been fishing in the river and "walking in the countryside".
Serology was requested for Rickettsia conorii, Borrelia burgdorferi and Coxiella burnetii being the positive result for IgG antibodies against Borrelia burgdorferi proteins. He was treated with doxycycline 100mg/12h orally.

The differential diagnosis includes more than 200 possibilities and these can be grouped into 4 groups: infectious, neoplastic, inflammatory and miscellaneous; and at the same time in 4 subgroups: classic, nosocomial, neutropenic and associated with HIV.

The key to a correct assessment is a detailed medical history and physical examination. The presence of both IgM and IgG against Borrelia burgdorferi is considered current infection. The efficacy of prophylactic treatment after a tick bite with single dose doxycycline has not been demonstrated, therefore its use is only recommended in case of infection.

Disclosure: No significant relationships.

PO052 / #183

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.10 Others*

AGRANULOCYTOSIS METAMIZOLE

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Metamizole agranulocytosis

ABSTRACT:

Backgrounds and purpose:

Agranulocytosis, defined as severe neutropenia, is often related to taking medications. It is an underestimated differencial diagnosis, and can be suspected with a simple clinical interview.

Case presentation

A 27 years old male with a history of Crohn´s disease. He went to the emergency room for abdominal pain and fever of 39º of two days of evolution. He has been on amoxicillin and metamizole treatment for dentalphlegmon up to three days ago. He denies nausea, vomiting or alteration of the stool habit. Normal stools. The pain does not remind him of the previous outbreak of his autoinmune disease. Anodyne physical examination, highlighting a CRP of 8.67 and 100 neutrophils in the analysis. Blood cultures, urine cultures and stool cultures are collected that are normal. Empirical antibiotic treatment is started and colony stimulators are administered.

During admission, he remained clinically stable, with good evolution after the antibiotec. Due to the patient's history, it was decided to perform a colonoscopy, in which an outbreak of Crohn's disease was ruled out. A definitive diagnosis of agranulocytosis due to metamizole is established.

Conclusion

Agranulocytosis due to metamizole is a common disease that should not be underestimated in primary care consultations or in the emergency services, since a suspected diagnosis and early empirical antibiotic treatment can prevent undesirable outcomes, such as septic shock or sepsis.

Disclosure: No significant relationships.

PO053 / #187

PUBLICATIONS ONLY

Topic: *5. Research and innovation / 5.07 Future trends*

DEFENSIVE MEDICINE and ITS PERCEPTION IN PRIMARY HEALTHCARE

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Defensive Medicine and its perception in Primary Healthcare

Background and purpose

Defensive medicine (DM) is defined as a deviation from standard medical practice for fear of medical malpractice claims and has serious consequences for patients, doctors and public funds. Our aim is to understand the perception of the practice of DM in Primary Health Care, specifically in the Health Centers Group of West Lisbon and Oeiras (HCG WLO).

Methods

We conducted a cross-sectional study between May 2019 and September 2020, including all 182 physicians working at HCG WLO. Each participant received a questionnaire to answer within two months and the results were analysed through SPSS® version 27.

Results

We included 138 questionnaires (11 excluded and 33 not answered). 61% of physicians consider DM a moderate problem and 92.2% have already practiced DM, which includes ordering additional exams (93,7%), referring more to secondary care (53,2%) and scheduling further appointments (34,9%). The main reasons for DM are the need for more information to make safer decisions (63,8%) and patient insistence on performing extra procedures (55,9%). 68.3% believe that practicing DM reduces malpractice claims.

Conclusions

Most physicians practice DM, although they consider it a problem and recognise its elevated costs. They believe that protocol development, legal support improvement, consultation time adjustment and health literacy promotion may diminish the problem. It was not possible to establish a statistical association between workplace, medical category, and DM practice due to the low number of participants. The research team aims to apply this protocol nationwide for more valid results and to promote new policies.

Disclosure: No significant relationships.

PO054 / #657

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.07 Mental*

FAMILY PHYSICIANS' VIEWS ON COGNITIVE BEHAVIORAL THERAPY: PRELIMINARY STUDY

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Background and purpose: In this study, family physicians' views on Cognitive behavioral therapy (CBT) were taken in a small sample.

Methods: 36 participants participated in the study. An online questionnaire consisting of 27 questions was applied (8 open-ended, 13 closed-ended questions included 6 likert-type questions). A purposeful sample was selected. Questions about sociodemographic, views on CBT in family medicine (Response rate = 72%).

Results: The median age was 40.5 (min-max = 24-58) and most were male (n = 20; 56%) and married (n = 26, 72%). They worked in the public sector (n = 30, 82%), had a median of 9 (min-max = 0-33) years of professional experience, and most had no psychotherapy training (n = 31, 86%). Most patients were referred to a psychiatrist (n = 28, 78%). Prescribing medication (n = 21, 58%), referral to community health center (TSM) (n = 9, 25%), giving psychotherapy (n = 6, 17%) were other approaches. “The reason for referring a mentally ill patient directly” was the most common reason for consulting a specialist (n = 9). Additional explanations of family physicians were " high workload", "Family physicians should have psychotherapy training", “exhaustion and need of therapy”.

Conclusion: Family physicians are among the first to see individuals with mental problems. Their support (time, location, fee, prescription authority, place to receive consultation, etc.) will further increase the quality of the health care they provide. Although they are not expected to provide psychotherapy, increasing their cooperation with psychotherapists will help individuals with mental problems.

Disclosure: No significant relationships.

PO055 / #662

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.07 Mental*

THE DIAGNOSTIC ACCURACY OF THE TURKISH VERSION OF THE GENERAL PRACTITIONER ASSESSMENT OF COGNITION (GPCOG-TR) IN TURKISH INDIVIDUALS

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Background: To establish the diagnostic accuracy of the Turkish version of the General

Practitioner Assessment of Cognition (GPCOG-Tr) in Turkish individuals.

Methods: The cross-sectional study was conducted in Antalya, Turkey, from February 2016 to April 2017. The purposive sampling method on of consecutively visited or attending participants was used in the study. MOCA Scale, GPCOG , and SMMT Scale were applied to the participants. Face validity was determined by two experts in this field. Construct validity was determined by factor analysis with principal component extraction method.

Results: 301 participants participated in this study (participation rate: 95%). Most of the participants were men (n=183, 60.8%). Their mean age were 71.02 years (SD=4.7 years, min-max= 65-87, n=301). Using The MOCA Scale as a reference (gold) standard, GPCOG showed accuracy (AUC=0.774). Using The SMMT Scale as a reference (gold) standard, GPCOG showed accuracy (AUC=0.752). Cronbach's α coefficient was 0.515 for GPCOG scale. Intraclass Correlation for single measures and for average measures were 0.106 ($p<0.001$) and 0.515 ($p<0.001$), respectively. The area under the ROC curve (AUC) for GPCOG scale versus the MOCA Scale was 0.774. A cut-off point of 6 or lover for GPCOG was applied and indicated the sensitivity of 84.4%, and specificity of 55.8%. The area under the ROC curve (AUC) for GPCOG scale versus the SMMT Scale was 0.752. A cut-off point of 6 or lover for GPCOG was applied and indicated the sensitivity of 64.8%, and specificity of 75.7%.

Conclusion: The GPCOG-Tr is clinically well-suited for use in clinical practice

Disclosure: No significant relationships.

PO056 / #191

PUBLICATIONS ONLY

Topic: *2. Special groups of patients / 2.03 Elderly*

TRAINING GPS FOR GERIATRIC LIFESTYLE INTERVENTIONS

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1. Background: Training residents how to work with other health professionals and how to engage patients in the difficult work of lifestyle change is becoming progressively more important. Geriatrics is no exception. Most of the effective interventions to delay cognitive impairment and to prevent frailty are lifestyle based, including exercise, dietary improvement, cognitive stimulation, and socialization. These interventions are also what Dean Ornish found useful in reversing coronary artery disease.

2. Aim and learning objectives: WE aim to show that successful lifestyle change for geriatric patients requires a different approach than conventional medical care. Patients are more likely to change in response to peer advice than to professional encounters. An integrated team of doctor, nurse, and behavioral health specialist tends to be more effective than isolated, brief medical encounters.

3. Methods and timetable: In this workshop, we show how to teach GP trainees to lead group medical visits, including how to interact with other health professionals in a group medical visit context, how to facilitate peer communication for lifestyle change, how to communicate to patients in such a way that lifestyle change happens, and how to evaluate effectiveness in this context. We consider strategies for addressing the common obstacles to group medical care, especially those posed by medical cultures emphasizing individual visits and resistance to new ways of billing.

4. Results and Conclusions: GP trainees can learn how to conduct group medical visits in which the focus changes to supporting lifestyle changes known to improve cognitive function. These visits include cognitive enhancement exercises, movement, dietary counseling, exercise, and opportunities for socialization.

Disclosure: No significant relationships.

PO057 / #1256

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.09 COVID-19*

COVID MANAGEMENT IN PRIMARY CARE: NEW PROFESSIONAL ROLE TO FACE THE PANDEMIC

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Background

The tracker is a figure that has existed for decades used in Public Health (PH) for identifying and stopping chains of transmission of infections. In Catalonia, they have been incorporated after the appearance of COVID-19 as a strategic element to stop the pandemic.

Method

After first pandemic wave, the figure of the COVID manager (CM) was incorporated into the Primary Care (PC) teams. In our 3 urban centers 7 CMs are incorporated. They are professionals with a non-healthcare profile specifically trained to:

Identification and contact lists

Isolation and quarantine information

Assessment of the suitability of the follow-up

They enter the data in a common computer tool with PH. They also work with PC's computer program.

Join weekly follow-up meetings.

Results

The incorporation of the COVID manager in the PC facilitates identification of cases, contacts and the detection of outbreaks.

It allows those diagnosed and their contacts to receive information to avoid new infections and helps close contacts to protect their health and identify the appearance of symptoms.

Their relationship with the healthcare team in the recognition and monitoring of symptoms facilitates the management. It is the communication link between the PC team and PH thanks to the computer system.

Weekly meetings facilitate ongoing training and problem detection and correction.

Conclusions

Addressing the pandemic requires the use of new strategies. The incorporation of the COVID manager in PC has been essential in the detection of cases, the control of close contacts and the dissemination of health information. Their ongoing training, interrelation with the healthcare team and the link with PH facilitate pandemic management.

Disclosure: No significant relationships.

PO058 / #196

PUBLICATIONS ONLY

Topic: *2. Special groups of patients / 2.01 Children and adolescents*

INFANTILE HEMANGIOMA RISK STRATIFICATION

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Background &Aim: Infantile hemangiomas (IHs) are vascular neoplasms being the most common tumors of childhood being characterized by aberrant blood vessel architecture.

Although most of them involute without treatment there is a subset that will develop complications which may lead to functional impairment or disfigurement.

Since proliferation occurs during early infancy primary care providers most times assume the role of in the management of IH and evaluate whether intervention is necessary.

Physical examination for determining which lesions require early consultation with a specialist implies a knowledge on evolutionary phases and categorization of IH.

In this review, we present a methodical approach to risk stratification, essential for determining which lesions require early consultation with a specialist

Methods: Literature review through PubMed, from 2015 to 2020, using the MeSH terms “Infantile Hemangioma”.

Results:

Clinical observations on soft tissue depth, anatomic appearance and associated structural abnormalities are the first considerations in the management of IH allowing the stratification of risk.

Emergency intervention is necessary in IH with life-threatening complications like airway obstruction as well as liver IHs associated with high-output congestive heart failure. Urgent treatment of IHs is needed when exist bleeding, pain or imminent functional impairment.

Some lesions require specialist evaluation to identify structural anomalies associated with IH and also to evaluate elective treatment to reduce the likelihood of long-term or permanent disfigurement

Conclusions:

For most infant’s involution of IH can be observed without treatment, however many others benefit from medical or surgical intervention being essential the recognition of IH risk characteristics.

Disclosure: No significant relationships.

PO059 / #230

PUBLICATIONS ONLY

Topic: *4. Education / 4.04 Professional skills and communication*

SKILLS and COMPETENCIES IN CLINICAL GENETICS FOR THE EUROPEAN GENERAL PRACTITIONER

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1. Background and purpose

Clinical genetics is increasingly permeating all areas of knowledge of Medicine. The integration of genetics in primary care requires the gradual incorporation of certain specific elements of this discipline that would ultimately become part of the gold standard procedures on diagnostics, carried out by general practitioners (GP). As a matter of a fact, the UK is the only European country that includes specific competencies in clinical genetics as part of their GP's educational programme.

2. Methods

Being the starting point enlightened by the authors to bring awareness of these limitations, in 2006 it was also created a specific working group called "semFYC's Clinical Genetics and Rare Diseases" (i.e. semFYC stands for Spanish Society of Family and Community Medicine) aiming to take action on the aforementioned limitations. The group's research activity includes a paper published in 2007 describing the ten competencies that a Spanish general practitioner should carry out for the management of clinical genetics problems. In 2008 another publication was released adding knowledge on the management of the inherited cancer in primary care, and, in 2016 the Group contributed on a Decalogue of new skills in clinical genetics for the Spanish GPs.

3. Results

The investigation proposes the spread and implementation of a Decalogue of competencies and six skills that every GP in Europe should incorporate actively into his educational background.

4. Conclusions

Training in clinical genetics reference unit for a month is considered necessary to acquire and implement the knowledge of this discipline in the activity of the European GP.

Disclosure: No significant relationships.

PO060 / #693

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.08 Cancer*

PAINFUL BELLY: A CLINICAL CASE IN THE HEALTH CENTER

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1. Background and purpose

Currently, in this time of COVID that we all live in, and with an indication to privilege teleconsultation, important clinical situations sometimes arise, and a correct face-to-face assessment is necessary.

2. Methods

We present the case of a healthy young man, 22-years-old, with no significant personal or family history. He goes to the consultation for painful abdominal swelling with about 3 months of evolution. From the objective examination, there is a painful abdomen on palpation of the right hypochondrium, where there is hard hepatomegaly and regular edges about 5 cm below the costal grid. Additional diagnostic tests were requested: abdominal ultrasound shows a solid nodular formation measuring 113x94 mm involving the left lobe and part of the right hepatic lobe, which translates into potential new liver formation. We asked for CT scan, where a bulky, heterogeneous mass, with lobulated contours and well delimited, with 13x10cm in the apparent dependence of segment IV B, V and VI, was identified. It presents arterial internal vascularization, suffering peripheral nodular enhancement in the most external aspect in the arterial phase.

3. Results

The patient was referred to the IPO, where he is currently being followed. The lesion has already been biopsied, and the result is pending. The therapeutic decision meeting will be held soon, and it is expected that later this month he will undergo surgery.

4. Conclusions

This case demonstrates that there is much more than COVID disease and that young and apparently healthy patients can develop serious pathologies for which we have to be aware of small symptoms.

Disclosure: No significant relationships.

PO061 / #240

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.09 COVID-19*

CUTANEOUS MANIFESTATIONS OF COVID-19: A CASE REPORT

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Introduction: Skin lesions observed in the context of SARS-CoV-2 infection are a target of growing interest in the scientific community. Their early identification may be useful for establishing an accurate diagnosis and prognosis.

Case description: DF, female, 39 years old, geriatrics assistant, without previous pathological history, oral contraceptive as the only usual medication, reported a mild skin reaction in her limbs, four days after administration of the flu vaccine. This reaction lasted less than 24 hours without any treatment. Three weeks later, DF reported appearance of pruritic stains all over her body including pelvic area. She went to the hospital emergency department and was treated with an oral antihistaminic and a local corticoid, without clinical improvement. Five days later, she tested positive for COVID-19. Her only symptom during clinical surveillance by her family doctor was tiredness. After completing an isolation period, DF was referred to a dermatology consultation due to rash persistence. She had confluent patches in her abdomen, post-inflammatory hyperpigmentation areas on her trunk and limbs, and secondary abrasions, which corroborate urticaria diagnosis. The analytical study didn't reveal any change, and DF was medicated with a different oral antihistaminic with partial improvement.

Discussion: Urticaria is one of the first skin manifestations of COVID-19 infection. It may occur at the beginning, previous to or simultaneous with other symptoms. In this case report, although we can't exclude a possible adverse effect of the influenza vaccine, SARS-CoV-2 seems to be the trigger factor for first presentation and exacerbation of a dermatological disease.

Disclosure: No significant relationships.

PO062 / #242

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.10 Others*

ALLERGIES REGISTRATION IN THE CLINICAL PROCESS – CONTINUOUS QUALITY IMPROVEMENT STUDY

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Background and purpose

All medication has the potential to cause adverse effects. The allergic reactions to drugs may vary from mild angioedema and skin rash to anaphylaxis. Therefore, one way to decrease the risk of this last form of reaction is to register allergies or their inexistence in the assigned area of SClínico, where it is readily available.

This work is expected to increase allergies reporting in SClínico.

Methods

Studied dimension: Technical-scientific adequation of the healthcare professionals at USF Viseu-Cidade. Internal evaluation, retrospective. Unit of study: selective, of institutional base, constituted by patients registered in the USF. Evaluation period: 1st cycle –completion until June 2019; 2nd cycle – until June 2020. Quality criteria: SClínico reporting rate of allergic reactions or lack of them. Process data obtained annually by the doctor through the SClínico. It was performed an educational intervention at 11/10/2019, portraying the current levels of reporting and the features enabled by it.

Results

According to the first cycle of quality improvement, the compliance rate was 4.16%, wich equated in 607 reports made since 2012, showing a generous margin for improvement. So, by the end of May 2020, when the 2nd cycle ended there were 5262 reports, which translate in a compliance rate of 36.75%, and an increase of 767%.

Conclusions

Due to the potential severity of an allergic reaction to a drug, the filling of this field on the SClínico will help to prevent these events. This fact seemed to be understood by the professionals, who increased their report. Despite that, there is room to improvement.

Disclosure: No significant relationships.

PO063 / #244

PUBLICATIONS ONLY

Topic: *5. Research and innovation / 5.05 Health technology assessment*

THE EARLY DETECTION OF NAFLD and NASH WITH FIBROSIS-RISK-STRATIFICATION AT THE TARGETED POPULATION THROUGH THE MULTIPARAMETRIC-LIVER-ULTRASONOGRAPHIC-SCREENING and ARTIFICIAL-INTELLIGENCE BY FAMILY-PHYSICIANS.

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NAFLD is a global public health issue, which progressively covers a spectrum of liver pathology, including steatosis, steatohepatitis, fibrosis, and cirrhosis, and their incidence increases exponentially. This study aimed to evaluate the diagnostic accuracy of the multiparametric-liver-ultrasonographic-screening with uses of artificial-intelligence performed by family doctors, compared to the evaluation performed by a specialist, at the targeted patients with a high-risk of NAFLD/NASH.

2.Methods

We conducted a multiparametric-liver-ultrasound-screening(MLUS) on 4751patients, with a high-risk of NAFLD/NASH, which presented as inclusion criteria: mixed dyslipidemia, obesity(BMI≥30), type2-diabetes, metabolic-syndrome(NCEP-criteria), chronic-lithiasis-cholecystitis, liver cirrhosis, chronic-hepatitis-B/hepatitis-C. APRI-score was initially calculated to stratify the fibrosis risk.

We use "standard-protocol", which could improve reproducibility and facilitate dynamic comparison, in grayscale, color/power-Doppler-US, and Strain-Elastography in standard-liver-scans as:transverse,oblique,and longitudinal-views. We established the cut-off/median-values(morphometric-ultrasound) of normal-ratios, between the anterior-posterior-diameters of the normal-liver-segments(Couinaud)/lobes, with the kidney/spleen-long-axis(not influenced by fatty-tissue-loading).

The high-risk-patients identified with NAFLD were first examined by a experienced-family-doctor subsequently compared with ultrasound-review by the specialist. We have developed a Smart-Computerized-Diagnostic-Algorithm to NAFLD/NASH-pathology for US-diagnosis by family-physicians. The agreement between family-physicians and specialists on each finding was evaluated using:Cohen’s-kappa-coefficient.

4. Results

We identified 4751-patients with NAFLD/NASH,or cirrhosis and subsequently confirmed by the specialist. The positive-results of this screening were:2592-steatosis, NASH/steatofibrosis-971persons, and 22-cases with Cirrhosis. The accuracy of liver-US-screening by FP was:95,87% with95%CI=95.27%to96.42%,Sensitivity:97,12%,Specificity:91,59%, which were subsequently confirmed by the specialist as the"Gold-Standard"-method through fibroscan. The prevalence of liver-pathology was:77,48% with 95%CI:76,26%at78.66%. Reports of the two groups of specialists for identifying NAFLD/NASH showed a very-good-strength of agreement-k=0.875;95%CI=0.864–0.887,standard-error:0,005.

Conclusions:

The uses of Multiparametric-Liver-Ultrasound-Screening(MLUS), morphometric-US(MUS), and artificial-intelligence(AI), performed by trained-family-physicians are comparable to diagnostic-liver-ultrasonography performed by the gastroenterologist.

Disclosure: No significant relationships.

PO064 / #1128

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.09 COVID-19*

MORTALITY BY COVID-19 IN THE BASIC HEALTH AREA (BHA) CANALETES-FONTETES

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BACKGROUND and PURPOSE

To know and compare the mortality rate -fatality by Covid-19. Describe the profile of the patient: Institutionalized or not, attended in a health center, AMG (Adjusted Morbidity Group), associated comorbidity and period (waves of covid-19) in BHA Canaletes-Fontetes. Barcelona. Urban population.

METHODOLOGY

Review of computerized medical records since february 17, 2020 until february 17, 2021.

Including death from viral pneumonia confirmed by PCR (Viral Polymerase Chain Reaction) or Rapid Antigenic Test (RAT) positive.

Variables: Age, Sex, AMG, Date of death, period and assigned area: CAP Canaletes, local clinic Les Fontetes, Geriatric Residences and Non-geriatric Residences.

RESULTS

1819 covid19 cases (1429 Canaletes, 75 LC Les Fontetes, 246 geriatric residences, 69 non-geriatric).

66 deaths due to positive covid-19 pneumonia (Canaletes 18, Fontetes 12, Geriatric residences 22, non-geriatric residences 14)

Age: 74.23 +/- 14.6 years. 36 women (55%) 30 men (45%)

Overall mortality rate: 252.29 x 100,000/habitants (Canaletes: 115, LC Fontetes: 904, Non-geriatric residences: 2898, geriatric: 18965)

Global fatality rate: 3.62%, LC Fontetes: 16%, Geriatric residences: 31.88%, Non-geriatric: 5.69%

HBP 61%, DM 39%, Dyslipidemia 39%, Obesity 32%, CKD 26%, COPD 20%, Atrial Fibrillation 15%

Mortality by period: 1st wave 41 (62%), 2nd wave 13 (20%), 3rd wave 12 (18%)

AMG 2: 5% (3), AMG 3: 42% (28), AMG 4: 53% (35)

CONCLUSIONS

1. Mortality in BHA is lower than Spain. Superior in LC Fontetes and residences.

2. Fatality rate in BHA is greater in the 1st wave and for AMG 4.

3. Associated factors: HBP and advanced age (> 74 years)

4. AMG 4 predominates in 2nd-3rd wave, Canaletes-Fontetes and geriatric residences. In non-geriatric GMA 3.

Disclosure: No significant relationships.

PO065 / #639

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.08 Cancer*

EARLY CANCER DETECTION AMONG MULTIMORBID PATIENTS IN PRIMARY HEALTH CARE: PROACTIVE and HOLISTIC APPROACH

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Introduction

Cancer (Ca) is the 10th most common chronic condition among patients with multimorbidity (MM) in Lithuania. MM negatively influences patients‘ attendance in Ca prevention programs. Despite 4 national Ca screening programs (cervical, prostate, colorectal and breast Ca) being conducted in Lithuania, they don’t include other frequent Ca localizations – like lung, skin, kidney and pancreatic. MM causes difficulties for timely diagnosis and is associated with advanced stages of Ca at detection, which is related to higher economic burden.

„Telelispa“ project, funded by EU, is aiming to provide better quality and accessibility of medical care for MM patients and will be carried out in 2020-2022 in Lithuania. Early Ca detection among MM patients is one of the planned aims of the project.

Method

At least 385 patients with MM and 385 in control group from 7 different urban and rural primary health care facilities will be enrolled in this project.

The family physician, along with well-trained case manager, will perform the holistic evaluation for MM patients, including:

1. An extensive evaluation of risk factors and family history for Ca, a comprehensive review of attendance in the national Ca screening programs using originally developed Holistic Questionnaire

2. Physical examination, including teledermatoscopy.

3. Assignment of routine primary care tests if not performed within a year – blood tests, chest X-ray and abdominal ultrasound.

4. In case of suspected Ca, family physician will refer the patient to appropriate specialist using pre-arranged direct-access consultation (nationally not available).

Results and conclusion

Ongoing project.

Disclosure: No significant relationships.

PO066 / #255

PUBLICATIONS ONLY

Topic: *2. Special groups of patients / 2.03 Elderly*

APPLICATION OF THE STOPP CRITERIA AT A PORTUGUESE NURSING HOME

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Background and purpose: Nursing home residents often have high prevalence of chronic diseases resulting in polypharmacy. Inappropriate drug use is very common among elderly patients and may cause worsened cognitive impairment, increased risk of falls, decreased quality of life, hospitalization and even death. Our aim was to detect if in nursing home residents were prescribed inappropriate drugs according to STOPP (Screening Tool of Older Persons' Prescriptions) criteria in sections D (Medication related to Central Nervous System and Psychotropics) and K (Medication that predictably increase the risk of falls in the elderly).

Methods: 27 nursing home residents from a portuguese institution, aged over 65, average age of 83,93 (minimum 66, maximum 96), 23 female and 4 male, were included. The files of the subjects were surveyed retrospectively for the 1-year before, using the nursing home digital medical records, including regular medication.

Results: We detected 21 cases of inappropriate drug use related to Central Nervous System and Psychotropics being quetiapine and risperidone the most prevalent psychotropic drugs , 9 cases of benzodiazepine use and in 7 residents combination of different classes of neuroleptics. There were 33 cases of inappropriate medication that predictably could increase the risk of falls in the elderly.

Conclusions: We found a significant amount of residents with inappropriate drug use in this nursing home. This study proves there is still a need for awareness of physicians on this topic. The use of STOPP criteria as a tool for prevention drug interactions, and avoidance of side effects in the elders should be widespread.

Disclosure: No significant relationships.

PO067 / #257

PUBLICATIONS ONLY

Topic: *3. Overarching topics / 3.09 Health care management and policy*

OPINIONS OF GERMAN GPS ON THE DANGEROUSNESS OF COVID-19 and THE APPROPRIATENESS OF THE MEASURES IN SPRING 2020 –A SURVEY

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Background: After the “first wave” in spring 2020, a small minority of the German population actively protested against measures to control the pandemic. The extent to which general practitioners (GPs) share related views is unknown. We investigated different viewpoints of Bavarian GPs and identified related subgroups.

Methods: A questionnaire was sent to all 210 practices accredited for under-graduate teaching of family medicine at the Medical Faculty of the Technical University of Munich. Questions addressed COVID-19 case-load, personal fears, symptoms of depression and anxiety, and personal opinions regarding risks, dilemma, restrictions and their relaxation associated with COVID-19. Subgroups of GPs with a proximity to extreme viewpoints were identified in the range of opinions by the statistical archetypal analysis.

Results: 162 GPs sent back a questionnaire (response rate 77%), and 143 (68%) with complete data could be included into the analysis. We identified four extreme viewpoints with subgroups of GPs tending in these directions of opinion: a small group of “Skeptics” (n=12) considering threats of COVID-19 as overestimated and measures taken exaggerated; “Hardliners” (n=34) considering threats high and supporting strong measures; “Balancers” (n=77) who also tended to consider threats high but were more critical about coercive measures and measures potentially impairing the quality of life of elderly people and children; and “Anxious” GPs (n=20) tending to report more fears, depressive and anxiety symptoms.

Conclusions: Among the participating GPs, opinions varied widely and there was a small group who considered the threats of COVID-19 and the measures against the pandemic exaggerated.

Disclosure: No significant relationships.

PO068 / #278

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.07 Mental*

LEAKAGE OF ASTROCYTE-DERIVED EXTRACELLULAR VESICLES IN STRESS-INDUCED EXHAUSTION DISORDER: A CROSS-SECTIONAL STUDY

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Patients with stress-induced exhaustion disorder (SED) demonstrate cognitive dysfunction similar to patients with minor traumatic brain injury (TBI). We have previously detected elevated concentrations of astrocyte-derived extracellular vesicles (EVs) in patients with TBI. As such, we hypothesized that astrocyte-derived EVs could be higher in patients with SED than in patients with major depressive disorder (MDD) and healthy controls. Patients with SED (n = 31), MDD (n = 31), and healthy matched controls (n = 61) were included. Astrocyte-derived EVs (previously known as microparticles) were measured in plasma with flow cytometry and labeled against glial fibrillary acidic protein (GFAP) and aquaporin 4 (AQP4). In addition, platelet EVs and their CD40 ligand expression were measured. Patients with SED had significantly higher concentrations of AQP4 and GFAP-positive EVs and EVs co-expressing AQP4/GFAP than patients with MDD and healthy controls. Patients with MDD had significantly higher concentrations of GFAP-positive EVs and EVs co-expressing AQP4/GFAP than healthy controls. Platelet EVs did not differ between groups. CD40 ligand expression was significantly higher in patients with SED and MDD than in controls. In conclusion, the present study suggests that patients with SED, and to some extent, patients with MDD, have increased leakage of astrocyte-derived EVs through the blood–brain barrier.

Disclosure: No significant relationships.

PO069 / #259

PUBLICATIONS ONLY

Topic: *3. Overarching topics / 3.08 Quality and safety of care*

MANAGEMENT MODEL OF CLINICAL MATERIAL and DRUGS IN A GENERAL PRACTITIONER CENTER

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Since 2011, quality and safety are being promoted in our territory. In 2014 we were accredited according to this Model of regulation and accreditation of primary care teams. We implemented proactive and later reactive security systems for continuous improvement.

OBJECTIVES

Ensure adequate availability of all products at any time.

expiration and stock control

Carry out a correct management of the incidents detected

Method

In 2011, proactive patient safety systems were created: check lists were prepared that were computerized through a tool to be able to be reactive with the incidents detect.

we start with the control of drug expiration dates from the storeroom . Secondly, a record of temperatures was established to verify that there was no break in the cold chain. Thirdly, the emergency area and crash cart, Thirdly, the control of the clinical material . Finally, the control of material and drugs in the office For each step, a training workshop has been held.

RESULTS / CONCLUSION

We have managed to carry out 99% of the control of material and expiration dates in the emergency box, control of vaccines and thermosensitive medication and consultation material. Ensuring adequate and safe material and medication availability at any time.

We have managed to involve all the staff in carrying out the checklists for the correct control of expiration dates and stock of clinical material and drugs.

Improvement teams have been created to update circuits due to the incidents detected.

Disclosure: No significant relationships.

PO070 / #881

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.09 COVID-19*

ASSOCIATION OF BASELINE ANALYTICAL PARAMETERS and RISK FACTORS WITH COVID-19 MORTALITY

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Objectives: To identify baseline analytical parameters and risk factors that may influence mortality in patients diagnosed with COVID-19 in Spain.

Methods: Descriptive cross-sectional study. A total of 48370 subjects diagnosed with COVID-19 on cronic treatment, were selected in both Primary Care and Hospital Care in Castilla y León, using a database from Castilla y León Government from March 1, 2020 to June 1, 2020. Average age 59.22 years (SD 20.32); 20389 men(42.2%), 27981 women(57.8%), 30975(64%) positive covid test, 17395(36%) no test performed. We recorded the baseline analytical parameters (haemogram, biochemistry, vitamins and others), risk factors and mortality by COVID-19.

Results: Of the 48280 subjects analysed, 46010(95.3%) were diagnosed with Coronavirus 2019 disease and 2270(4.7%) with Coronavirus Sars-CoV2 pneumonia with a mortality of 2022(4.2%) subjects. In the hospital admission register 1728(3.6 %) are diagnosed with diabetes, 2840(5.9 %) with hypertension, 37(0.1%) with angina and 615(1.3 %) with obesity. In the logistic regression analysis we found that in the haemogram these parameters were associated with increased mortality: neutrophilia(OR=1.21), lymphopenia(OR=0.79), thrombocytopenia(OR=0.99) and decreased red blood cells(OR=0.57). In the biochemistry only serum creatinine(OR=2.38) increased the risk of mortality. No association was found with vitamins, iron or thyroid function. In addition, we found associations with increased mortality: being male(OR=2.61), covid positive(OR=3.07), hypertensive(OR=3.61), angina(OR=3.50), obese(OR=2.42) and diabetic(OR=3.01).

Conclusion: Mortality due to COVID is associated with older age, being male, being diagnosed with hypertension, obesity, diabetes, ischaemic heart disease and having a positive diagnostic test. In addition, neutrophilia, lymphopenia, thrombocytopenia, decreased red blood cell and impaired renal function are associated with a higher risk of mortality.

Disclosure: No significant relationships.

PO071 / #888

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.09 COVID-19*

FIBROMYALGIA and COVID-19 IN A CITY OF SPAIN.

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Background

It has been demonstrated that clinical outcomes of COVID-19 are significantly worse in persons with advanced age and those with “traditional” medical comorbidities (cardiovascular disease, pulmonary disease, diabetes, etc). It’s essential to know how it affects others with non traditional diseases who suffer chronically from pain, fatigue, and functional decline such as patients with fibromyalgia.

Methods

CAP Terrassa Est patients with fibromyalgia infected with SARS CoV2 from may 2020 to january 2021, clinical characteristics and associated comorbidities were collected from primary care informatic program eCAP of Catalan health system.

Results

A total of 14 patients with fibromyalgia were infected with SARS CoV2.

All women with median age 64 (range from 51 to 75 y.o.).

Prevalent comorbidities such as hypertension in 11 patients, obesity in 10 patients, dyslipemia in 8 patients, chronic venous insufficiency and anxiety in 6 patients and diabetes in 5 of them were described.

Symptoms most commonly described were headache, low-grade fever or fever, cough, odynophagia, arthromyalgia, asthenia and diarrhea. Less common anosmia and ageusia in only 4 patients. From total, 5 patients described dyspnoea associated with previous symptoms.

50% of these patients (7) required hospital referral for laboratory analysis or x ray, only 4 patients required hospital admission: one patient with a stroke (probably due previous COVID-19) two patients developed bilateral pneumonia with oxygen supply and one patient with pericardial effusion (no related to COVID-19).

No patient required ICU.

Only 1 patient remained asymptomatic.

From all 14 patients, 4 remain with fatigue and asthenia.

Conclusions

Further studies of the post-COVID19 patients are being carried out in order to discover whether the worsened symptomatology continues because of their hypersensitised state.

Disclosure: No significant relationships.

PO072 / #265

PUBLICATIONS ONLY

Topic: *3. Overarching topics / 3.02 Shared decision making and patient empowerment*

ARE WE READY FOR THE CONCEPT OF FAMILY CAREGIVERS PARTNERSHIP?

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Most patients are supported by an informal caregiver who provides care, services and psychosocial support critical to the patient's recovery or quality of life. However, they are often unknown to health professionals. The repercussions of caregiving can lead to exhaustion, psychological fragility, and injuries, leading caregivers as users of the health system. We explored the little-known phenomenon of mistreatment of family caregivers and the parameters that would allow health systems to treat these invisible caregivers well.

Methods

A review of the literature has shown a lack of awareness of this phenomenon. We therefore developed interviews and focus groups with 110 family caregivers across Quebec and with 43 social workers.

Results

The analysis of the 53 articles and of the interviews made it possible to establish 4 sources of mistreatment towards caregivers: institutions through health professionals, the entourage, the assisted person and the caregiver. There are 7 manifestations of mistreatment: the imposition of the role, judgments on the expression of the role, normalization of the role, denial of the expertise of the caregiver, denial of needs, use of psychological violence, physical or sexual and the contribution to impoverishment.

Conclusions

The lack of policy to support family caregivers plays a major role in the mistreatment they experience. But we also note that the beliefs, attitudes and lack of recognition of health professionals lead to mistreatment and contribute to the normalization and negation of the needs of other actors surrounding caregivers. Training of health professionals, including physicians, is necessary to promote the well-being of its allies essential to the health of patients.

Disclosure: No significant relationships.

PO073 / #273

PUBLICATIONS ONLY

Topic: *4. Education / 4.03 Professional education and development*

FOCUSED CARDIAC ULTRASOUND (FOCUS) CONDUCTED BY THE FAMILY PHYSICIANS AT PATIENTS WITH A HIGH RISK OF CARDIOVASCULAR DISEASES.

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FOCUS is a complement of the clinical exam, for the evaluation of the structural and functional abnormalities of the heart, to the hemodynamic critical patient. Just a few studies have assessed the value and accuracy of focused cardiac ultrasound (FOCUS) performed by family physicians. This study aimed to evaluate the diagnostic accuracy of FOCUS performed by family doctors compared to echocardiography performed by a cardiologist.

Method:
We made FOCUS on the patients which present after clinical-examination the suspicion of cardiac pathology(cardiomegaly,valvulopathy, pericarditis,endocarditis,congenital malformations,aneurysms,and arrhythmias) and used five-standard-cardiac-scans:Subxiphoid-view, Parasternal-long/short axis, Apical-four-chamber-view,and IVC-assessment. 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%at36.81%. 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.

Conclusions:
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.

Disclosure: No significant relationships.

PO074 / #274

PUBLICATIONS ONLY

Topic: *2. Special groups of patients / 2.06 Minorities*

RELAÇÃO ENTRE ESTRUTURAÇÃO DA APS E ASSISTÊNCIA EM SAÚDE MENTAL: UMA ANÁLISE A PARTIR DO PMAQ-AB

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The objective of study was to verify if Primary Care teams that have better structured Primary Health Care (PHC) attributes are able to offer good care in Mental Health (MS). Cross-sectional study from the 2nd cycle of the Program for Improving Access and Quality in Primary Care. Types made: Quality of care in MS and Structuring of PHC according to essential attributes, The Delphi technique was used for consensus and the variables were endorsed by specialists. With multinomial logistic regression analyzes, associations between types were sought and it was identified which attribute most contributed to the quality of care in MS. One third of the teams are in poor quality of care in MS. Regional differences are maintained both for structuring PHC and for the quality of care for MS. There was a 14.7 times greater chance of producing a better quality of care in MS when PHC is better structured. A high level of comprehensiveness is associated with a high level of quality of care in MS. It is concluded that there is a predominance of low levels of quality of care in the area of MS, highlighting the need for integrated and coordinated actions for PHC in Brazil.

Disclosure: No significant relationships.

PO075 / #699

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.09 COVID-19*

CREATION OF A NEW and UNITED PRIMARY HEALTHCARE CENTRE FOR COVID-19 PATIENTS IN BARCELONA

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1. Background and purpose

COVID-19 pandemic forced primary care centres to have separated areas, so we decided to concentrate suspected COVID-19 outpatients' attention of three primary healthcare centres (49560 citizens as population reference) in a new primary care centre in the city of Barcelona.

Main objectives:

- Provide care to suspected COVID-19 patients of three nearby primary care centres of Barcelona in a new and united primary care centre.

- Restart chronic disease management interrupted by COVID-19 pandemic to improve continuity of care and accessibility.

2. Methods:

This primary care centre opened on the 17th of November 2020, it is a new space reconverted from a sports hostel and will be open until the 30th of April 2021.

Two daily shifts with two general practitioners (severe symptomatic patients), two nurses (mild symptomatic COVID-19 patients and screening patients), three nursing assistants (PCR and RAT performance) and two COVID-19 contact tracers attend suspected COVID19 infection patients.

3. Preliminary results from January 2020 to December 2020

- Accessibility (defined as "probability to book an appointment with GP or nurse Practitioner in a 5 days-time period" decreased from 58.2% to 47%.

- Continuity of care declined from 68.9% to 63.5% in our area.

- Comprehensive geriatric assessment was performed in an 88% of cases in comparison to 59% at the end of year.

4. Conclusions:

We need to wait for further months' data analysis to know if there has been an improvement in quality of long-term patient care.

Disclosure: No significant relationships.

PO076 / #738

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.09 COVID-19*

STEP BY STEP, HEART TO HEART, HOW TO SAFELY PUT YOUR PERSONAL PROTECTIVE EQUIPMENT AT ONCE

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Background:

Humanity has always been accompanied by different pandemics and according to the tools that were available we dealt with them. Our ability to survive has been spectacular, but the different microorganisms have also adapted and survived with us.

Aim/Learning objectives:

Official recommendations for healthcare workers in contact with covid-19 recommends the use of gloves, gown, respiratory and eye protection. But, do we know what type of equipment we should use according to the type of transmission and how to put it on and take it of properly? Are we trained to work safely and protect ourselves and others?

We will address how to use the PPEs in daily activity, according to the risk of getting infected with COVID-19 and other pathogens.

Methods/Timetable:

- Presentation: 10 mins.

- Game: participants will have to place different microorganisms in different boxes according to the transmission mechanism (and will take the opportunity to review clinical and epidemiology concepts): 25 mins.

- Imitating virtual card game representing the different parts and objects of the PPEs, the participants will have to order them according to the correct to wear them on/off: 25 mins.

- Using real protection material, we will do a drill on how to put on and take off, step by step, the complete equipment: 20 mins.

- Conclusions: 10 mins.

Conclusions:

The pandemic that we are facing has taught us many lessons that we have to acknowledge as long-time learning. Firstly, because the current COVID19 pandemia is not over, and because we must prepare for new microorganisms that may appear.

Disclosure: No significant relationships.

PO077 / #717

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.09 COVID-19*

THE RECURRENCE OF COVID-19 and POST-INFECTION IMMUNITY – A CASE REPORT FROM PORTUGAL

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Background and purpose: This case describes a Coronavirus disease (COVID-19) re-positive case after recovery in Portugal and raises the discussion about humoral human response to SARS-CoV-2. Is recurrence of COVID-19 possible? How can we explain this phenomenon?

Methods: The information about patient's clinical data was obtained through consultation of clinical records.

Results: At March 2020, 50-year women presented with sore throat, cough, headaches, fatigue and runny nose. Examination revealed an inflamed pharynx. She tested positive for SARS-CoV-2 in the respiratory tract and she was followed at home through teleconsultations by primary healthcare professionals. She was treated symptomatically and recovered over time. Fourteen days after the onset symptoms she performed two tests with more than 24 hours of interval, which turned out to be both negative for SARS-CoV-2. She had a medical discharge and returned to work. Four months later she presented with fatigue, arthralgias and headaches, testing positive for SARS-CoV-2 again. Her follow-up and treatment were similar, her health improved and she had a medical discharge. In both occasions she denied having contact with a COVID-19 confirmation case. Her parents, who were her cohabitants, were immunocompromised, had suspected symptoms and never tested positive for COVID-19 in both situations.

Conclusions: There are still remaining questions to be answered about recurrence of COVID-19, its human humoral immunity response and evolution of the disease. It may be necessary to review the follow-up and test methodologies of patients with COVID-19 to better understand this disease.

Disclosure: No significant relationships.

PO078 / #294

PUBLICATIONS ONLY

Topic: *5. Research and innovation / 5.01 Research methodology*

"MIRROR, MIRROR ON THE WALL"- BODY IMAGE PERCEPTION BY CARERGIVERS and CHILDREN

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1. Background and purpose

Obesity is a chronic, multifactorial disease, related to multiple health issues. Child obesity represents a heavy burden for both individuals and society.

Parents and other caregivers are ultimately responsible for children's obesity, as they determine their feeding habits. As such, it's of the utmost importance to understand their perception of the "real" and "ideal" body image of their children. If caregivers cannot recognize that their children are obese, or fail to recognize the complications of excess weight, then obesity prevention and treatment programs will fail.

2. Methods

During one year, all 10 year olds will be notified to complete the national vaccination program in our family health centre, and their caregivers will be invited to participate. Anonymously, both will respond to a simple questionnaire with the Collins silhouette scale. They'll be asked to indicate the figure that best represents them, and the one that they would like to correspond to ("real" vs. "ideal" image). We will also calculate children's BMI, to correspond to the questionnaire answers.

3. Results

The variation between the "real" and the "ideal" image will be interpreted as the level of dissatisfaction with the body image. Negative values correspond to the desire to lose weight, positive values to the desire to gain weight, and 0 will mean body image satisfaction.

4. Conclusions

With this study, we will be able to assess the BMI and the degree of satisfaction with children's body image. This will allow us to adjust measures and interventions to the population, with the objective of preventing obesity.

Disclosure: No significant relationships.

PO079 / #309

PUBLICATIONS ONLY

Topic: *5. Research and innovation / 5.07 Future trends*

ULTRASOUND TOMOGRAPHY TUS. NEW VISUAL TECHNOLOGY AT GP CLINIC.

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Background: The new technology is a promising, fast, non-invasive test that allows a detailed evaluation of atherosclerotic plaque, thyroid volume and superficial veins mapping. We can visualise shape and ulceration of atherosclerotic plaque. This is an important factor influencing the risk of a stroke. It is simply and with great precision possible to assess the response to treatment by measuring plaque volume, before and after treatment. This method assumes a general thyroid-volume model to estimate the 3d volume. What is an accurate way to asses response to treatment and make the decision about surgery intervention. We can also analyse the course of venous vessels. A detailed evaluation of the size and volume of venous thrombosis is possible.

Method: Using an 8/20 Mhz linear head with connected device transferring data to the computer, we analyse the course of venous vessels and thyroid-volume. In addition to the standard DUS examination/ carotid artery doppler/ additionally using tUS, the author assesses carotid arteries with a linear 8-20 Mhz probe in combination with tomographic ultrasound to acquire 3D volumetric datasets with following image processing.

Results: The tUS can be used to measure and visualize venous vessels, thyroid-volume and the atherosclerotic plaque inside the carotid arteries in detail. The inside of the vessel can also be visualized using a virtual endoscopy.

Conclusion: This new method can be adapted to nearly each linear ultrasound head. The operator needs only exercises and examination is short. Maybe soon we will be able to only scan all human body in our clinics step by step and see every details inside?

Disclosure: No significant relationships.

PO080 / #311

PUBLICATIONS ONLY

Topic: *3. Overarching topics / 3.09 Health care management and policy*

COMMUNITY PARTICIPATION IN PRIMARY HEALTH CARE: WHAT CAN WE LEARN FROM BRAZIL?

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Background and purpose: One of the shared principals of Primary Care (PC) is accessibility, which implies acting as a gateway to the healthcare system and community resources. The services' proximity to the communities is a particularly important factor. Different countries have developed different policies in this regard. Brazil's Family Health Strategy has a strong community approach based on participation, in and out the healthcare facilities. The authors aim to compare community health participation policies in Portugal and Brazil based on both theoretical and field knowledge of the Brazilian model.

Methods: A process of reading, selection, discussion and synthesis was made, followed by the comparative analysis between Brazil's Family Health Strategy and the community health held in Portuguese healthcare centres. The field studies took place in Rio de Janeiro, during an internship by a Portuguese GP trainee.

Results: Brazil's Family Health Strategy promotes active community participation. The community interventions bring health services closer to the community, leading to increased access to PC and improving the quality of services. The authors highlight five measures that could strengthen the community participation in Portugal inspired on the Brazilian model: creation of the health community agent; development of organized groups for health promotion; inclusion of physical activity in healthcare centres; reinforcement of street intervention health teams; and diversification of shared care resource units.

Conclusions: Portugal has experienced great advances in PC during the last years. Nevertheless, when compared to Brazil, there is space to grow towards a more inclusive, open, and participatory community health. Brazil Family Health Strategy is a successful example and can inspire other countries to follow good practices.

Disclosure: No significant relationships.

PO081 / #1277

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.10 Others*

THE GENERAL PRACTITIONER and THE ANTHROPOZOONOSES ENCOUNTERED IN EUROPE

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Background purpose

Anthropozoonoses are frequent, both in rural and urban areas.
The domestic animal is the interface vector between wild animal and man.
Certain professions are exposed, certain hobbies are at risk, from direct/indirect contact with domestic or wild animals.
3 pathologies dominate: toxoplasmosis, alveolar echinococcosis and leptospirosis.
In a "One health" context, collaboration with veterinarians could lead better prevention and better control, or even the disappearance of these diseases.
The Covid 19 pandemic is here to remind us of the role of the human / animal interface in its possible genesis.
Other pathologies are frequent, but often underdiagnosed, such as cryptosporidosis, often found in transplant recipients.
The interview of our patients does not always take into account the risk of exposure (domestic animal, profession, leisure), favoring diagnostic error and increased risk in our fragile patients, including immunosuppressed and transplant recipients.

AIM/ Learning Objectives:
Learn more about Anthropozoonoses
Modify patient interview in order to identify risk factors exposure.
Develop a constructive partnership between GP and veterinary to improve the prevention, special in Rural area.
Know how to think about it in transplants and immunosuppressed.

Methods
Brief presentation of the topic. 10 mns

Participants will be divided in groups. They will discuss two major questions: 30 mns
What anthropozoonoses do you encounter?
What could you put in place to better think about it
What would you expect from a collaboration with veterinarians from a "one health" perspective
Restitution in large group, 30 mns and experts will present concrete situations of anthropozoonoses in Europe and of possible collaboration with veterinary.(20 mns)

Disclosure: No significant relationships.

PO082 / #1286

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.10 Others*

BARTHEL INDEX: A TOOL FOR BETTER CARE GIVING

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Background and purpose:

The Barthel Index (BI) is an ordinal scale and consists of 10 items that measure a person's daily functioning, particularly the activities of daily living and mobility.

This paper aims to evaluate the register of BI in primary care for patients aged 85 and over, and possible improvement after a corrective intervention.

Methods:

Dimension: Technical and scientific adequacy. Study unit: users aged 85 and over (N= 383). Type of evaluation: internal, peer, retrospective. Data source: process files (SClínico®). Evaluation criteria: proportion of users with a BI record. This study compares data collected in two times lag: December 2019 and February 2021, separate with an educational intervention.

Criterion evaluation: very insufficient if registration fee <25%, insufficient if registration fee ≥25% and <50%, sufficient if registration fee ≥50% and <75% and Good if registration fee ≥75%.

Results:

In the first assessment of a total of 383 users, in 53% there was no record of the degree of dependence, being present in 47%, resulting in an insufficient standard of record quality. In the second assessment, the degree of dependency was recorded in 70% of users, which corresponds to a sufficient standard.

Conclusions:

With the strategy implemented, the team improved the quality of the records related to elderly population, who has suffered some of the worst effects of the pandemic. The use of Barthel scale allow us to give better care during this pandemic, with special attention to those who needed specific care, such as home visits and treatments, as well as better vaccination planning.

Disclosure: No significant relationships.

PO083 / #1225

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.10 Others*

AN UNUSUAL DIAGNOSIS OF INGUINAL SWELLING

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Background and purpose - Peripheral lymphadenopathy can be caused by infectious, inflammatory, malignant, or less common diseases, like sarcoidosis. Sarcoidosis is a multisystem disorder of unknown etiology, in which lymphadenopathy is present in up to 40 percent of patients.

Methods - We analyzed a case report regarding a patient with inguinal lymphadenopathy.

Results - 35-year-old male patient, nuclear family, Duvall cycle phase I, with venous insufficiency. He reported left inguinal swelling for several months, with a progressive increase in size and local pain; he also mentioned tiredness, night sweats, and dry cough. Upon observation, he had a left inguinal nodule, 3 cm, mobile, non-adherent; hepatomegaly was also detected. Analytical study with leukocytosis of 15 800/uL, PCR 15.4 mg/dl; inguinal echographic with multiple inguinal adenopathies, especially on the left, suggesting CT. In the thoracic and abdominal CT were detected multiple mediastinal lymphadenopathy clusters, hilars and retro-peritoneal, areas of pulmonary ground-glass opacities, and homogeneous hepatosplenomegaly, suggesting lymphoproliferative disease. It was performed an excisional biopsy of the left inguinal ganglion - histology compatible with the diagnosis of sarcoidosis. After specific treatment, he became asymptomatic.

Conclusions - It is important to exclude severe or potentially fatal causes in the study of lymphadenopathy since the timely treatment of the pathology involved is essential for the prognosis to be favorable. The family doctor is, in many situations, the first contact that the patient has with the health service, so he has to be alert to warning signs that may indicate a potentially serious illness.

Disclosure: No significant relationships.

PO084 / #1247

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.10 Others*

PRIMARY CARE APPROACH FOR PATIENTS WITH ADDICTION DISORDERS - UK and PORTUGUESE PERSPECTIVES.

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Background and purpose

In the European Drug Report 2020 drug related deaths have increased in the UK, especially in Scotland. (1)

Portugal, in the 1990s, had a high rate of drug related deaths however this has reduced significantly since 2001.

By looking at how we as general practitioners approach addiction and the wider context of drug policy we can better understand this complex problem.

Aims and learning objectives

Improve knowledge of factors which contribute to addiction.

Think about how we interact with our patients and better support them.

In a broader sense think about cultural challenges in attendees' communities and countries and how GPs can advocate for change and overcome stigma associated with drug addiction.

Methods and timetable

An initial interactive survey to gauge participants' knowledge of addiction.

The key factors of addiction as a disorder will be presented, including socioeconomic factors and the patient's journey .

Case example: Mike is a 40 y old man who lives in x. He has been divorced for 5 years and unemployed for 3 years. Presented to A&E multiple times with drug overdose.

Breakout groups will then discuss: 1) GPs approach to consultations involving addictions;

2) How can we help reduce stigma around such patients; and

Ideas for improving future care.

The workshop will conclude with feedback of thoughts and opportunity to ask questions.

Results and Conclusions

Participants will have improved knowledge of how addiction disorders develop and experiences of the individual. Lessons learned from the UK and Portugal will support different approaches and improve confidence undertaking consultations involving addiction within General Practice.

Disclosure: No significant relationships.

PO085 / #1226

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.10 Others*

THE CHALLENGING MANAGEMENT OF CUSHING'S DISEASE

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1. Background and purpose: Cushing's disease is a form of endogenous hypercortisolism, caused by an adrenocorticotropic hormone (ACTH) secreting pituitary adenoma. The chronic excess of cortisol results in Cushing's syndrome, which clinical manifestations include weight gain, lipodystrophy, hirsutism, insulin resistance, high blood pressure or fatigue.

2. Methods: Clinical interview and clinical file consultation

3. Results: 38-year-old woman, with a clinical history of diabetes, urolithiasis, obesity and depression. Six months after her diabetes diagnosis, the patient presented to her Family Doctor with sudden-onset high blood pressure. In the ensuing appointments, a Cushingoid appearance became gradually more noticeable. After a positive urinary cortisol test the patient was referred to an Endocrinologist, and diagnosed with Cushing's disease secondary to a pituitary adenoma. Her impaired physical condition, after two unsuccessful pituitary surgeries, worsened her depression and insomnia. She's currently on medical leave of absence from work and has started second-line medical treatment.

4. Conclusions: Cushing's syndrome is associated with high rates of morbidity and mortality, not only due to significant cardiovascular, metabolic and infectious risk, but also neuropsychiatric complications. An early diagnosis as well as a comprehensive approach of this condition from the Family Doctor are fundamental.

Disclosure: No significant relationships.

PO086 / #323

PUBLICATIONS ONLY

Topic: *4. Education / 4.02 Medical student education and residency training*

MEDICAL STUDENTS' INVOLVEMENT IN PRIMARY HEALTH CARE and PUBLIC HEALTH RESEARCH LED EDUCATION IN PRIMARY CARE

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Background

During the COVID-19 pandemic, medical students from clinical years were voluntarily recruited to participate in Primary Health Care (PHC). Three groups were formed. The first group created informative material regarding the COVID-19 and the vaccination. Based on this material, medical students were trained accordingly and have been participating in the operation of Vaccination Centers. The second group, after being adequately trained, assisted PHC units with the follow-up procedure of quarantined at home patients with mild COVID-19. The third group was involved in research regarding the course of patients with mild COVID-19 symptoms and the difficulties of complying with mandatory quarantine.

Aim and learning objectives

The aim of this workshop is to get PHC professionals familiar with ways that graduand medical students can play an active role during a pandemic.The objectives are (1) to discuss innovative ways of utilizing students during the pandemic or other emergency situations along with continuing training them; (2) to provide ideas regarding the involvement of students in PHC research; (3) to designate techniques of training medical students in telephone medicine, doctor-patient communication skills and in the vaccination process, theoretically and practically.

Methods and timetable

We will introduce our project, its educational goals and the exact processes. Then participants will brainstorm ideas into small working groups over the three axis mentioned in the workshop's objectives. Lastly, the outcomes of each group but also our results will be presented.

Results/ Conclusions

At the end of the workshop, we expect the participants to have fully understood the role that medical students can play during such emergency situations in PHC.

Disclosure: No significant relationships.

PO087 / #324

PUBLICATIONS ONLY

Topic: *3. Overarching topics / 3.05 E-health*

TEACH - TELEPHONE and E-HEALTH ASSISTANCE TO IMPROVE CAREGIVER HEALTH

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Background and purpose: The population´s aging and increasing multimorbidity has led to a growing need for caregivers. In 2019, there were 827,000 Portuguese informal caregivers, alerting us for the increasing necessity of support programs. This study aims to implement and evaluate the impact of a primary care center´s multimodal intervention in reducing its caregivers 'burden and improving their quality of life (QoL).

Methods: This is a prospective and interventional study that includes adult caregivers of dependent persons (Barthel index). It will be excluded caregivers/dependents with significant cognitive deficit or residing in nursing homes. During the 6 months intervention, caregivers will have medical support through proactive telephonic contacts and access to a social network channel, email address and a passive telephone line. Caregivers will also have streaming sessions aimed at training previously identified in-need caring skills and access to information via website, social network, e-mail and short message service. Before and after the intervention, it will be applied the World Health Organization Quality of Life-Bref and the Zarit Burden Interview. Caregiver data on 0th, 6th and 12th month will be compared.

Results: Expected outcomes: reduction of caregivers´ burden, QoL improvement and caregiver satisfaction.

Conclusions: Telemedicine can be used to increase the proximity between primary care and caregivers an provide a valid support. Multimedia media means can help to obtain a more in-depth and holistic view of the caregiver in order to offer a more available and targeted health care service.

Disclosure: No significant relationships.

PO088 / #507

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.09 COVID-19*

THE FAR SIDE OF THE MOON: IN COVID-19 PANDEMIC NOT ALL PATIENTS ARE COVID-19 CASES

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Background and purpose: In Greece and worldwide clinicians are being vigilant about the spread of COVID-19 in healthcare facilities and the community. Holistic patient care has shifted to in-home quarantine and strict triage in hospitals. The COVID-19 Unit of the Emergency Department at Tzaneio General Hospital (Piraeus, Greece) is equipped with general practitioners. This case underlines the contribution of general practitioners in unraveling conditions disguised as COVID-19 in such settings.

Methods: In July 2020 a 25-year-old male presented to our hospital with fever and extreme fatigue, following a seven-day quarantine from the onset of these symptoms. While in quarantine, the patient complained of a fever rise and left lateral abdominal pain and was then referred to our hospital. Upon arrival, he was triaged as a suspected COVID-19 case and was transferred to our hospitals' COVID-19 department. A PCR SARS-CoV-2 test came out negative. His blood tests showed pancytopenia. Splenomegaly and hepatomegaly were detected on clinical examination and abdominal ultrasound.

Results: The patient was admitted to the Internal Medicine Department to rule out non-COVID-19 infections and non-communicable diseases. He was then referred to the Hematology Department, where he was diagnosed with Hepato-splenic Gamma/Delta T-cell lymphoma in August 2020 and has been receiving the indicated treatment since then.

Conclusions: This case suggests that close monitoring and a high level of alertness to detect COVID-19 cases, may delay the diagnosis of other life-threatening conditions. General practitioners in COVID-19 units can contribute to promoting public health and maintaining a focus on serious conditions disguised as COVID-19 infection and referring the patients to the appropriate departments.

Disclosure: No significant relationships.

PO089 / #595

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.09 COVID-19*

COVID-19 AS A CARDIOVASCULAR DISEASE ENTITY, A PRIMARY CARE PERSPECTIVE

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Background:

The development of critical illness in Covid-19 appears to be linked with cardiometabolic disease, exemplified by an overrepresentation of cardiovascular disease or its risk factors in severely affected patients.

Aim and learning objectives:

To learn existing evidence on risk tools to identify high-risk Covid-19 patients in the early disease phases, focusing on cardiometabolic predictors (obesity, diabetes, etc.). Additionally, to learn existing evidence to mitigate risk by anticoagulant treatment to prevent thrombo-embolic events and colchicine to prevent vessel inflammation and complications.

To share clinical stories of patients where the distinction of Covid-19 with myocardial infarction or (development of) pulmonary embolism was difficult.

To explore the potential correlation of long-Covid – i.e. persisting symptoms (fatigue, shortness of breath) in patients having survived the acute phase of illness – as a phenomena explained by acceleration of previously subclinical cardiovascular disease.

Methods and timetable

Presentation on risk tools and impact of cardiovascular medication to mitigate risk will take 30 minutes. Thereafter, in break-out rooms, interactive story telling on diagnostic dilemma’s between Covid-19 and cardiovascular disease will take 20 minutes, brought back plenary to summarize learning points in 10 minutes. The final 30 minutes are spend on long-Covid as a possible cardiovascular entity in some patients (15 minutes presentation, 15 minutes plenary discussion).

Proposed Results / Conclusions

This workshop focussed on mitigating the cardiovascular burden in Covid-19 patients from a primary care perspecitve, in terms of understanding and mitigating risk using a cardiovascular periscope, but also by sharing patients stories and diagnostic dilemma's, and finally by exploring underlying cardiovascular pathways in patients with long-Covid.

Disclosure: No significant relationships.

PO090 / #568

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.09 COVID-19*

POST-COVID SYNDROME: NOT ALWAYS A SUBJECTIVE ENTITY

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BACKGROUND and PURPOSE:

37-year-old man with no significant past medical history presented with fever, coughing, sore throat, headache and asthenia. The symptoms were compatible with a SARS-CoV-2 infection that was later confirmed, showing a good clinical evolution for the next 14 days. However, 2 weeks later he started feeling pleuritic pain, dyspnoea on mild exertion and dizziness, not presenting any significant findings from additional testing in Primary Care. The symptoms persisted after 2 months so he was referred to Internal Medicine to rule out long-term pulmonary consequences of COVID-19.

METHODS:

- Physical examination with no interest except orthostatism.

- Chest radiograph with reticulo-nodular interstitial pattern in the right middle lobe.

- ECG: Sinus bradycardia at 55bpm.

- Negative PCR nasopharyngeal swab one month after the first positive one.

- Laboratory testing was normal

- No findings in ambulatory Holter monitor or spirometry.

- Thoracic CT scan showed signs of pneumonitis (ground glass opacities) in right upper and middle lobe.

RESULTS: The patient was diagnosed with Post-COVID Syndrome

CONCLUSIONS:

There is growing evidence of signs and symptoms that can affect patients after an acute COVID-19 infection, although we don't know how permanent they are. The main points of our case are firstly, the patient's profile: young and with no previous medical history. Secondly, patients with "Long COVID" often don't show any abnormalities in multiple tests, but in this case there is a clear one. Lastly, the persistence of severe symptoms after 3 months does not always correlate with the severity of the initial episode

Disclosure: No significant relationships.

PO091 / #511

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.09 COVID-19*

RESOURCES REQUIRED FOR PATIENTS' HEALTHCARE WITH POSSIBLE OR CONFIRMED COVID-19 IN A PRIMARY CARE CENTER DURING THE FIRST WAVE

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Background and purpose:

COVID-19 has posed a challenge to Primary Care (PC). This study aims to describe the resources required by patients who were seen in an urban PC center during the first epidemic wave.

Methods:

Retrospective descriptive study on a patients cohort seen in a PC center in Barcelona. All patients included presented symptoms compatible with possible or confirmed SARS-CoV-2 infection, between 24th February and 30th May, 2020. Data collected from electronic medical record and by telephone interview were evaluated.

Results:

518 patients were included. 283 (54.6%) were women. Mean age was 50.2 years. Patients took a mean of 3.7±4.7 days to contact the healthcare system. 71.8% contacted PC as their first option. 55.25% required medical work leave. The mean number of days of sickness leave was 35.8±26.4. Doctors made 5.2±4.5 phone calls per patient and nurses made 3±3.7. 137(26.4%) required face-to-face assessment, with 0.4 (range 0-4) visits per patient. 24 (4.6%) required home visits, with 0.1 (range 0-3) visits per patient. 4.2% were seen by the centre's social worker. 31.5% were seen in the hospital emergency department. 20.1% required hospital admission. 2.7% required intensive care. The mean number of days of hospitalization was 15.5±13.7 (range 1-76). 1.7% required admission to a socio-health care centre. 4.6% were admitted to a medicalised hotel.

Conclusions:

PC is the most frequently management resource used by COVID-19 patients. Most of them required exclusive outpatient follow-up. The vast majority could be managed by telephone. The epidemic resulted in high absenteeism from work during the first wave.

Disclosure: No significant relationships.

PO092 / #327

PUBLICATIONS ONLY

Topic: *5. Research and innovation / 5.07 Future trends*

IRELAND'S FIRST DRIVE THRU FLU CLINIC

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Irelands first drive thru practice flu clinic. the way forward? A cross sectional study to assess patient satisfaction

Introduction

Approximately, 200-500 Irish people will die each year because of flu. In a bad year this can be up to 1000 people (2008-2009).1. It also results in many hospital admissions2. Vaccination is the best protection we can give our population.

Drive through flu clinics are common in other jurisdictions, particularly in America.6. The drive-through model is a feasible alternative to a traditional walk-in ED or clinic and is associated with rapid throughput times. It provides a social distance strategy, using the patient's vehicle as an isolation compartment to mitigate person-to-person spread of infectious diseases7.

Although there is evidence of their use, commonality, and efficiency there is little evidence of patient satisfaction.

While implementing the drive through influenza vaccination clinic, we decided to conduct a patient survey focusing on patient satisfaction of the drive through vaccination clinic

Between September 29th- December 5th, 2020 we vaccinated 1754 adult patients and 908 pediatric patients in Irelands first drive through clinic. The clinic was exclusively booked online which helped us to adhere to HSE guidelines and allowed us to easily provide information leaflets. Based on our practice numbers we estimate 37.41% of our pediatric patients aged 2-12 received the flu vaccine in their car.

The aim of the study was to understand a patient's perception of a drive through a flu vaccine clinic.

Disclosure: No significant relationships.

PO093 / #1074

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.10 Others*

ZIKA VIRUS IN A PATIENT COMING FROM AN ENDEMIC COUNTRY

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Zika is an arbovirus of the genus Flavivirus, transmitted by the mosquito bite Aedes and also by sexual transmission. Generally it produces a mild disease but recently there have been described congenital anomalies associated with the infection of this virus.

Description of one clinical diagnosed with Zika in one Basic Health Areas of Girona.

A 74-year-old patient who had travelled for more than two months to Puerto Rico and 3 days later after arrival he presented fever (38.2ºC), arthritis, asthenia and bilateral lumbago. A rapid urine test was performed and showed positive leucosis and it was oriented as a urinary tract infection and it was treated with an antibiotic. After 24h he presented conjunctivitis and a generalized exanthema and the physician though it was an allergic reaction to the antibiotic.

After a month, the patient consulted with his GP to perform allergy tests to antibiotics. During the medical appointment the patient was examined again and given to the history of a recent trip to a Zika endemic country the Arboviruasis protocol was activated.

The diagnosis was confirmed with a positive PCR in urine for Zika. No serum analysis was performed.

The importance of the diagnosis of cases in the viremic phase, as well as taking hygiene-sanitary measures to minimize the transmission and to avoid the autochthonous cases.

Emphasize the value of training primary health care professionals in emerging, imported and/or indigenous viruses, as well as community health education in the implication against the fight of the transmission of the virus.

Disclosure: No significant relationships.

PO094 / #339

PUBLICATIONS ONLY

Topic: *3. Overarching topics / 3.07 Health promotion and prevention*

ADHERING TO A MEDITERRANEAN DIET. ARE WE, AS HEALTHCARE PROFESSIONALS, SETTING AN EXAMPLE?

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ADHERING TO A MEDITERRANEAN DIET. ARE WE, AS HEALTHCARE PROFESSIONALS, SETTING AN EXAMPLE?

Background and purpose

The Mediterranean diet has demonstrated effectiveness in both primary and secondary prevention of cardiovascular diseases. Additionally, it is well known that if the advice is given by a Healthcare professional who has a good knowledge and believes in this diet pattern, the implementation of the advice will be more effective. It is therefore, why we have enquired Health professionals about their own adherence to the Mediterranean diet.

Methods

Survey. We have used the 14 points PREDIMED questionnaire, which was sent on-line to the doctors and nurses of two different Primary Care settings, to test their own adherence to the Mediterranean diet. A score of 7 points or lower denotes a low adherence, a medium adherence in scores of 8 or 9 points and high adherence with 10 points or greater.

Results

A total of 82 questionnaires were received and examined: 84% Females,16% Males; 66% Doctors, 34% Nurses; 3% aged<25; 12% 26-35; 34% 36-45; 27% 46-55 and 24% 56-65 years old. Average score obtained: 7,15 (Standard deviation 1.91).

Conclusion

The final results indicate the doctors and nurses who took part in the survey have a low/medium adherence to the Mediterranean diet. As Healthcare professionals, we should improve our knowledge on the well-proven benefits of the Mediterranean diet. This will likely improve our own health and reflect on more efficacious advice to our patients

Disclosure: No significant relationships.

PO095 / #344

PUBLICATIONS ONLY

Topic: *5. Research and innovation / 5.08 Others*

SUCCESSIVE ANALYSIS OF PATIENT EXPERIENCES IN 2017/2020 DEMONSTRATES DUTCH-KURDISH FAMILY MEDICINE CENTRES ARE GOOD and SUSTAINED.

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Background

Family medicine is new in the region of Kurdistan, northern Iraq. Since 6 years Dutch-Kurdish projects have been developed to elevate the primary health care to family medicine care level.

Aim To study the effects of family medicine care on the satisfaction of patients in the new Dutch-Kurdish family medicine centre Avro City, Duhok.

Patients and methods A repetitive cross-sectional study design was conducted during a 2 week

period in 2017 and 2020. Included were patients willing to cooperate who presented at the centre. Information was obtained by a semi-quantitative questionnaire.

Results A total of 312 patients were included in 2017 and 312 in 2020. 2017/2020 Demographics 68%/52% female patients, median age of 20-30/20-30 years. Median visit frequency 6/6 times in the past 12 months. Communication skills of the family doctors for: respect, listening, patience, explanation of care: good to excellent/good to excellent of a score of 4 (Excellent, Good, Fair, Poor). Family medicine aspects: enough consultation time, trust in treatment, preventive care, interest and care in personal situation and involvement of decision making were also good/excellent. The centre as a whole was rated good and the treatment experiences very good. Patients rated the centre very good/good to excellent in comparison to earlier experiences with primary health care and 99/99% would recommend the centre to other people.

Conclusions and Recommendations Two successive patient experience analysis with a new family medicine clinic, AvroCity, demonstrate sustained positive results. The important “ambassador” function in middle eastern countries is effective with almost 100% of the patients recommending the centre above standard primary health care.

Disclosure: No significant relationships.

PO096 / #997

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.10 Others*

WHEN THE SPINE WON'T LET YOU SWALLOW

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Background and purpose: Forestier's disease is usually asymptomatic and therefore latent. However, it can lead to important morbidity and mortality. Osteophytes can develop and lead to extrinsic compression in local tissues. In the cervical region, they can generate otorhinolaryngological manifestations, such as dysphagia, pharyngeal globus, dysphonia and stridor.

Methods / Clinical Case: Female patient, 36 years old and with a history of obesity, arterial hypertension and hypercholesterolemia, who started high dysphagia only for solids with progressive worsening over 1 year and feeling of impact on food. He was evaluated by Otorhinolaryngology, performed cervical X-ray with changes and cervical computed axial tomography and identified massive anterior osteophytosis of the vertebral bodies from C3 to C5 to condition the impression of the posterior wall of the cervical esophagus.

Results: Given the symptoms referred to orthopedics, which guided a more conservative and non-surgical approach, diet, anti-inflammatory and muscle relaxants.

Conclusions: This clinical case aims to remember that Forestier's disease is not a rare disease, but it is often not recognized. This diagnostic hypothesis must be considered in patients who present with dysphagia, dysphonia, sleep apnea, cough, pharyngeal globus or foreign body sensation in the throat, which are common symptoms in otorhinolaryngology practice. Early diagnosis is important for initiating multidisciplinary follow-up that improves patients' quality of life.

Disclosure: No significant relationships.

PO097 / #347

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.09 COVID-19*

CHARACTERISTICS, SYMPTOMS and EVOLUTION OF PATIENTS WITH POSSIBLE OR CONFIRMED COVID-19 IN A PRIMARY CARE CENTER DURING THE FIRST WAVE

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Background and purpose:

COVID-19 has posed a challenge for Primary Care (PC). This study aims to describe the characteristics, symptoms and evolution of patients seen in a PC centre during the first epidemic wave.

Methods:

Retrospective descriptive study on a patients cohort seen in a PC center in Barcelona. All patients included presented symptoms compatible with possible or confirmed SARS-CoV-2 infection, between 24th February and 30th May, 2020. Data collected from electronic medical record and by telephone interview were evaluated.

Results:

518 patients were included. 283 (54.6%) were women. Mean age was 50.2 years. 81.9% were Spanish. 35.1% had occupational exposure to COVID-19. 38.8% had no previous pathological history. Among those with medical history: 19.3% hypertension, 17.8% obesity, 9.5% diabetes, 8.5% cancer, 7.3% anxiety/depression, 6.4% asthma. 45.2% were not on any chronic medication.

The presenting symptoms were: fever 75.7%, cough 72.0%, malaise 70.0%, asthenia 65.6%, arthromyalgia 53.2%, headache 51.1%, dyspnoea 38.9%, anosmia/dysgeusia 37.7%, diarrhoea 37.2%, odynophagia 31.1%, chills 25.3%, nasal congestion 23.6%, expectoration 22.2%, chest pain 22.1%, nausea/vomiting 16.8%, dizziness 14.2%, conjunctivitis 6.2%, haemoptysis 2.9%. The mean number of days with fever 7.1±6.9.

Complications developed were: pneumonia (21.4%), anxiety/depression (6.4%), acute kidney injury (1.5%), PTE (1.2%) and pericarditis (1%).

Mortality was 2.3%. 84.7% recovered completely, 2.3% had sequelae and 10.6% were recovering at the end of the study.

Conclusions:

A significant proportion of patients in the first COVID-19 wave were occupationally exposed to the infection. Most had relevant pathological history. Predominant symptoms were fever, cough, malaise and asthenia. Over 85% of patients made a complete recovery.

Disclosure: No significant relationships.

PO098 / #354

PUBLICATIONS ONLY

Topic: *4. Education / 4.04 Professional skills and communication*

CHEST X-RAY 101 – A SYSTEMATIC APPROACH

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Background: Chest radiography (chest X-ray) is part of the evaluation of many clinical conditions that present in the primary care setting. It is a painless, non-invasive, easily accessible test that provides a snapshot of the patient's physiologic health and insights into a wide variety of diseases. The correct interpretation by the family physician minimizes unnecessary test ordering and delays in diagnosis.

Aim and learning objectives: Equip family physicians with practical skills and knowledge to:

Identify key technical quality aspects to be assessed prior to interpretation of a chest X-ray;

List the components of a chest X-ray examination to be systematically analysed;

Identify the normal anatomic structures and interfaces routinely displayed on chest X-ray examinations;

Recognise areas where abnormalities are easily missed;

Detail the different patterns of lung disease seen radiographically;

Correctly integrate clinical and imaging data in order to establish a diagnosis.

Methods and timetable: Skill-building workshop based on real life clinical cases, comprising of a dynamic 45 minute presentation, followed by an interactive 45 minute group discussion session. Participants will be given cards with various cases, for which they will be encouraged to discuss and propose a diagnosis with the rest of the participants, as well as raise issues from their own practice. It will be expected 25 to 30 participants.

(Proposed) Results/ Conclusions: Participants will be able to diagnose and develop a treatment plan by integrating the correct interpretation of the patient's chest X-ray with his complete clinical findings.

Disclosure: No significant relationships.

PO099 / #361

PUBLICATIONS ONLY

Topic: *3. Overarching topics / 3.07 Health promotion and prevention*

ASSOCIATION BETWEEN PROCRASTINATION, DEPRESSION and LIFESTYLES.

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1.Background: Major depression is a highly prevalent pathology that is currently the second most common cause of disease-induced disability in our society. The onset and continuation of depression may be related to a wide variety of biological and psychosocial factors, many of which are linked to different lifestyle aspects. Procrastination is the irrational and voluntary delaying of necessary tasks and it produces serious consequences for mental health and well-being.Our objective was to analyze the relationship of procrastination with depression and lifestyles.

2.Methods: Cross-sectional study. The sample consisted of 140 patients with depression recruited in primary health centers. The variables are: procrastination measured using the Irrational Procrastination Scale; Severity of depression measured using Beck's Depression Inventory; lifestyles: Physical activity measured using the International Physical Activity Questionnaire-Short Form; adherence to the Mediterranean Diet measured using the 14-item Mediterranean Diet Adherence Screener and Quality and patterns of sleep measured using the Pittsburgh Sleep Quality Index. Correlations and multiple regression analysis were performed.

3.Results: Correlations analysis show that the more procrastination, more depression (-0.333, p = 0.000), less minutes walked (-0.218, p = 0.01), worse sleep quality (0.192, p = 0.023), less adherence to the Mediterranean diet (-0.299 p = 0.000), less age (-0.341, p = 0.000). Taking depression as a dependent variable, procrastination (0.329) and bad sleep quality (0.500) were shown to be predicting coefficients (p = 0.000). The interactions were not significant.

4.Conclusions: These results support the relationship among depression, procrastination and lifestyle.

Disclosure: No significant relationships.

PO100 / #369

PUBLICATIONS ONLY

Topic: *3. Overarching topics / 3.05 E-health*

ORDERLY PRESENTATION OF ADMINISTERED VACCINS and VULNARABILITY TO INFECTION and SHARING THIS INFORMATION WITH STAKEHOLDERS

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Background
COVID impressed upon us the importance of preventing infections including vaccination. Vaccination is important for specific patients (e.g. asplenia) or in specific situations (e.g. travelling). Many stakeholders are involved in the vaccination-proces. It is difficult to stay informed. We developed a model to registrate information on vaccination in the electronic medical file and investigated the usability for sharing this information with stakeholders.

Aim

Orderly presentation of administered vaccinations

Orderly presentation of vulnarability of patients to infections avoidable by vaccination

Methods

By interviewing general practitioners expert on electronic medical files we investigated which information should be recorded in de electronic file concerning administered vaccinations and patient-vulnarability to infection.

Outcomes

Specific information on administered vaccinations is needed (date of administration, administrator, batch-number).

To estimeed the vulnarability of a patient information is needed on all the administered vaccinations, infections that the patient has suffered from and antibody-titers.

We developed a model for the registration and presentation of this information

Discussion and take Home Message

The information needed to estimate the need for future vaccination is complex. Often we are confronted with information gaps: vaccinations may be administered long ago, detailed information is lacking, specific products not (longer) available. Vaccinations may be given by other stakeholders, even abroad. The number of vaccinations is important, but also the route of administration (e.g orally), and the moment of vaccination.

Nevertheless it is possible to standardise the registration of administered vaccins and the vulnarability to infections. We are finetuning our model with other stakeholders in order to facilitate sharing this information with others.

Disclosure: No significant relationships.

PO101 / #1302

PUBLICATIONS ONLY

Topic: *2. Special groups of patients / 2.04 Multimorbidity*

CLOZAPINE INDUCED PLEURAL FLUID EOSINOPHILIA

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1.Background and purpose:Clozapine, an atypical antipsychotic, has been used in the treatment of schizophrenia and other psychotic disorders. Although it has good therapeutic effect but many a time it use is overridden by the associated adverse effects which range from minor to severe life-threatening events.

2.Methods:In the context of investigating the cause of the patient's dyspnea, a variety of examinations were carried out. Between these examinations the x-ray and the chest computed tomography (CT) demonstrated the presence of pleural fluid. In addition the CT scan confirmed that there was no possibility for pulmonary embolism.

3.Results:The samples that were taken from the pleural fluid and the blood excluded the presence of a microbial agent that could cause this pleural disease. Furthermore in both blood and pleural fluid the percentage of eosinophilic cells was superior than the regular reference range. The patient's ejection fraction was preserved and also the probability of self-immune or rheumaologic mechanism was negative according to unremarkable amounts of ANA antibodies and other serum studies. As a response to the serositis that the CT scan was shown, the patient received cortisone therapy and presented improvement both in his blood examinations and pleural fluid. In conclusion we could suppose that clozapine was the main cause of this eosinophilia pleural fluid reaction in our case.

4.Conclusions: Although there are few references in the international literature clinicians should consider clozapine as a possible cause

Disclosure: No significant relationships.

PO102 / #902

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.10 Others*

AGRANULOCYTOSIS. SHOULD WE BE MORE CAREFUL CONTROLLING THE MEDICATION WE PRESCRIBE?

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Agranulocytosis. Should we be more careful controlling the medications we prescribe?

Background:Metamizole is an antipyretic and analgesic drug available since 1921. It seems to be a more safe choice compared to other analgesics, that's why it is being more used. Nevertheless, the agranulocytosis risk is an infrequent serious side effect, that is why many countries are concerned about its prescription. Medical experts believe that North European were more susceptible to this side effect, but is there any evidence?

Clinical case

45 years Russian old male patient consulted for asthenia and oral ulcer symptomatology.

Pathologycal history:severe degenerative lumbar disc disease

Treatment: metamizol 575 mg /8h and sometimes extra-dose of 2 mg during 2 months.

Haemogram emphasize Hemoglobin 12,8 platelets 208 x10E9/L, Leukocytes 2,41x10E9/L Neutrophil count 0,25x10E9/L (severe neutropenia)

Results:After 6 weeks without methimazole the haemogram was normal.

Discussion:The available information about metamizole on both, intermediate and long-term safety, is very limited. The agranulocytosis effect produced by metamizole could be linked to specific HLA allele(s), consequently, those individuals with a higher frequency of variant HLA may be at a greater risk.The possibility that north european show higher susceptibility to metamizole-induced agranulocytosis cannot be ruled out.

Spanish Drug Agency recommends that metamizole should only be used for short treatments(<7d). In case the treatment lasts a longer period the patient should be controlled with haemograms.Metamizole should’nt be used in patients with risk of agranulocytosis and carefully in old people.

Disclosure: No significant relationships.

PO103 / #792

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.10 Others*

BENIGN TRANSIENT HYPERPHOSPHATASEMIA OF INFANCY - A CASE REPORT

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Introduction: Transient hyperphosphatasemia (TH) of infants affects children younger than 5 years, and is characterized by an elevation of serum alkaline phosphatase (ALP) in the absence of bone, liver or kidney disease. In TH, ALP can reach levels 5 to 30 times higher than the reference values, with levels normalization in 4 months. The etiology remains unclear, and diagnosis is usually provided when laboratory tests are required for assessing other conditions.

The authors pretend to alert that TH, an underknown entity, represents the most frequent cause of childhood hyperphosphatasemia.

Case report: A 9 months old boy, with a history of intrauterine growth restriction. Somatometry suitable for birth. At 6 months, due to failure to thrive, an analytical study was conducted with evidence of increase in ALP (2894 UI / L). Physical examination and psychomotor development were normal. The patient was supplemented with cholecalciferol, and there was no evidence of other medication, neither family history of hyperphosphatemia.

In the follow-up, it was excluded renal, hepatic or bone diseases. Child's physical examination was unremarkable and there was a statoponderal recovery. ALP levels normalized (284 IU / L) in 3 months, which allowed to confirm the TH diagnosis.

Conclusion: More than a clinical problem, the TH of infancy is a benign and self-limited entity that should be considered in the diagnostic evaluation of hyperphosphatasemia in children without bone, liver or kidney disease, to avoid unnecessary diagnostic concerns and investigations.

Disclosure: No significant relationships.

PO104 / #846

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.10 Others*

TINEA UNGUIM PRODUCED BY NANNIZZIA NANA (MICROSPORUM NANUM) IN THE SOUTH METROPOLITAN AREA OF BARCELONA

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1.BACKGROUND and PURPOSE

Onychodystrophies are very common. More than 50% are mycotic. In feet most of them are dermatophytes, especially T. Rubrum. Other causes : psoriatic,traumatic,vascular,lichen...

Nannizzia nana is a zoophilic and geophilic dermatophyte fungus with a worldwide distribution. It causes ringworm in pigs and is in the soil of farms. In humans it produces rare cases of tinea corporis and capitis. Tinea unguium is very rare.

We describe the first case of onychomycosis caused by Nanizzia nana (Microsporum nanum) in our setting.

2.METHODS

35-year-old woman from a rural area of Honduras and resident in our country for more than 1year. Major nail dystrophy in the first toe of both feet for 5 years and without improvement after several treatments.

3.RESULTS

Nail samples are sent to the laboratory, plated in DTM and SGC medium (BioMérieux) and incubated at 30*C. At 9 days a colony grows whose microscopic examination with lactophenol blue allowed to identify as Nannizzia nana.

Lesions disappeared after treatment with oral terbinafine.

Reviewing the literature there are hardly any published cases of Nannizzia nana as an agent of Tinea unguium

4.CONCLUSIONS

1-Relapses and resistance to treatment, along with the need for a correct differential diagnosis, make recommendable mycological examination of onychodystrophies.

2-Epidemiological antecedents: contact with pigs and life in a rural environment are very important for the diagnosis of this dermatophytosis.

3-This is the first isolation of Nannizzia nana in our environment. It coincides with two published cases of patients from South America

Disclosure: No significant relationships.

PO105 / #848

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.10 Others*

"OR IS IT JUST OVERTHINKING?" - ALL A GP SHOULD KNOW ON HEADACHES

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Background

Headache is one of the most common reasons a patient seeks a consultation in primary care, with a prevalence of 66% and a high burden regarding work absence.

Primary headache disorders are the most common, but this complaint may also be a symptom of other pathologies - secondary headache. Although less frequent, the later usually represent severe conditions.

Chronic headache treatment is often suboptimal and many patients that should be taking prophylactic therapy are doing acute treatments, not controlling the disease and also putting themselves at risk for medication overuse headache.

An effective management of chronic headaches can be quite challenging for the General Practicioner (GP), but is mandatory in order to improve quality of life for patients suffering from it.

Aim and learning objectives

This workshop aims to provide the tools for GP's to effectively manage these chronic syndromes, performing a correct differential diagnosis through history, physical exam, and possibly diagnostic studies. Also, non-pharmacologic and pharmacologic management (abortive, adjunctive or prophylactic) will be discussed.

Methods and timetable

In this one-hour workshop, the most recent evidence regarding this subject will be reviewed in a viewer-friendly environment, leading the attendees to a participated learning process about headache. The basis for this workshop will be the International Classification of Headache Disorders, 3rd edition.

Conclusions

Headache remains an important health problem, very common in primary care and with a high associated burden.

Health providers education about headache is essential to improve its management in primary care, leading to a prompt diagnosis and more effective treatment and follow-up.

Disclosure: No significant relationships.

PO106 / #819

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.10 Others*

PHYTOPHOTODERMATITIS – A SYSTEMATIC REVIEW

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Background and Purpose: Phytophotodermatitis (PD) is a clinical dermatological diagnosis that refers to the phototoxic reaction caused by contact with parts of plants or fruits (PF) rich in phototoxic agents and subsequent exposure to ultraviolet light (UVL). PD is often underdiagnosed due to lack of knowledge about this entity. Our aim is to analyze evidence about the pathophysiology, clinic and treatment of PD.

Methods: A systematic review (SR) was performed using the Pubmed, Cochrane and Uptodate databases. Meta-analyzes, SR, reviews, clinical trials and documents about the purpose of the study were included.

Results: PD occurs when there is topical exposure to substances derived from PF, more commonly furocoumarins and psoralens, and subsequent exposure to UV light. Typically it presents with erythema, edema and bullous eruptions on the skin exposed to the sun and reflect the manner in wich the person have come in contact with the PF. The lesions may evolve to hyperpigmented macules. Treatment consists in the application of topical corticosteroids and analgesia with non-steroidal anti-inflammatory drugs. If there are bullous eruptions, they must be punctured, cleaned and treated with a dressing in order to protect from infection and promote re-epithelialization.

Conclusions: A complete medical history and the typical clinical findings allow an easy diagnosis of PD. Its conservative treatment can be performed in primary health care. The family doctor is, in most cases, the patient's first contact with health care so it is important his familiarization with this entity wich will allow an early diagnosis and correct treatment.

Disclosure: No significant relationships.

PO107 / #381

PUBLICATIONS ONLY

Topic: *2. Special groups of patients / 2.01 Children and adolescents*

UNDERDIAGNOSED PROBLEM OF GENERAL PRACTITIONERS: ADNEXAL TUMORS IN GIRLS

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Background: The aim of the study is to indicate the problem occurring in early puberty in girls which is underdiagnosed gynecological problems.In our general practitioner practice we noticed the occurrence of frequent problems related to abdominal pain in girls around 12-17 years old. The complaints were largely related to the menarche period and the beginning of ovulatory activity of the ovaries. We observe single threatening adnexal tumors among this group.

The problem is the difficult age of patients between pediatrician and gynecologist care, reluctance to gynecological examinations in girls and limited access to pediatric gynecology.

Method: Girls with lower abdominal pain were studied using a 2.5/6 Mhz convex probe over a period of 5/6 years.

Results: Most of the abnormalities were related to urinary tract infections, but in some cases, after careful examination, mainly multicystic adnexal tumors with numerous septa, often much larger than 5 cm in diameter were found.

Conclusion: Most of the tumors were ginecologically-surgicaly removed. Only...Miss Teen's tumor was not removed, as she refused to undergo surgery because she was scheduled for a photo shoot in Australia and India in a bikini outfit and was afraid of having a scar on her abdomen.

Disclosure: No significant relationships.

PO108 / #416

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.10 Others*

DRAGGED LEG

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Background and purpose

In the daily clinical practice of a family doctor, complaints associated with chronic pathology often arise. However, this symptom can sometimes mask a more serious clinical condition.

Methods

A 59-year-old female patient is presented. Relevant personal history: lumbar osteoarticular pathology confirmed by CT scan, with about 10 years of evolution. She goes to the consultation referring sensation of a “stuck leg” on the left, without pain, but that made it difficult to walk, with about 1 month of evolution. After using our consultation several times, and after a variety of complementary diagnostic tests, brain MRI revealed a space-occupying lesion at the intraventricular level. the lesion was excised, and the histology revealed a grade IV glioblastoma, with parieto-occipital location in the right side.

Results

During the post-surgical reevaluation consultation, the patient revealed that, in the context of an accidental TBI in 2009, she underwent an MRI scan where a suspicious lesion with an “epileptic focus” was visible, with the hypothesis that it was a low-grade glioma.

Conclusions

When symptomatology is persistent, it is essential to exclude the most common and known causes, but we must never forget any less frequent pathologies that require more in-depth and targeted investigation.

Disclosure: No significant relationships.

PO109 / #432

PUBLICATIONS ONLY

Topic: *2. Special groups of patients / 2.03 Elderly*

THE RELATIONSHIP BETWEEN TYPE 2 DIABETES MELLITUS and OSTEOPOROSIS IN ELDERLY PATIENTS: A RETROSPECTIVE STUDY

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Background:

The effects of type 2 diabetes mellitus on bone are complex and the relationship of T2DM with bone mineral density remains inconsistent across studies The objective of this study was to determine the relationship between osteoporosis and T2DM in elderly patients

Methods:

Retrospective study was conducted in osteoporosis clinic in the primary health care center in Dubai health authority.

Elderly aged 60 years and above attended the osteoporosis clinic for screening in the primary health care centre in Dubai health authority in 2018.

Results: The prevalence of osteoporosis in this study was 39.5%. The results showed that, non- diabetic elderly had higher prevalence of osteoporosis in comparison to diabetic elderly (44.0% and 33.1%, respectively). This difference was statistically significant (P = 0.007). It was observed that males had higher femur and lumbar spine BMD in comparison with females.

Discussion:

Our data showed that nondiabetics were at a higher risk of developing osteoporosis than T2DM elderly. This finding is consistent with previous studies in Kuwait, Jordan and Iran which showed that T2DM is a promoter for bone health. Furthermore, studies have reported that Magnesium deficiency is linked to osteoporosis, insulin resistance and Alzheimer's disease. This could explain that magnesium deficiency in nondiabetics increased the risk for osteoporosis compared to diabetic who consume appropriate magnesium through diet to prevent insulin resistance and therefore prevent osteoporosis.

Conclusion:

The prevalence of osteoporosis in this study was 39.5%. BMD in femur was slightly lower than at lumbar spine. The study findings revealed that Vitamin D and HBA1C were significantly higher in diabetic elderly.

Disclosure: No significant relationships.

PO110 / #439

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.10 Others*

HOW TO APROACH DYSPHONIA

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Background and purpose: Dysphonia describes the impairment of voice production assessed by the clinic, while hoarseness is the perception of change in your voice quality. Dysphonia is very common, affecting nearly one-third of the population and can compromise the quality of life of the individual (socially and professionally). Being such a common symptom, with such a diverse range of etiologies and risk factors, it's imperative to improve its approach for a better quality of care.

Methods: Search on Scholar Google, National Center for Biotechnology Information database and Pubmed for guidelines, systematic reviews and original articles published from January 2005 to December 2020, using the MeSH terms "dysphonia" and "hoarseness".

Results: The sound produced by the vocal cords can be affected by various pathologies. The initial evaluation begins with a targeted history and physical examination, while also looking for risk factors and possible causes. It's important to understand when a laryngoscopy is indicated since an early referral allows an early intervention, and therefore reduces morbidity and mortality associated with certain diagnoses. Voice therapy, vocal cord surgery, and drug therapy for appropriate groups of patients with hoarseness are well documented.

Conclusion: In Portugal, there's no guidelines about dysphonia and clinicians regulate their practice using international recommendations. This review aims to highlight important information and to outline the approach to dysphonia in primary care. The treatment for dysphonia dependents on its etiology and it should be prescribed accordingly.

Disclosure: No significant relationships.

PO111 / #443

PUBLICATIONS ONLY

Topic: *2. Special groups of patients / 2.06 Minorities*

LEARNING FROM THE COVID-19 VACCINES: PRACTICAL APPROACHES TO ADDRESSING VACCINE HESITANCY IN BLACK and MINORITY ETHNIC GROUPS and MIGRANTS

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Background:
The COVID-19 pandemic has shone a spotlight on the challenge of marginalised groups and vaccine hesitancy, with significant health status implications. This interactive session draws together recent research and examples of innovation in overcoming vaccine hesitancy from across Europe, to provide opportunities for discussion, sharing of what works, and take-home solutions.

Aims:
Attendees of this workshop will:

- Understand barriers to uptake in migrants and BaME groups identified in recent research from across Europe
- Explore the value of service design tools to improving vaccine uptake in these groups
- Share examples of best practice and innovation
- Vote on the interventions felt to be most likely to be efficacious or feasible in their context
- Reflect on how the workshop will change future practice

Methods / Timetable:
This highly interactive workshop will include:

- 3 x 10 minute presentations drawing together recent research on barriers to uptake of the COVID-19 vaccine in migrant populations across
Europe (30mins)
- Interactive Service Design Exercise on strategies to improve uptake (30mins)
- Participants sharing personal experiences of vaccine hesitancy and how they have handled these (10mins)
- Small group discussion of examples of innovation (10mins)
- Vote on proposed interventions (10mins)

Conclusion: This workshop aims to present evidence of facilitators, barriers, and current best practice, share examples of international innovation, and provide practical solutions to improving vaccine uptake in migrants in our local settings. Intervention strategies such as co-design of vaccine campaigns, innovative provision of digital health advice, and challenging misinformation will be highlighted, and efficacy and feasibility explored.

Disclosure: No significant relationships.

PO112 / #696

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.10 Others*

"IT CAN ALL BE SEEN THROUGH THE EYES" — THE IMPORTANCE OF AN EARLY DIAGNOSIS

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Glaucoma is a major cause of blindness. It consists of a heterogeneous group of eye diseases characterized by a progressive optic neuropathy, manifested by cupping of the optic disc and increased intraocular pressure (IOP).

Primary infantile glaucoma occurs in 1:10.000 live births. In more than two-thirds of cases it's bilateral and approximately 10% are inherited.

Term infant, 3 months of age, with history of maternal gestational diabetes, adequate somatometry and Apgar index at birth, but with transitory tachypnea of the newborn (TTNB) and neonatal jaundice requiring exsanguineous-blood transfusion, without other relevant obstetric, neonatal and familiar history, with normal weight-status and neurodevelopment, presented to the emergency department with somnolence, bilateral difficult eye opening and photophobia for two days. No fever, crying or excessive tearing were noticed.

During physical examination there was conjunctival hyperemia with photophobia. No ocular secretions were present. Lab results were normal and Ophalmology's opinion was warrented. There were corneal enlargement and edema, Habb striae and increase IOP. Viscocanalostomy with plasty of both eyes was performed along with iTrack and temporal trabeculotomy that underwent with no complications.

Timely diagnosis and proper treatment are crucial, as glaucoma can lead to blindness. A shiny areola in the iris can be a clue during the physical examination of the newborn. It's particularly important to raise attention from family physician doctors to this disease, whose recognition is tricky but, extremely important to its natural course and prognosis.

Disclosure: No significant relationships.

PO113 / #450

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.10 Others*

THE ADVENTURE IN A RHEUMATOLOGICAL DIAGNOSIS

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Background and purpose: Scleroderma is a chronic rheumatological disease, characterized by the production of fibrous tissue, mainly in the skin but also in other organs. It's not common in the daily routine of the family doctor becoming a challenge.

Methods: Case report

Results: Mr.O.A., 57 years old, caucasian, CEO of a radical activities company. Non-relevant medical history, no usual medication. Healthy eater, works out regularly. Denies any rheumatological pathology in the family's history.

Came to acute pathology's consultation. Complementary diagnostic tests were requested: Hb 7.9 g/dl, HT 27.2%, VGM 60fL, not compatible with the normal physical exam. Repeats blood count and complements study of anemia: signs of gastropathy and H.Pylori infection were identified.

Starts to show signs of raynaud phenomenon associated with diffuse edema of the hands and face, sense of lower physical performance, stuttering and genitourinary symptoms (difficulty in urination, polyaquiauria and sexual impotence). Complemented the study: microalbuminuria ratio 199.4, VS 15, ANA 1:1280.

Was referred to the Rheumatology consultation. Signs of skin thickening were identified (RODNAN 19). In the additional hospitalar study, were found positive Scl-70 antibodies, abnormal capillaroscopy and signs of renal and lung involvement. The diagnosis of diffuse cutaneous systemic sclerosis was established.

Conclusions: Rheumatological pathology is a puzzle in which the pieces are not always all visible or fit in the signs and symptoms described by the patient, turning it into an adventure, shared with the patient, with the aim to reach the diagnosis.

Disclosure: No significant relationships.

PO114 / #453

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.10 Others*

CHRONIC PAROXYSMAL HEMICRANIA HEADACHE and CENTRAL CEREBRAL VENOUS SINUS THROMBOSIS: A CASE REPORT

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Background

Chronic Paroxysmal Hemicrania (CPH) is a rare and debilitating headache and it is characterized by episodes of unilateral pain that occurs in association with ipsilateral cranial autonomic symptoms.

Thrombosis of cerebral venous vessels is a rare cause of cerebral infarction. It is very often unrecognized at initial presentation. It has been implicated in mimicking many of the primary headache disorders.

Method

Case report.

Results

37 years-old caucasian woman with a past medical history of Sjogren's Syndrome, Systemic Lupus Erythematosus, hyperthyroidism, depressive disorder and asthma, experienced sudden transient loss of consciousness followed by left-sided headache without any other neurological deficit. Familial history was negative for neurological syndromes. A cardiac etiology for episode was excluded by a continuous cardiac monitoring device.

5 months later similar symptoms occurred, although this episode was complicated with a transient left sided hemiparesis. MR imaging revealed left cerebral transverse sinus hypoplasia and thrombosis of the central venous sinuses.

After 3 months she developed transient neurological symptoms with dizziness, left sided hemiparesis and visual disturbances. Thereafter she visited her Family Doctor describing chronic daily headache for many years, with exacerbations of severe uni/holocranial headache associated with photophobia and nausea, simultaneously with transient neurological symptoms.

These episodes suggested CPH. Therapeutic trial with indomethacin was started, which led to complete resolution of the condition.

Discussion/Conclusion

This case demonstrates that the holistic/patient-centered view and the knowledge of patient’s medical history allows Family Doctor to diagnose many conditions. The accurate diagnosis and treatment had a significant improvement in the patient's quality of life.

Disclosure: No significant relationships.

PO115 / #961

PUBLICATIONS ONLY

Topic: *2. Special groups of patients / 2.01 Children and adolescents*

AN HAPPY FACE

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Patients with Angelman Syndrome (AS) appear normal at birth. In the first months of postnatal period, feeding difficulties and hypotonia may occur, followed by developmental delay between 6 and 24 months. The typical characteristics of AS develop from 12 months: severe mental retardation, absence of language, laughter with shaking hands episods, microcephaly, macrostomy, maxillary hypoplasia, prognathism and neurological problems with rigid gait, ataxia and epileptic seizures. Other signs described may include happy behavior, hyperactivity without aggression, inattention, excitability and sleeping problems. There is not a cure for AS, although therapies are available to help a child reach their developmental potential.

We present you the story of a 9-month-old child, healthy until then and always in a good mood. At 6 months started to diversify his nutrition without intercurrences. He has a peculiar head shape (plagiocephaly) and a divergent unilateral strabismus (inconstant). Reaching 9 months, his strabismus and plagiocephaly worsened, observing a big posterior fontanelle and an anterior fontanelle already close. He was advised to a pediatric appointment. At 12 months, we observed him again and verify that the severe developmental delay stood out: he did not swallow liquids, pick up objects (glass, spoon), make pincer grasp, balance himself while sitting, crawl or move in the environment, stand with support, vocalize in a conversational tone. He was admitted to study and diagnosed AS. The child has its own pace of development, in need of emocional support and adjusted therapy but always presents us with his happy face.

Disclosure: No significant relationships.

PO116 / #667

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.10 Others*

DERMOSCOPY DIAGNOSIS: ADAPT TO NOT FALL BEHIND!

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BACKGROUND: Clinical examination is often enough for cutaneous diagnosis. However, in some cases it remains inconclusive and further tools are required to accurately diagnose them.

Dermoscopy is a non-invasive, in-vivo technique that can be conducted within our standard clinical activity. Using it we can increase the sensitivity for skin lesion diagnosis and decrease the number of unnecessary biopies and speciality referrals.

Dermoscopy is most frequently used for the diagnosis of skin cancer. Nonetheless, over the last several years it has been increasingly used to aid in the diagnosis of inflammatory, infectious, autoimmune, and connective tissue skin disorders.

AIM and LEARNING OBJECTIVES:

- To improve our differential diagnostic abilities in dermatological disorders

- To update family doctors about the latest advanced in the use of dermoscopy.

METHODS and TIMETABLE: We propose an interactive workshop where we will present several dermoscopy images and discuss them with the participants. Our main objective is to highlight the most important characteristics to look for in skin lesion imagery to improve our differential diagnostic abilities.

Timetable 90 minutes

RESULTS/CONCLUSIONS: After this workshop health professionals will be able to interpretate the most frequent dermoscopy imagery.

Disclosure: No significant relationships.

PO117 / #462

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.10 Others*

STUDENT HEALTH CHECKUP AN EFFECTIVE WAY OF PREDICTING HEALTH RISK BEHAVIORS

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Introduction:

Health screening is a preventive modality practiced worldwide to identify high risk population in order to detect health problems and need for early intervention and health promotion. Adolescents entering into college and universities are a diverse yet distinct population with specific health risks and needs.

Objective:

The objective of this health checkup is to screen and detect health problems and associated risk behaviors which can be managed accordingly through medications and health advice.

Methodology:

All students enrolled in year 1 of the Jinnah Sindh Medical University, Karachi were invited to participate in this study. All students who got admission into MBBS first year were asked to fill health assessment questionnaire after taking informed consent. The analysis was entered and analyzed on SPSS version 19.Baseline information on demographics was analyzed using descriptive statistics. For continuous variables such as age, means and standard deviation was reported.

Results:

A total of 342 student agreed to participate in this research. Out of this 32% were male and 68% females. Majority of these were MBBS students belonging to age group of 19-20years.When inquiring about BMI category majority of the students 56.7% had normal weight, 20% were overweight and 7% were found to be obese. When inquiring about HTN 36.8% were in pre hypertensive group and 5% in stage 1 HTN group.

Conclusion:

Student health checkup is an ideal way of identifying health issues at initial stage especially with asymptomatic conditions. These health issues can then be explored and dealt further in order to prevent any major health hazards.

Disclosure: No significant relationships.

PO118 / #476

PUBLICATIONS ONLY

Topic: *4. Education / 4.03 Professional education and development*

UPDATE ON THE MANAGEMENT OF PULMONARY IMAGING TOOLS IN PRIMARY CARE: FROM CHEST RADIOGRAPHY TO BEDSIDE LUNG ULTRASOUND

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1. Background

Chest X-Ray and Pulmonary Ultrasound are two important and helpful complementary tests for General Physicians; its knowledge provides a powerful diagnosing tool in our health centers.

2. Aim and learning objectives

Learning objectives:

-acquiring a systematic Chest X-Ray reading, useful for Family Physicians.

-knowing different factors which influence the reading of an X-Ray

-learning how to evaluate this type of X-Ray “by systems”

-acquiring basic knowledge about Pulmonary Ultrasound and know the advantages over chest radiography

3. Methods and timetable

We will use a presentation, which includes a brief introduction on the topic, the development of the learning objectives using dynamic questions and ultrasound videos along the presentation by Kahoot or similar system. After it, we will include daily clinical examples based on X-Ray or US. At the end, we will open a round of questions for doubts or curiosities.

The activity will take 60 minutes:

-5’: presentations of the speaker and the topic

-35’: for theory and questions interspersed into the presentation through dynamic quiz or games. with dynamic.

-15’: for clinical cases that the participants will have to actively solve.

-5’: doubts and questions

4. Conclusions

This workshop intention is the recognition and learning of radiological signs and patterns in chest X-Ray and pulmonary Ultrasound, arming Family Physicians with powerful tools and little or nothing harmful, which will help us in our daily work.

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Disclosure: No significant relationships.

PO119 / #487

PUBLICATIONS ONLY

Topic: *2. Special groups of patients / 2.03 Elderly*

TIPS and TOOLS TO IMPLEMENT FALLS PREVENTION INTO THE DAILY ROUTINE OF GP PRACTICES

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Background: Falls are an important health threat among independently living, frail older people. Implementation of targeted fall risk screening with subsequent provision of fall preventive care at GP practices appears to be essential for making falls prevention more accessible to independently living, frail older people.

Aim and learning objectives: To provide tips and practical tools for GPs and practice nurses to implement falls prevention in their daily practice and to explore factors that influence the implementation of falls prevention in the primary care setting.

Methods and timetable: During an interactive presentation, results and tools from three studies will be shared concerning 1. a practical fall risk screening instrument for the primary care setting, 2. the fall preventive care provided in Dutch GP practices, and 3. barriers and facilitators for the implementation of falls prevention. During the interactive presentation, knowledge exchange takes place by asking (online) questions and visualizing answers from participants (graphs, word clouds). After the presentation (±20min), small group discussions will be held (3x ±20min.). Participants will discuss how results from the studies can be translated to their work setting. Based on the study results and participants' experiences, factors that can facilitate the implementation of falls prevention in the participants' work settings will be summarized at the end of the workshop (±5min).

(Proposed) Results/Conclusions: Participants will gain knowledge, insights and practical tools to implement falls prevention tailored to their daily practice. In addition, the workshop will provide further insights in factors that can facilitate the implementation of falls prevention.

Disclosure: No significant relationships.

PO120 / #899

PUBLICATIONS ONLY

Topic: *2. Special groups of patients / 2.01 Children and adolescents*

WHEN A CHILD REFUSES TO WALK: A CLINICAL CASE

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Background and purpose

Acute muscle weakness in children is a pediatric emergency. Causes include a wide range of pathologies that can only be investigated using a detailed clinical history, a complete physical examination and directed diagnostic tests.

Finding the etiology is essential to execute treatment in a timely manner, improving the prognosis of affected children.

Methods

A 6-year-old girl presented to the health care center with a 7 day history of fever, cough and nasal obstruction worsened in the last 24 hours with pain of both knees and refusal to walk. There was no history of recent trauma.

Results of her physical examination included painful palpation of both knees, without apparent limitation of passive range of motion of the inferior limbs. The remainder of the physical examination was within normal limits.

Results

The child was referred to an emergency service for further investigation.

Peripheral blood examination showed elevated transaminases and creatine kinase. The remaining results were normal.

The diagnosis of viral myositis and hepatitis was considered and the child was hospitalized. A good clinical evolution was observed during hospitalization, with progressive improvement of pain complaints and analytical parameters.

Conclusions

Many of the conditions that cause acute muscle weakness are potentially life-threatening, so early diagnosis and treatment assume an essential role.

At a primary care health level, where there is no access to complementary diagnostic tests, it is even more important to be aware about the emergent character of acute muscle weakness in order to refer to hospital care in due time.

Disclosure: No significant relationships.

PO121 / #493

PUBLICATIONS ONLY

Topic: *4. Education / 4.03 Professional education and development*

UNDERWATER ICEBERG OF METHEMOGLOBINEMIA and THE GENERAL PRACTITIONER IN SWBULGARIA - GP KNOWLEDGE and DEVELOPMENT

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Methemoglobinemia (MetHb-emia) is visualized in any period of human life. As a relatively rare (un)health condition among the population in SWBulgaria there is a risk for its non-recognition in the pre-hospital environment and people with co-morbidities.

The aim of the study is to analyze knowledge associated with MetHb-emia in favor of medical practice of the general practitioner (GP) in SWBulgaria.

The method is a retrospective documentary analysis.

The methemoglobinemia can start spontaneously (each day 0.5-3% Hb is converted to MetHb); congenitally; transiently; iatrognic and is possible toxic etiology as well. Cyanide poisoning is shown iatrogenic induction of MetHb (<20%). Some therapeutic drugs can produce toxic MetHb-emia. Illness-associated MetHb is prone to oxidative stress. It seems that tachycardia occurs if the MetHb is over 20%. Arrhythmia, seizure and coma are resulting from acidosis when MetHb level is > 50% and more than 70% - is tantamount to death. There are no symptoms if MetHb is less than 10%. In fact patients with co-morbidities are presented with moderate to severe symptoms even when MetHb level is 5–8%. It is interesting that around 50% of effected people are described with mental status changes. As a specific antidote is used methylene blue. The GP informed that a programme of education and development is needed as a method of primary profilaxis.

Conclusions. As a relatively uncommon MetHb-emia is a potentially deadly. Prognosis generally is good with treatment. Therapy is antidote based. Knowledge of MetHb contributes to the optimization of pre-hospital medical practice of GP espacially about primary profilaxis programme.

Disclosure: I do not have!

PO122 / #500

PUBLICATIONS ONLY

Topic: *3. Overarching topics / 3.06 GP and professional health*

REVIEW OF POLYTRAUMA PATIENTS´PROFILE and MANAGEMENT IN THE EXTRAHOSPITALARY EMERGENCY SERVICES IN THE PROVINCE OF HUELVA (SPAIN)

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- Background and aim: polytrauma patients are those who have several injures and at least one of them, could be potentially vital. Studies about traumatic patients agree that it represents an important cause of morbidity, especially in younger age sectors of the population. Trauma Registry Systems are yet to compile information about patient´s assistances. Based on them, we can develop quality indicators that allow us detecting opportunities of improvement in prehospitalary and hospitalary mortality, survivor´s functionality and quality of life. This study proposes an analysis of the politrauma patients´ profile in the province of Huelva (Andalusia, Spain), comparing it with patients´ profile in other areas to evaluate knowledge and how this patients´assistance is currently done by healthcare professionals as well as the quality of the assistance in general.

- Methods: an observational, descriptive and prospective study where data collected will be done with extrahospitalary emergency services´ clinical records review from Huelva province for 6 months. Utstein questionnaire´s models will be use for the systematic and uniform compilation of data in defined variables.

- Results: a timeline has been designed, in which data collection will be completed in a 6 months period and analysis and definitive results in an 18 month window.

- Conclusions: obtained data will allow analysis of the politrauma profile in our area, informing us how this patients´assistance is currently done and will evaluate what contributions for improvement could be done in avoidable mortality. This data will shape the basis to create a Trauma Registry System in the province of Huelva.

Disclosure: No significant relationships.

PO123 / #860

PUBLICATIONS ONLY

Topic: *2. Special groups of patients / 2.01 Children and adolescents*

HIDDEN BLEEDING

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Background and Purpose:

Meckel's diverticulum (MD) is the most common gastrointestinal malformation. Meckel's diverticulum is a vestigial remnant of the omphalomesenteric duct that in most cases (53%) is diagnosed in the first two years of life. Although anecdotally, adult patients may present suffer from MD and its symptoms seems to be different, with reported predominance of non-bleeding-related presentations.

Methods: Case report

Results:

An 18 year-old male without any previous pathologies arrived to the emergency department after observing blood in his faeces. Active bleeding was discarded (hemoglobin 13 g/dl) and the patient was sent home with a diagnosis of hemorrhoids. Bleeding continued and the patient suffered from hallucinations and fainted. Blood tests showed that the patient was anemic (hemoglobin 7 g/dl and elevated urea levels). Moreover, melenas were observed after a digital rectal examination.

The patient was admitted to the heavy-bleeding patient unit due a suspected lower gastrointestinal bleeding. After a colonoscopy and endoscopy the origin of the bleeding was not found. Finally, a video capsule endoscopy allowed to observe the diverticulum. The patient was intervened and he evolved positively.

Conclusion:

Meckel's diverticulum commonly occurs in children and therefore, the reports in older populations are very rare. General practitioners should have an open mind about pathologies happening mostly during the pediatric age, as it is possible to observe them exceptionally in adults. In addition, video-capsule endoscopy has an important value in detecting small intestine diseases, specifically those affecting the jejunum and ileum, especially in children with lower gastrointestinal hemorrhage.

Disclosure: No significant relationships.

PO124 / #871

PUBLICATIONS ONLY

Topic: *2. Special groups of patients / 2.01 Children and adolescents*

SUICIDE PREVENTION IN ADOLESCENTS. PROMOTING CARE BEYOND THE CONSULTATION ROOM.

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Background and purpose | Suicide prevalence is high in adolescent population. A tailored approach to the subject is important to meet expectations and to prevent unfavourable outcomes. The social (perceived) isolation caused by the new pandemic dynamics may difficult reaching out for support.

Following a request from students of one of the main secondary schools in Madeira Island (the nearest to the healthcare unit) a community intervention was customized.

Methods | An hour long dynamic was created following WHO recommendations for engaging communities in preventing suicide. Assessment questionnaires were applied before, immediately after and at 3-month. An online session took place to fill in the identified gaps and to strength the presence of the healthcare team. Supporting material was published in the school magazine thereafter.

Results | Twenty-one students between 16 and 19 years-old participated in the inperson session. Following intervention, main alarm signs were listed and a safety plan created for each. The (new) resources available in the community were discussed and highlighted those related to healthcare professionals' availability, namely the youth service at the reference healthcare unit.

Conclusions | Strong knowledge on suicide prevention was acquired. (New) Mental health strategies were implemented by students during this period, and safety plans were considered important tools (no student had the need to use it in the period). Close contact to the healthcare professionals was considered of great value, namely the presence of a medical doctor leading the interventions.

Close contact of the healthcare team is core to meet expectations (and needs) of adolescent/student population when preventing suicide in a community setting.

Disclosure: No significant relationships.

PO125 / #513

PUBLICATIONS ONLY

Topic: *1. Clinical topics / 1.10 Others*

CONGENITAL STATIONARY NIGHT BLINDNESS (CSNB)

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Background and purpose

Congenital stationary night blindness (CSNB) belongs to a group of rare retinal genetic diseases. They are characterized by abnormal function in rods, pigment epithelium, and bipolar cells. Color vision is typically not affected by this disorder. The clinical presentation is highly variable. The presence of nyctalopia, makes us consider a wide range of diagnostic possibilities, including high-grade myopia, glaucoma, drugs, cataracts, poorly controlled diabetes, retinitis pigmentosa and keratoconus.

Methods

A 30-year-old woman with no allergies or relevant history. No smoker. Refers for the last 6 months, has had zero vision at night in the right eye, in the left eye the vision is diminished only being able to see the silhouette of the objects, during the day the patient has complete vision without any visual deficit.

Results

Primary ophthalmological examination, unexpanded fundus, a golden reflex is observed. In the ophthalmology consultation, normal biomicroscopy with normal anterior pole and in the fundus of the eye (FE) a golden reflex is observed in the entire retina without further findings at the macular or papillary level. The visual field is normal, as well as the color test. An electroretinogram (ERG) was requested and resulted in an abnormal rod scotopic and mixed scotopic response. Visual evoked potentials were normal.

The clinical history, the alteration in ERG and the appearance of the FE makes the diagnosis of CSNB suspicious. Currently, the patient is pending genetic confirmation.

Conclusions

The general practitioner must be aware of these processes that, although a minority, their suspicion can prevent a delay in the diagnosis and favor early treatment.

Disclosure: No significant relationships.

PO126 / #517

PUBLICATIONS ONLY

Topic: *2. Special groups of patients / 2.02 Women and men issues*

CHEMSEX PATIENTS IN THE FAMILY PHYSICIAN CONSULTATION: CLINICAL INTERVIEW TECHNIQUES

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Background:

The use of recreational drugs to facilitate sexual activities (colloquially called chemsex) whether done voluntarily for pleasure, unbeknownst or forced on others, or exploitatively, is on the rise. It primarily affects LGTBI communities, and other social groups living in unsafe conditions such as migrants, and religious and ethnic minorities. It is linked to many different health and legal consequences. Support of the affected population(s), disclosure and evaluation require professional, close, and reliable advice on the risks and consequences. However, this requires primary care professionals to improve their knowledge and develop very specific skills.

Aims and learning objectives:

Provide GPs with knowledge about who, how and why pertaining to chemsex, and practice effective techniques for addressing this challenging multifaceted problem.

Methods and timetable:

3"_Team presentation

10"_Animated icebreaker to feel and reflect

20"_Chemsex definition, pharmacology and cornerstones presentation

7"_Chemsex clinical interview videos

40"_Interactive exercises and role-playing on the clinical cases, where participants will train in the skills for how to integrally assess a patient who engages in chemsex. Paying special attention to clinical interview techniques in Primary Care.

10"_Take home messages

Proposed results:

To attain awareness of chemsex, and the main health concerns and consequences for patients and local communities.

To provide GPs with adequate skills to recognize and tackle the issue among specific populations at high risk.

To inspire colleagues to work in collaboration with other local health providers such as sexual health and drug services.

Disclosure: No significant relationships.

PO127 / #953

PUBLICATIONS ONLY

Topic: *2. Special groups of patients / 2.04 Multimorbidity*

TAILORING ANTICOAGULATION THERAPY - AN ONGOING CHALLENGE

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1. Background and purpose
Anticoagulation therapy has changed markedly in recent years when it comes to prevent and manage thromboembolic events – each drug with individual characteristics, risks and benefits. We aim to assess if the choice of drug and dose is adjusted to age, weight and kidney function of patients with Atrial Fibrillation undergoing anticoagulation therapy.

2. Methods
Data research from digital medical records of patients accompanied in the last 2 years.

3. Results

168patients were included. 148 with NOACs, 20 with warfarin. 148 with NOACs, 123 were properly medicated and 25 were with a wrong dose considering their age, weight and kidney function. Of the 148 with NOACs, 46 are taking Rivaroxaban 20mg but 8 of them are under a wrong dose and 10 are treated with Rivaroxaban 15mg but 2 of them are under a wrong dose. 21patients are taking Edoxaban 60mg but 2aren´t properly medicated since the reduction of the dose is necessary and 5 with reduced dose 30mg but from them 3 still need an adjustment. 25patients are undergoing treatment with Apixaban 5mg. Only 16 of them the dose is well-adjusted. Reduced dose is required for 20 due to their age or weight. 3patients are treated with Dabigatran 150mg well-adjusted to their features and 18 of them are treated with Dabigatran 110mg only one seems to be with a misfit dose.

4. Conclusions
The adjustment of anticoagulation therapy is still challenging despite recent improvements NOACs vs warfarin. Patients are dynamic so in each consultation this subject must be revised–we can’t let ourselves overwhelm by therapeutic inertia.

Disclosure: No significant relationships.

PO128 / #528

PUBLICATIONS ONLY

Topic: *4. Education / 4.03 Professional education and development*

MEDICAL LEADERSHIP DEVELOPMENT AMONG FAMILY PHYSICIANS

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Background:

COVID-19 epidemic period poses many challenges for the healthcare system. The need for medical leaders, who can act in a crisis and assess how the healthcare system should operate, has increased dramatically. In Israel, there is a lack of formal training programs for medical leaders. We designed a pilot leadership training curriculum for a group of 12 residents.

Learning objective: During the workshop we would like to offer a glimpse into this extensive curriculum, dealing with leadership core competencies and specifically for family physicians.

Methods and timetable:

1. Ice breaker- a movie scene - Recognizing Leadership styles 15 min

2. Reflection: What kind of a leader am I? What kind of a leader would I like to be?

Alternative option: Narrative writing: inspiring leader I have encountered, how did he or she influence me? 15 min

3. Working groups: Covid-19 clinical dilemmas, discussions with guiding questions 20 min

4. PLENARY: Key competencies in family medicine. Physician's skills Vs. leader's skills - what is required from a medical leader?
Is every physician a leader? What would make him or her a leader? Based on WONCA tree 25 min

5. Time capsule- My vision for the next 5- years: What would I like to lead? 5 min

6. Summary- Standup Meeting-One point I took from the workshop 5 min

Proposed Results:

Identification of "leadership styles"

Characterizing the uniqueness of medical leadership in general, and in family medicine in particular

Strengthening the professional identity of the family physician as the leader of his or her unit and community

Disclosure: No significant relationships.

PO129 / #1321

PUBLICATIONS ONLY

Topic: *3. Overarching topics / 3.07 Health promotion and prevention*

A QUALITATIVE STUDY WITH POST-SECONDARY STUDENTS: COVID-19, STRESSORS and COPING

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Background and Purpose: The COVID-19 pandemic has led to drastic public health measures across the globe. These shifts have also negatively impacted people, such as post-secondary students for whom recent surveys report high levels of mental stress. Yet, little is known about their specific sources of stress and coping. Addressing this gap, we conducted a qualitative study to elicit perspectives of post-secondary students on their experiences of stressors and coping during the pandemic. Methods: Five semi-structured focus groups were conducted with 36 undergraduate students enrolled at a Canadian university in Toronto. The discussions were audio recorded and transcribed verbatim. All data was inductively analyzed for dominant and unique themes using the constant comparison technique. Findings: Participants discussions focused on disruptions in daily routines, e-learning, income constraints, and lose of social interactions as dominant sources of stress. Their notable coping strategies were physical activities (e.g. walks, yoga, training) and creative work (e.g. baking, painting) while a few adopted meditation. Some negative coping strategies also surfaced like increase intake of caffeine or alcohol, smoking, and screen time. With the 2nd wave of infection, a few expressed losing hope for better days. They identified access to system-level support for mental health counselling and income as an ongoing challenge. Conclusion: The participant post-secondary students experienced several stressors though adopted an overall active coping style. Nevertheless, their needs to access system-level supports were not likely met and ought to be addressed, especially when negative coping behaviors exist and hope for normality is on a decline.

Disclosure: No significant relationships.

PO130 / #580

PUBLICATIONS ONLY

Topic: *4. Education / 4.03 Professional education and development*

ALLERGIES! GOTTA CATCH 'EM ALL – IMPROVING THE QUALITY OF CARE

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Background and purpose

Allergies are an increasingly problem worldwide with high prevalence and important health consequences. Therefore, its identification has major value to minimize the risk to the patient's health.

With this quality improvement project, the authors intend to improve the quality and safety of care of medical and nursing professionals regarding the registration of the patients' presence or absence of allergies using the existing tool available in the SClínico® program used in most units of the Portugal national health system.

Methods

This quality improvement project included the population who had ≥18 years-old registered in a primary care unit in Vila Nova de Gaia, Portugal. In the first evaluation, there were included every patient who had a face-to-face consultation between january and july of 2019. Then, there were applied corrective measures to medical and nursing professionals working on this unit. The second evaluation included all the patients who had a face-to-face or a telephonic consultation between july and december of 2020, according to the pandemic constraints.

Results

370 and 373 users, who met the inclusion criteria, were evaluated in the first and second phase, respectively. Comparing the first and second evaluation, there was a statistically significant improvement from 47,3 to 63,8% ($p < 0,001$).

Conclusions

The improvement in the identification of patients with an allergic component continues to be a major factor in the quality of care and in the health promotion of our patients. In this unit, this identification has been performed successfully by its medical and nursing professionals.

Disclosure: No significant relationships.

PO131 / #601

PUBLICATIONS ONLY

Topic: *3. Overarching topics / 3.06 GP and professional health*

EUROPEAN FAMILY DOCTORS' RESPONSE TO COVID-19 PANDEMIC

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Background: UEMO (European Union of General Practitioners) conducts regular surveys into the scope of practice, and workload of General Practitioners/Family Doctors. We were interested in how general practice had responded to the Covid-19 pandemic.

Methods: A questionnaire asking about national guidelines, medical advice and GP actions was districuted among the delegations of member nations.

Results: Responses were slow, due to the work pressures of the pandemic, professional obligations of members, and sometimes illness or enforced isolation. Despite the varying health economies in member nations, general practice was remarkably uniform in its response. GPs were agile, swift and innovative in their adaptions to the problems caused by the pandemic. They created "Hot Spots", in which to assess patients who were suspected of having Covid-19. They ensured their practices were "safe spaces" with hygiene measures, PPE and social distancing, and converted many face-to-face appointments into telephone or video consultations. They continued to provide seamless, holistic care to their non-Covid patients, employing e-prescribing and e-certification swiftly and with success. They kept their premises open, while facing an increased overflow demand from secondary care. Many hospital outpatient appointments were cancelled, causing anxious patients to contact their GP for support and help.

GPs were the first contact for, and largely treated, 85-95% of Covid-positive patients.

Conclusions: General practitioners continued to remain open and to treat their patients, despite poor supplies of PPE, inadequate funding and increased workload. They did this at considerable risk to themselves, a fact reflected in their mortality figures, the highest of any speciality. General practice remains the robust base of any cost-effective healthcare service.

Disclosure: No significant relationships.

PO132 / #604

PUBLICATIONS ONLY

Topic: *5. Research and innovation / 5.07 Future trends*

REMOTE - THE PROCESS OF DEVISING AN INTERACTIVE VIDEO CONSULTATION GUIDE FOR DANISH GENERAL PRACTICE

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1. Background and purpose
Virtual consultations were rapidly introduced in General Practice in Denmark in March 2020 to reduce risk of contagion of Covid-19. A shift from inperson to remote consulting occurred. General practitioners faced a new disease and new ways of interacting with patients. Patients had to adjust to changing channels of communication with their GP. Both were equally unprepared and lacked guidance.

In ReMoTe, we co-created and rapidly tested the supporting materials in General Practice in only seven months to improve the implementation of video consultations in General Practice. The insights will be utilised to inspire participants how to devise an interactive video consultation guide in their own context.

2. Methods
a. Introduction to the workshop, 0-5 min.
b. Co-creation: The development of the ReMoTe guide, 5-15 min.
c. Content: The ReMoTe guide deconstructed, 15-25 min.
d. Introduction to group work, 25-30 min.
e. Contextualising the ReMoTe guide, 30-60 min.
f. Presentation of identified themes and topics, 60-70 min.
g. Discussion, 70-85 min.
h. Concluding remarks and next steps, 85-90 min.

3. Results
The discussion of themes and topics in the middle section of this interactive workshop will inform and motivate spin-off processes with the ambition to co-create local guides for video consultations in General Practice, characterised by a shift from inperson to remote consulting.

4. Conclusion
We will unfold the ReMoTe co-creation process and share the guide on video consultations with European GPs to inspire broader uptake. The European Society for Quality and Safety in Family Practice (EQuiP) will catalyse discussions online after the end of this workshop.

Disclosure: No significant relationships.

PO133 / #613

PUBLICATIONS ONLY

Topic: *3. Overarching topics / 3.07 Health promotion and prevention*

EACH VISIT IS A CHANCE: COMPREHENSIVE ROLE OF FAMILY MEDICINE

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Background

Wolf Parkinson White (WPW) is a rare congenital condition involving early activation of ventricles due to impulses bypassing the AV node via an accessory pathway. Treatment and follow ups should be managed according to risk assessment. Comprehensive care is one of family medicine's core principles. General practitioners (GP) deal with prevention and management of multiple physical and emotional health problems in relationship to family, life events and environment. That's why every visit is a chance to determine problems known or unknown by the patient.

Case

A 60-year-old male patient visited family health center for a medical report for driving license. When his health records were examined, it was learned that he had hypertension (HT) and that he regularly used valsartan (160mg) + hydrochlorothiazide (12.5mg) once a day. In the last year, his visual, fundus examination and blood pressure (BP) measurements were performed regularly. However, blood tests, microalbuminuria and ECG were missing. He was still smoking and no exercise. It was found that; BP 135/82mmHg, heart rate 90/min., FBG 98mg/dl, LDL cholesterol 127 mg/dl, total cholesterol 205 mg/dl, the other tests were normal. On ECG, PR interval was short and delta waves were seen, the patient was consulted for cardiology for further examination. He was diagnosed with Wolf-Parkinson-White Syndrome, follow ups were set regularly by cardiologist. Lifestyle changes were set by GP; he quit smoking, uses Varenicline for a month and goes on motivational therapy.

Discussion

Comprehensive care plays a vital role in reducing mortality and morbidity in family medicine.

Disclosure: No significant relationships.

PO134 / #616

PUBLICATIONS ONLY

Topic: *5. Research and innovation / 5.07 Future trends*

PRIMARY HEALTH CARE AS AN IDEAL STAKEHOLDER FOR HEALTH TOURISM SMART SPECIALISATION MODEL

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Background and purpose. The aim of this paper is to present the concept of smart specialization and considerations related to its implementation in health care. Health tourism and primary health care in its complexity, interdisciplinarity and a systematic approach are an ideal model.

Methods. The smart specialisation strategy was adopted in Serbia at 2020. The strategy was generated by the initiative of the Joint Research Centre European Union. Serbia became one of the five pilot countries for observing the process of implementation.

Results. Innovation in health tourism is related to the increased competitiveness of health, wellness and medical tourism which have grown exponentially in recent years. Collaboration and partnerships are key among the different stakeholders. Hospitality and primary health care can learn from each other through the exchange of know-how and practices, in order to optimize the delivery of services and ensure a quality. The main role of wellness is health care, maintaining a healthy body and spirit through the condition trainings, physical and mental relaxation and preservation of inner peace. Approach to development based on innovation, education and research is called the knowledge triangle. The issues of primary care understood as considerable socio-economic challenges and mission-oriented policy prove that an ageing society, healthcare, climate changes and energy will require the adoption of new ways of cooperation.

Conclusions. The smart specialisation should be based on the identification of competitive advantages inside primary health care. One of the aims is the rational usage of human resources in primary health care.

Disclosure: No significant relationships.

PO135 / #624

PUBLICATIONS ONLY

Topic: *4. Education / 4.04 Professional skills and communication*

FAMILY MEDICINE WITH GENDER PERSPECTIVE

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1. Background

Glass ceiling is a well-known term used to express the different ways in which women lack equality compared with men: upper-level positions, academic and research works, gaps in salaries, gender parity, etc. which can be applied identically to the medical world.

Not only to management positions or academic level, where female doctors are constantly under-funded, awarded or represented, but also to the daily practice.

According to the literature, gender bias can still be found in medicine: differences on treatments (i.e. women receive poorer heart attack treatment than men), difference on the diagnostic tests used or on the way of conducting anamnesis. Diseases can also vary in their presentation according to the gender and several female pathologies are overtreated unnecessary. Their historical role as caretaker has also an influence.

2. Aim and learning objectives

The aim is to visualize these differences, provide some tools and strategies in order to help the participants to recognize gender gaps in their consultations.

3. Methods and timetable

We will use a presentation for introducing the topic and developing the learning objectives, with dynamic questions and clinical cases interspersed by Kahoot, followed by an open round of questions at the end.

The activity will take 60 minutes:

-5’: presentations

-40’: theory and clinical cases

-15’: questions and answers

4. Conclusions

Gender differences are repeatedly present in our society and unfortunately, have a huge influence in the care provided. Raising awareness and ensuring strategies that protect women, tackling discrimination and gender bias is key for breaking the many existing glass ceilings in Medicine.

Copy

Disclosure: No significant relationships.

PO136 / #645

PUBLICATIONS ONLY

Topic: *3. Overarching topics / 3.07 Health promotion and prevention*

IMPACT OF PREGNANCY ON PHYSICAL INACTIVITY and OTHER LIFESTYLES OF WOMEN

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Background and purpose

To determine the frequency of inactivity and other lifestyles of women with children under 3 years of age and to know their associated factors. To check for differences before and during pregnancy.

Methods

Descriptive observational study in primary care. 304 women with a child <3 years old were evaluated. Variables: sociodemographic, health problems (CIAP-2), drug use and during and before pregnancy: physical activity (questionnaire-BPAAT), sedentary lifestyle (> 2h / day), adherence to Mediterranean diet (MEDAS-14 questionnaire), tobacco and alcohol consumption.

Results

Mean age of 33.1 years (SD: 5.3). Before gestation, the frequency of physical inactivity was 24.3% (95% CI: 19.4-29.3), while during gestation it was significantly higher (p <0.001), reaching 38.8% (95% CI: 33.2-44.5). The proportion of women with sedentary periods> 2h / day during pregnancy was also higher than previously (69.4% vs 55.6%; p <0.001). They showed superior adherence to the Mediterranean diet in pregnancy (54.9% vs 43.1%, p <0.001). The proportion of smokers was lower when pregnant (12.2% vs 18.1%; p <0.001). Using multiple linear regression, the variables associated with less physical activity during pregnancy were: fewer children (B: 0.454), lower social class (B: 0.745) and less compliance with the Mediterranean diet (B: 0.238).

Conclusions.

Both physical inactivity and sedentary periods of more than 2 hours increase during pregnancy. Inactivity is frequent both during pregnancy and outside this period, with more than a third and a quarter of women being inactive, respectively. Therefore, it is still necessary to insist on the importance of adequate health behaviors and to implement strategies to increase them.

Disclosure: No significant relationships.

PO137 / #706

PUBLICATIONS ONLY

Topic: *2. Special groups of patients / 2.01 Children and adolescents*

MIND THE (SYN)GAP

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Family doctors have the responsibility to evaluate children's physical, cognitive, and social development. The evaluation of milestone checklists and the referral when noticing concerning results allows further evaluation and initiate early intervention program.

This case reports to a male child, currently aged 6 years old, living with his mother and brother. In 2016, during the 4-month consultation the child's growth deviate downward from its previous percentile, and he could not hold his head steady. He was referred to Pediatrics and hospitalized for weight loss, motor delay and hypotonia. Metabolic analytical evaluation revealed some alterations, and he was followed in Metabolic Diseases consultation. At 26 months of age, he had 12 atonic epileptic seizures daily. He was medicated with anti-epileptic drugs and started a ketogenic diet, which reduced the number of seizures. At 34 months of age, a genome sequencing was carried out, which identified a pathogenic variant of the non-herited SYNGAP1 gene.

Despite the clinical variability associated with SYNGAP1 mutations, the most common characteristics are epilepsy, global development delay, autism, intellectual disability, behavioral problems and eating difficulties due to facial hypotonia.

The child is currently under numerous therapies and is followed in several medical specialties. He maintains some developmental delay, however, little improvements have been achieved due to family stimulus and support.

This case reinforces the importance of primary health care in the continuous surveillance of the child development, as well as its role in promoting an effective articulation between the various intervening parties in the healthcare.

Disclosure: No significant relationships.

PO138 / #651

PUBLICATIONS ONLY

Topic: *3. Overarching topics / 3.06 GP and professional health*

COGNITIVE BEHAVIORAL THERAPY IN FAMILY PRACTICE: SUPPORT OF THE FAMILY PRACTITIONER

Hakan Yaman
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1. Background Cognitive behavioral therapy (CBT) is an evidence-based, effective therapy method. Despite its therapeutic success CBT is under-utilized in primary care. Since CBT needs a special training and family physicians (FPs) are overwhelmed with clinical work, therapies are provided by psychotherapists in community. The integration of mental health has developed to an imperative, because mental health issues are increasing (especially during covid-19 pandemia). Patients in need for therapy need to be coordinated and supported by FPs.

2. Aim and learning objectives

The aim of this workshop is to built a CBT capacity in Family Practice.

The participant will be able to

- appropriately refer the patient to CBT

- support patient and encourage them to adhere to CBT rules and home work

- follow-up patients after CBT and help during their remission

3. Methods and timetable

The workshop will be divided into two sessions:

- Session 1: Interactive lecture (20 min.)

- Session 2: Role Play (60 min.) + Round-up (10 min.)

4. (Proposed) Results / Conclusions

FPs are among the first to see individuals with mental problems in the society. Their support (time, location, fee, prescription authority, consultation, etc.) will further increase the quality of the health care they provide. Although family physicians are not a therapist among their primary duties, increasing their cooperation with the therapists and units that provide the therapy will contribute to individuals with mental problems. Appropriate instruments and facilities should be provided to family physicians to participate in integrated mental health services.

Disclosure: No significant relationships.

PO139 / #653

PUBLICATIONS ONLY

Topic: *5. Research and innovation / 5.02 Advances in clinical research*

IMPLEMENTATION OF INTEGRATED MULTIMORBIDITY CARE MODEL (IMCM) IN LITHUANIAN CLINICAL PRACTICE and "5G" EVALUATION METHODOLOGY

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Background and purpose. Multimorbidity (MM) burden requires a complex change in health care systems. The IMCM showed good potential for improving MM patients' care during the "Chrodis plus" project (http://chrodis.eu/06-multimorbidity-care-model/). However, there is a strong need for further continuation, implementation and evaluation of the IMCM at a national level. IMCM model will be implemented via a two-year project - TELELISPA project (No: 08.4.2-ESFA-K-616-01-0003) funded by the EU funds in Lithuania.

Methods: Seven primary health care centers situated in different regions will be involved. The sample size of 385 patients with MM will receive intervention care based on IMCM model, 385 patients will be in the control group, who will receive usual health care. IMCM model will be based on the specially trained care and coordination of a case manager (i.e.nurse) with care approaches using certain instructions and algorithms for MM care management. Aiming to evaluate the effectiveness of IMCM, the following "5 G" (five groups) will be measured:

"1G" patients' perspective: measurement of patients' attitudes, perceptions and experiences towards healthcare, their quality of life and MM burden.

"2G" patients' oriented health care: involvement in self-care and treatment compliance, social needs and lifestyle.

"3G" clinical outcomes: measuring the control of chronic conditions; polypharmacy management; timely diagnoses of possible complications; (pre) cancer identification; identification of mental health problems.

"4G" the scope of health care services: utilization of primary, secondary and tertiary inpatient and outpatient services; the number of implemented telemedicine services.

"5G" attitudes of health care providers: identifying health care providers' attitudes and experiences towards IMCM.

Results: Ongoing project.

Conclusions: Ongoing project.

Disclosure: No significant relationships.

PO140 / #748

PUBLICATIONS ONLY

Topic: *2. Special groups of patients / 2.02 Women and men issues*

CAN MY PREGNANT PATIENT TRAVEL?

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Background

Approximately 10% of the population we attend is migrant population, among which we find patients forced to leave their countries, others who decide to return to their origin country, and other who must travel for very heterogeneous reasons.

Aim and learning objectives

Pregnancy is a physiological situation and not a contraindication to travel but it is necessary to assure a safe trip, informing of the potential difficulties and risks, applying preventive measures, and acting in case of problems (on the plane, or patera, treating emerging infections or vertical transmission diseases).

Methods and timetable

After a brief presentation (5 mins) our participants will pass through different stations:

1: The participants will have to complete a chart with the different vaccines, and which are indicated and contraindicated during pregnancy: 15 mins.

2: The participants will name different infection diseases that may affect pregnancy and we will make a summary of the clinical and treatment aspects of each one: 15 mins.

3: Clinical cases in which we will address infection diseases in an interactive manner: 15 mins.

4: Do we know the optimal recommendations about transports during pregnancy? To learn, we will travel with Phileas Fogg by boat, elephant and train...: 15 mins.

5: Let's review other pathologies (hypertension, DM, addictions...) and in a dynamic and easy way: 15 mins.

6: We will choose a country and we will organize everything that our patient might need for the trip: 15 mins.

Conclusions: 5 mins.

Conclusions

After this workshop, the participants should be able to evaluate risks and needs in a pregnant traveler, as well as recommend vaccines and tools for improving their travel.

Disclosure: No significant relationships.

PO141 / #767

PUBLICATIONS ONLY

Topic: *2. Special groups of patients / 2.02 Women and men issues*

ALWAYS BELIEVE THE PATIENT – SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) BLOOMING IN A POSTPARTUM DEPRESSIVE WOMAN

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Background and purpose

It is good practice and always necessary to consider the symptoms of a patient, finding signs that justify the complaints, and using complementary diagnostic testing. In this clinical case, some symptoms overlap between anxiety, postpartum depression, and the beginning of a case of SLE.

Methods (Case)

34-year-old female patient, nurse in an elderly home care. Personal history of anxiety and panic disorder since 2016, G1P1 eutocic delivery in 2018, 3 kyphoscoliosis surgical corrections during childhood.

The patient was diagnosed and medicated for postpartum depression 2 months after birth with self-blame regarding the difficulties of taking care of the new-born and complaints of fatigue, peripheral arthralgia, and dorso-lumbar pain which were frequent even before the birth and associated with a physical demanding job as a nurse. One month later, she was diagnosed with a bacterial pyelonephritis and short after she began sternal thoracalgia, and a malar rash. Further diagnostic testing revealed elevated inflammatory markers, pleural effusion, and nephritis that led to the diagnosis of SLE.

Results (Discussion)

Although the diagnosis of postpartum depression was unquestionable, probably some of the symptoms were already due to the autoimmune disease, notably the fatigue, the dorso-lumbar pain, and arthralgia. The diagnosis of the postpartum depression and the anxiety disorder overshadowed the reasons behind these physical complaints. However, these should have been investigated with more urgency.

Conclusion

It is difficult, but important, to exclude an organic disease from symptoms before attributing them to psychiatric illness, even in the postpartum period.

Disclosure: No significant relationships.

PO142 / #966

PUBLICATIONS ONLY

Topic: *3. Overarching topics / 3.02 Shared decision making and patient empowerment*

PATIENT SELF-MONITORING BLOOD PRESSURE: CAN WE THRUST?

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Patient self-monitoring blood pressure: can we thrust?

Background and purpose

Traditionally, hypertension diagnosis and antihypertensive efficacy have been based on office blood pressure rather than blood pressure (BP) self-monitoring. As office measures may provide misleading estimates of a patient's usual BP status, BP home monitoring may facilitate more reliable estimations of true BP and treatment effectiveness over 24 hour.

Methods

In order to assess patient knowledge of the BP basic measurement methodology, a 16 closed-ended questions questionnaire was applied of the first 60 patients at the consultation who had a previous history of hypertension and after a free and informed consent.

Results

93% of the inquired patients have a sphygmomanometers in their home; 82% usually do a self-reading; 8,3% measure preferably in arm with the usual higher BP; 32% support the arm´s cuff at heart level; 82% trust in the wrist devices; 33% wait seated five minutes before the reading; 55% take at least two readings; 45% do readings at different hours of the day; the average maximum blood systolic and diastolic pressure value was 148 e 92 mmHg, respectively.

Conclusions

The survey suggest median perception on the optimal BP reading method. It showed that the preferred arm, arm´s cuff level, 5 minute sitting interval before measuring and a false sense of confidence in the wrist devices as the more ignored aspects of the technique of those inquired. Information to patients should be provided about the BP measuring technique so that the practitioner can estimate of patient's true BP.

Disclosure: No significant relationships.

PO143 / #656

PUBLICATIONS ONLY

Topic: *2. Special groups of patients / 2.01 Children and adolescents*

RARE CASE OF JUVENILE GIANT CYSTIC GRANULOSA CELL TUMOR

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Background and Purpose:

Granulosa cells tumours are a heterogeneous group of neoplasms of estrogen producing sex cord stromal tumors of the ovary. They have an incidence of 0.5 to 1.6/100,000 cases per year. There are two histological types: adult (95% cases) and juvenile (5% the cases). These tumours present as predominantly solid lesions while the cystic presentation is even more uncommon.

Methods and Results:

A 15-year-old girl came into emergency with changes in the color of her legs and feet (purplish), metrorrhagia and the notion of weight gain, with months of evolution.

On examination: Globose abdomen, and no mass could be delimited. Pedal pulse difficult to palpate. Legs with darker skin and slight edema.

An ultrasound revealed abdominal mass with ascites. Blood test results with irrelevant changes and negative tumor markers. Imaging exams reveal an expansive intra-peritoneal lesion about 35x25x14cm with origin in the right ovary, compatible with serous cystadenoma.

Regarding this diagnose, she was submitted to a right cysteadenectomy (about 30 cm), via laparoscopy and the specimen was removed with an endobag after drainage.

Pathological anatomy after observation of the surgical specimen and immunohistochemistry study, concludes that it is a juvenile granulosa cells tumor of the right ovary.

Conclusion:

This case is currently being debated in the multidisciplinary consultation at the Lisbon IPO. According to the recommendations of ESMO 2018, it's indicated Hysterectomy with bilateral annexectomy with staging or preservation of fertility in selected cases.

Disclosure: No significant relationships.

PO144 / #678

PUBLICATIONS ONLY

Topic: *2. Special groups of patients / 2.06 Minorities*

MENTAL DISTRESS IN MIGRANTS: HOW TO SUPPORT THEM IN TIMES OF CORONA

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Background
Migrants suffer disproportionally from the economic and social consequences of the COVID-19 pandemic, often worsening their living and working conditions. This has resulted in high levels of mental distress. Existing disparities in accessing healthcare, including different entitlements to care, and psychosocial support are exacerbated rather than facilitated by remote care consultations. Lack of understandable, translated information exacerbates barriers. GPs, already experiencing a high workload and their own work-related mental health issues, often find it hard support the mental health of their patients in these conditions, and identifying and utilizing all resources available to them .

Aim and learning objectives

The aim is to support family practices in meeting the mental health needs of their migrant patients in the new circumstances.

Learning objectives

Increased knowledge of the mental health of migrants; enhancing and deteriorating factors like the impact of the pandemic and of unconscious bias in health care professionals

Increased awareness of unconscious bias within healthcare professionals and the wider community, and of the need to use professionals interpreters

Increased knowledge of existing tools and information to support migrants and professionals

Methods and timetable

Short presentations (in total 30 minutes) will be combined with two small group discussions in break-out rooms (40 minutes) with plenary discussion (20 minutes).An interactive element will be used during the presentations to elicit participant responses on one key statement from every presenter.

Proposed results and outcomes

Participants will have a higher level of awareness of their own biases, more insight and knowledge of the mental health of migrants and ways to support their migrant patients.

Disclosure: No significant relationships.

PO145 / #679

PUBLICATIONS ONLY

Topic: *3. Overarching topics / 3.03 Diversity and equity*

WITH GREAT POWER COMES GREAT RESPONSIBILITY: FAMILY DOCTORS AS ADVOCATES

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Background

Family Medicine is the cornerstone of Primary Health Care. As family physicians we have a unique opportunity to deal with health issues including all aspects of the biological, psychological and social. Following on from the Astana declaration, we have both the right and the responsibility to advocate for our patients and communities.

During this live workshop we hope to build on the work started in 2020 and a workshop hopefully to be run during the 2021 VdGM Pre-Conference.

Aim and learning objectives

The previous workshops focussed on understanding what advocacy is, some tips on how to be a better advocate and developing our understanding of what health advocacy can look like through examples and opportunities we see in our work as family doctors. In this workshop the aim is to develop this, thinking more strategically on how our advocacy can yield better results for our communities.

Methods and timetable

The workshop will start from a theoretical basis, building from there with real-world examples; tips on successful advocacy including where possible proven effective advocacy programmes. We will then shift our focus to critically appraising past advocacy programmes, new ideas and opportunities, creating more effective ways to take these advocacy projects forward.

(Proposed) results/conclusions

Developing our understanding of our role as health advocates, through the sharing of examples and ideas.

This will form a series of workshops and other interventions aimed at improving our work as health advocates as well as building up a network of effective health advocates.

Disclosure: No significant relationships.

PO146 / #1292

PUBLICATIONS ONLY

Topic: *3. Overarching topics / 3.10 Ethical issues*

MOBBING

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During the Covid 19 pandemic, Workload has increased for healthcare professionals day by day. The WHO has defined the characteristics of working environments that facilitate the arise of mobbing. Especially problems and conflicts which are not concluded with appropriate problem-solving skills are seen as factors that increase mobbing. Younger people, singles, and women are more exposed to mobbing in terms of self-expression, social relations, and communication. In addition, there is a negative relationship between mobbing and seniority, title, organizational justice, trust, commitment, and job satisfaction. Causes of organizational mobbing are nepotism, poor leadership, lack of solidarity and communication.

Aim and learning objectives: To recognize the types of mobbing, to learn to stand against mobbing. To increase awareness about mobbing.

We expect all participants to be confident in their ability to handle the situation in various role-play interviews after the presentation.

Methods and timetable:

5min - A brief presentation from our team

15min- Explanation of the basis of the mobbing

40min- It will be given with examples with different scenarios describing specific cultural situations, mobbing types, possible consequences, what can be done against mobbing, how to prevent it. The cases based discussions have planned: 1) Colleagues 2) Peer bullying 3) Boss-worker 4) Patient-physician.

After each case, the most important points will be specified (do's and don'ts) during the interview with right/wrong questions to summarize.

15min- Take Home Messages

At the end of the workshop, the participants learn the types of mobbing, be aware of the possible consequences, and what can be done to prevent mobbing.

Disclosure: No significant relationships.

PO147 / #692

PUBLICATIONS ONLY

Topic: *3. Overarching topics / 3.06 GP and professional health*

SUPPORTING MEDICAL STAFF AT A TEMPORARY HEALTH SERVICE FOR VULNERABLE MIGRANTS

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Background

During the pandemic asylum seekers and undocumented migrants were moved to hotel accommodation. Their medical staff felt responsibilities for infection control, protecting patients living in close-quarters and themselves, alongside managing physical, psychological and social needs, some long-neglected.

Methods

A professional conversation between the lead GP and their supervisor generated themes around the value of clinical supervision during stressful, emotive and unfamiliar situations.

Results

Building team rapport and managing emotional wellbeing in an unprecedented situation required rapid learning. Barriers to care were outside the usual experience of clinicians and included working with people who do not have safety-nets. The frustrations of exclusion, racism and lack of safeguarding were emotional and exhausting. Seemingly simple referral pathways became a focus for challenge, extending the clinicians advocacy roles. Values-based care came to the fore. Learning from the emergency situation effected a conversation about longer term needs of marginalised people.

Conclusions

Understanding the needs of primary care medical teams to manage the emotional impact of their work proved valuable. Through sharing the burden, focussing on what could be achieved and validating their work to advocate for rights to care, an effective team was built. Framing the work as challenging, but rewarding, is transferable to clinicians working with other marginalised groups. Supervision has been shown in other professions, where clinicians are part of people's difficult lives, to help prevent burnout and retain skilled personnel. It is our contention that GPs make use of formal opportunities to share the impact of their work.

Disclosure: No significant relationships.

PO148 / #713

PUBLICATIONS ONLY

Topic: *2. Special groups of patients / 2.03 Elderly*

HISTORY OF PERSON CENTRED CARE: DID IT ALL STARTED IN DEMENTIA CARE?

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1) Background and purpose:

The first time the term person-centered care was seen in the work of Carl Rogers, which focused on individual personal experience for living and therapeutic effect. Tom Kitwood first used the term in 1988 to distinguish a certain type of care approach from more medical and behavioral approaches to dementia.(personhood)

2) Methods:

Dementia Care Mapping (DCM) is one way of technique for implementing person-centred care. It involves continuously observing the behaviour of people with dementia (a few hours) and the care they receive. (during 5 minutes periods). The University of Bradford is delivering, also for GPs, training courses (3 days courses) . Dementia Care Mappers record their observations to improve the way people are supported in formal care settings, such as care homes and hospitals.

3) Results:

The coding of activities of patients with dementia includes numerous items: p.ex. A) Articulation Interacting with others verbally or otherwise B) Borderline Being engaged but passively (watching) C) Cool Being disengaged, withdrawn D) Doing for self Self care E) Expressive or creative activities F) Food Eating or drinking etc.. Mood and engagement values from -5 to +5 are coded for each of these items.

4) Conclusions:

Through these coding values for individuals with dementia we can understand the well- or ill-being of these persons and through a typical "Dementia Care Mapping Process" including the following steps: preparation and briefing; observation; analysis; feedback (written and verbal) and action planning, we as GPs with the nursing home team are able to improve agitation , falls and anxiety.

Disclosure: No significant relationships.

PO149 / #714

PUBLICATIONS ONLY

Topic: *5. Research and innovation / 5.08 Others*

TIP' LASER INTERVENTION FOR MULTI-IMPACT EFFECT: OPTIMIZING PATIENT CARE ALONG WITH ORGANIZATIONAL BUSINESS PERFORMANCE and WELLNESS OUTCOMES.

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'TIP' laser intervention for multi-impact effect: optimizing patient care along with organizational business performance and wellness outcomes.

Background

Optimizing high business performance and employee's well-being are fundamental keys for patient care. Though, achieving them simultaneously often challenges organizations. 'TIP' intervention enables achieving them both as the given project demonstrates.

Methods and timetable

Two guided interventions in two different units within a cardiology department were designed to implement advanced managerial and business-oriented tools, along with 'soft tools' based on positive-psychology.

Inner department multidisciplinary teams were assembled, aiming to lead the process: mapping the patients' flow, creating solutions, implementing, assessing and assimilating them.

Results

Approximately four months later, without additional resources, meaningful results emerged in terms of business and performance: shortening the hospitalization length at a defined procedure; increasing availability of Catheterization laboratory by 16% daily; improving patients' journey and experience.

A year later those results are stable. Furthermore, participants reported a higher sense of joyfulness and job fulfillment; experiencing a mindset change toward the possibility of leading personal and professional growth processes enabling better treatment.

These reports were supported by analyzing a set of questionnaires the participants completed, parallel to a control group.

Although the assessment was taken during 'covid-19th-3rd quarantine and its effects, the results showed significant impact on several personal parameters related to their wellbeing.

Conclusions

In conclusion, 'TIP' relatively short intervention promotes higher quality patient care and experience. It combines advanced managerial and wellness coaching tools empowers organizational resources: Team, Individual and Process and by that generates multi-impact measurable results in terms of patient care, business and wellness parameters.

Disclosure: No significant relationships.

PO150 / #728

PUBLICATIONS ONLY

Topic: *3. Overarching topics / 3.02 Shared decision making and patient empowerment*

THE ROLE OF GENERAL PRACTITIONERS IN CANCER TREATMENT DECISIONS, RAISING AWARENESS AMONG CANCER PATIENTS ABOUT EXPERT CANCER CARE HOSPITAL CHOICE

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1. Background and purpose

According to patients and professionals all cancer patients are entitled to get personalised cancer care, i.e. treatment that offers them the best chances for survival and optimal quality of life in accordance with their personal background. GPs are in optimal position to support their patients in complex cancer treatment decisions: not only regarding the optimal treatment but also concerning the best hospital to be treated in. We explored the vision of GPs in the Netherlands on the use of outcome information in the guidance of their cancer patients and in the choice of the best specialist and the best hospital for treatment.

2. Methods

In a qualitative study we assessed leading themes among 25 GPs using questionnaires, semi-structured interviews and a focus group.

3. Results

GPs deem it important to help their cancer patients to make the best treatment choice. Most of them believe that publicly available outcome information about cancer treatment could contribute to the decision making process. However, they do not consider this information necessary for every patient, as for most types of cancer they rely on the treatment advice of the oncologist in their referral hospital, with whom they often have a long standing collaboration.

4. Conclusion

This study shows that GPs believe they play a limited role in raising awareness among cancer patients about the need for expert cancer care, and tend to rely on existing professional collaboration with the local hospital.

Disclosure: No significant relationships.

PO151 / #879

PUBLICATIONS ONLY

Topic: *3. Overarching topics / 3.02 Shared decision making and patient empowerment*

EMPOWERING PATIENTS TO DEVELOP COLLABORATIVE RELATIONSHIPS WITH PRIMARY CARE PROVIDERS

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Background and purpose: Team-based primary care providers are beginning to understand that to achieve optimal patient outcomes, patients must be partners in their own care. Currently, there are few guides that empower patients to develop collaborative relationships with the health care team. The Interprofessional Collaborative Relationship Building Model (ICRB) holds promise to guide teams to develop their primary care intra-team relationships. However, it is unknown if the ICRB could also guide and empower patients in developing their relationship with the health care team. This presentation will share the findings of a patient engagement project that aims, to empower patients by modifying the ICRB and suggest resources to accompany the model for patient use in primary care.

Methods: Two researchers, one student, one primary care occupational therapist, and five people with primary care lived experience joined together to form a participatory action research team. After initial team formation activities, the research team used a series of three, two-hour engagement sessions that included web-based presentations, sticky note consensus building exercises, and email communication to explore the ICRB, model modifications, and suggestions for accompanying resources. All sessions were recorded and transcribed to ensure all suggestions were heard.

Results: The research team revised ICRB and made suggestions for accompanying resources that would be helpful for patient use.

Conclusions: The ICRB has the potential to empower patients by preparing them and their families to engage with the primary care healthcare team. Future research is needed to validate the model and utility of the developed resources.

Disclosure: No significant relationships.

PO152 / #739

PUBLICATIONS ONLY

Topic: *3. Overarching topics / 3.02 Shared decision making and patient empowerment*

REFUSING SPECIALIZED CARE DURING PEAK OF COVID-19 PANDEMIC – CASE REPORT

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Patient-centred care foresee a relationship between patient and doctor, providing care simultaneously responsive to patient's needs and respectful of his preferences and values.

Man, 90 years-old, presented to Family Doctor through TraceCOVID® due to SARS-CoV-2 infection with no previous contact. He reported mild symptoms and private health care, so we determined the next call at the surveillance's end. Then, his son described symptoms compatible with heart failure. He was scheduled for the next day. He had orthopnea, peri-orbital and peripheral edema, abdominal distension and bibasilar crackles. He was encouraged to seek a public hospital's emergency although he didn't want to due to the pandemic's peak and he wasn't accepted at private hospital due to recent infection. The consequences of not getting prompt care were thoroughly explained, which they understood. He started furosemide, restricted fluid and salt intake, monitored weight and blood workup. Two days after, he was clinically better although icteric and workup revealed, amongst other, very elevated liver enzymes. It was again emphasized the need to seek secondary care, which they refused. New workup revealed a higher increase in liver enzymes and hyperbilirubinemia and, this time, the patient accepted the referral to emergency where he was diagnosed with cholangiocarcinoma.

The patient and family's decision to not seek immediate secondary care was due to the overflow of patients looking for care at the emergency. Regarding his age, they believed he wouldn't be properly assisted so they chose to stay at home with the attention primary care could provide until possible.

Disclosure: No significant relationships.

PO153 / #838

PUBLICATIONS ONLY

Topic: *2. Special groups of patients / 2.06 Minorities*

ASYLUM SEEKERS' and REFUGEES' EXPERIENCES OF ACCESSING HEALTHCARE: A DISCUSSION

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Background

Asylum seekers and refugees often experience poor health in host countries. The United Nations High Commissioner for Refugees requires hosts to ensure these sanctuary seekers have access to basic healthcare.

Aim and learning objectives

To identify barriers and facilitators that affect access to healthcare by asylum seekers and refugees from the perspectives of: patients; policy makers; clinicians; researchers to inform future health policy

Methods and timetable

In this workshop we will hear from a member of the public, a Non-Governmental Organisation (NGO) supporting asylum seekers and refugees, a public health policy maker, a GP, to gain their perspectives on the response to the needs of asylum seekers and refugees in Wales and the UK.

Panel discussions will cover questions including:

- Is current care provision effective?

- How should we judge whether health policies have met their aims?

- What unintended effects might have happened among those seeking refuge and other groups because of policies?

- what should national/international health policy look like?

(Proposed) Results / Conclusions

Specialist NHS-funded services and grant-aided NGOs often facilitate access to healthcare. Most asylum seekers and refugees understand the role of general practice in providing and coordinating care but many can be unaware of additional services such as health prevention services. Reported barriers include: language difficulties, health literacy, unrecognised needs, and the cost of travel to appointments. Written information about healthcare is not as accessible to refugees as to asylum seekers. The discussions will help to identify ways we can overcome difficulties in accommodating asylum seekers and refugees within current health care systems.

Disclosure: No significant relationships.

PO154 / #1151

PUBLICATIONS ONLY

Topic: *3. Overarching topics / 3.08 Quality and safety of care*

PATIENT KNOWLEDGE OF PARACETAMOL: IN A TUNISIAN POPULATION

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Background: Paracetamol is the most widely used pain reliever in the world. Overdose of paracetamol may lead to hepatic toxicity.

The aim of our study was to give an overview of the knowledge of paracetamol by the general population.

Methods: A descriptive study was conducted including Tunisian respondents who agreed to fill out an online questionnaire in December 2020. A participant is considered to have "good knowledge" of paracetamol if his/her score is greater than six. He/she is considered to make a "good use" of it if their score is greater than 3 in accordance with the questionnaire pre-established by the Nancy team.

Results: We collected a total of 484 responses. The average age of our respondents was 42 ± 13 years and the sex ratio was 0.25. Thirty-one percent of respondents suffered from a chronic painful illness and 47% thought they had a good knowledge of paracetamol. The most common indication of paracetamol use was headache (88%) followed by fever (61%). The main health risks in the event of paracetamol overdose mentioned by the participants were in 44% of cases a liver problem, in 22% a kidney problem and 20% did not know the risks of paracetamol overdose. Although the good knowledge of paracetamol was estimated at 12.2% and it was found that 91% of patients had a good use of paracetamol.

Conclusion: Given the lack of knowledge about the molecule and its adverse effects, it is necessary to conduct information campaigns to limit the dangers and the risk of overdose.

Disclosure: No significant relationships.

PO155 / #759

PUBLICATIONS ONLY

Topic: *4. Education / 4.04 Professional skills and communication*

HOW THE SPIRITUAL APPROACH USED IN PALLIATIVE CARE COULD BE AN ADDED VALUE IN FAMILY PRACTICE.

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Background

Spirituality is one of many cultural variables that has become increasingly recognized for its potential to impact health behaviors and healthcare decision-making.Currently the spiritual approach is used in palliative care,but spirituality can be a useful means of connecting with patients and playing an important role in primary care also.It may be useful to consider the role that spirituality plays across the life course, considering the importance of spirituality for some individuals and the ways in which it may be used to improve quality of life.Primary care physicians face a new paradigm in which the spiritual dimension should be incorporated into their practice.

Aim and learning objectives

1.Reflect upon advantages of spiritual care approach in family practice;

2.Discuss strategies to include and improve spiritual care approach in primary care;

3.Discuss clinical cases that allow communication strategies, empathy and validation of the patient's feelings and expectations to be put into practice according to their spiritual beliefs.

Methods and timetable

After an introduction regarding the spiritual dimension, participants will be divided into 3 groups to debate through clinical cases how can we approach spirituality in the context of consultation.

The activity will take 90 minutes:

-10’:presentations of the speaker and the topic

-45’:clinical case discussion in 3 groups separately

-20’:discuss the resolution of clinical cases all groups together

-15´:conclusion, doubts and questions

Estimate number of participants:40

(Proposed)Results/Conclusions

Workshop participants will have valuable recognition of the importance of spirituality approach for holistic care and its impact on health behaviors.They'll also be taking home some tools to incorporate spirituality in their primary care practice.

Disclosure: No significant relationships.

PO156 / #796

PUBLICATIONS ONLY

Topic: *2. Special groups of patients / 2.06 Minorities*

AGE OF MORTALITY and MORTALITY RISK-FACTORS ASSOCIATED TO HOMELESSNESS IN CATALONIA (SPAIN)

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Background and purpose

Homelessness is a situation of severe social exclusion that affects all areas of individuals experiencing it.

Methods

A transversal, observational and analytic study was conducted. During 2016 and 2020 the research team formed by different public health and public services recruited the information of the participants. The services were: a primary health center, a drug addiction public center and a public shelter for individuals experiencing homelessness (IEH). Data collected included: dead/alive status, age of death and differences between death ages in relation to some sociodemographic characteristics. The ethics committee CEI-Girona previously approved in 2016 the research protocol the study followed.

Results

3854 IEH were included in the study. The 85.4% were men (n = 3292) and the 60.4% of the sample were foreign born IEH (n = 2328). 391 IEH died during the study (13.2%). The average age of death was 52.4 years old (ED = 13.2). Causes of death included: suicide (n = 92, 24.1%), hepatic cirrhosis (n = 10, 18.3%), overdose (n = 58, 15.2%), heart disease/attack (n = 42, 11.0%), AIDS (n = 36, 9.4%), chronic obstructive pulmonary disease exacerbation (n = 36, 9.4%), cancer (n = 31, 7.9%) and meningitis (n = 18, 4.7%).

Conclusion

IEH have a lower life expectancy than general population. It is important to design specific programs to detect and treat social exclusion parameters related to health, social exclusion and mortality of IEH.

Disclosure: No significant relationships.

PO157 / #814

PUBLICATIONS ONLY

Topic: *4. Education / 4.04 Professional skills and communication*

TRANSFORMING THE SOFTSKILLS LEARNING ENVIROMENT FOR HEALTH PROFESSIONALS IN COVID-19 TIMES.

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Background and purpose.

The training unit in the Girona Primary Care area of the Catalan Institute of Health comprises 26 Primary Care teams with approximately 2000 professionals (Nursing, family physicians and health administrative staff are the most numerous professional groups) . In recent years, training in non-technical relational skills such as empathy, resilience and adaptation to change have been present. The COVID pandemic causes psychological distress to professionals. The aim of the communication is to explain the transition to a synchronous model (maintenance of social distance) carried out in order to provide tools to emotional management professionals in a pandemic situation.

Methods

Description of the training proposals (virtual, synchronous or blended) and the participation of professionals initiated in COVID situation regarding emotional management, Mindfulness and compassion, active listening, stress management, mourning management, telephone communication, adaptation to change

Results

16 synchronic formations by platforms like Zoom, Jitsi, Google Meet, Teams and 7 virtual formations. 983 registrations (619 virtual training registrations, 368 synchronous training registrations)

Participated: 149 nurse, 96 family physicians , 518 health administrative staff, 120 other categories.

Conclusions

1.Softskills can be trained in a non-face-to-face format when social distance of the participants must be present due to epidemiological reasons.

2.The predominant use of non-face-to-face formats, causing reluctance to participate in these formative activities.

3.The feedback from the trainings was positive in order to recommend them to the companys

4.Family Physicians inscriptions was lower in percentage than the participation of other categories such as nursing or health administrative professionals

Disclosure: No significant relationships.

PO158 / #1132

PUBLICATIONS ONLY

Topic: *3. Overarching topics / 3.09 Health care management and policy*

ACCESS and USE OF HEALTH CARE AMONG A TUNISIAN SAMPLE OF ADULTS

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1.Background and purpose:
Ensuring universal health coverage while preserving the financial security of patients is fundamental to achieve Sustainable Development Goals related to health. In Tunisia, access to healthcare vary with territorial development. However, even in favored regions, access to healthcare services was rarely evaluated.
Aim: To evaluate the access and the recourse to the healthcare services among the adults of the governorate of Sousse.
2.Methods:
A cross-sectional study was conducted among 1977 adults living in 16 districts randomly selected from the governorate of Sousse in 2014. A pre-tested questionnaire served to collect data about sociodemographic characteristics and the access to healthcare services by pre-trained medical doctors during face to face interviews.
3.Results :
The mean age of the participants was 39.8 ± 13.8 years. Women represented 61% of them. Among the participants, 83% had a medium socio-economic level. Lack of social coverage was reported by 401 (20.3%) participants. Difficulties with access to healthcare services were reported by 183 participants (9.3%). The 3 lines of care were used almost identically with referral frequencies of 27%, 24.7% and 24.6% for the 1st, 2nd and 3rd line respectively ($p = 0.139$). Recourse to private care structures was significantly more frequent among participants without social security coverage (79.6%) than among those having social security (58.1%) ($p<0.001$).
4.Conclusion :
Social security coverage, equity in accessing to healthcare and use of the first line must be strengthened in the governorate of Sousse. The partnership between public and private structures would improve health coverage in Tunisia.

Disclosure: No significant relationships.

PO159 / #920

PUBLICATIONS ONLY

Topic: *3. Overarching topics / 3.06 GP and professional health*

WORKING AS A GP IN TIMES OF CLIMATE CHANGE – WHAT CAN WE DO?

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Background and purpose: Climate change is one of the major global health challenges of the 21st century. Europe is affected by health impacts of climate change, such as increased heat wave risks, emerging infectious disease or different patterns of allergies. At the same time, climate mitigation measures can hold substantial health co-benefits and the health sector itself can decrease greenhouse gas emissions. So what is the role of GPs in this? Indeed, four main domains of actions could be defined: adaptation, mitigation, providing information and serving as role model. Yet limited evidence exists on the acceptability and effectiveness of these strategies.

Methods: In this workshop we present case study examples of what GPs across Europe do to tackle the topic of climate change in research and practice. We will then open the floor for questions and discuss the possibilities to connect and up-scale existing initiatives across Europe.

Results: Research examples will describe preliminary findings from a survey, which assesses Swiss' GPs knowledge and attitudes on climate change action. Furthermore, we will hear about a research project about climate-smart health counseling of German GPs. Finally, we will discuss action-oriented approaches to climate change adaptation and mitigation from GPs in NGOs or professional organizations in Denmark, Ireland and Germany.

Conclusion: There is much to investigate and much to do for GPs with regard to climate change. This workshop will provide participants with relevant insights, allow for exchange of experiences among peers and thus provide inspiration for action.

Disclosure: No significant relationships.

PO160 / #824

PUBLICATIONS ONLY

Topic: *3. Overarching topics / 3.06 GP and professional health*

COMPLIANCE WITH HOME-QUARANTINE and PROGNOSIS OF COVID-19 AMONG A COHORT OF TUNISIAN PATIENTS ISOLATED AT HOME.

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Background: The COVID-19 disease has a spectrum ranging from asymptomatic infection to multi-organ dysfunction. Most patients with mild symptoms are isolated at home until recovery. However, compliance with home-quarantine and recovery are not warranted especially in developed countries where health capacity is not enough efficient.

Purpose:To evaluate compliance with home-quarantine and the prognosis of COVID-19 among a cohort of patients isolated at home in the Governorate of Sousse.

Methodology:

Prospective longitudinal study of three months was led among a cohort of 375 patients with COVID-19 isolated at home. Participants were randomly selected from the new declared cases in the governorate of Sousse. Data were collected using a pre-established and pre-tested questionnaire administered during phone calls interviews with trained medical doctors.

Results:

The median age of participants was 40.0 (IQR29.75–54.25) years. Females represented 60% of them. The average duration between close contact with symptomatic person and onset of symptoms was 4.01(±1.9) days. The most commonly reported symptoms were asthenia (51.7%), smell disturbance (50.4%), myalgia(41.9%) and ageusia (40.8%). Thirty two (8.5%) participants required hospitalization and 4 (1.0%) were transferred to intensive care units.The median delay for recovery was 18 days (IQR 17.1–18.9). Otherwise, 95 (25.4 %) declared not respecting the quarantine and 111 (29.6%) of participants transmitted the infection to their family members.

Conclusion:

Complications are not rare and intra-family transmission is frequent among COVID-19 patients isolated at home in Sousse. Accelerating the implementation of the Tunisian telemedicine law would provide a cost-effective solution for this problem.

Disclosure: No significant relationships.

PO161 / #984

PUBLICATIONS ONLY

Topic: *3. Overarching topics / 3.08 Quality and safety of care*

ACUTE TETRAPARESIS SECONDARY TO SPONTANEOUS CERVICAL EPIDURAL HEMATOMA

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Backgrounds and purpose:

Spontaneous epidural hematoma is a very rare entity that involves a neurological emergency. Its presentation is highly variable, from back pain to quadriplegia, depending on the severity and level of compression. In Spain is highly common the use of acenocumarol in the treatment of atrial fibrilation but routinely measured International normalised ratio (INR) values are the basic parameter for individual quality and stability assessment, an INR out of range >3 patients had significantly increased risk of major bleeding

Case presentation

A 86 years-old-woman, who has initiated haloperidol 3 days before, while she is eating suddenly presents at first weakness in the upper right extremity and in the next hour developed painless severe tetraparesis at the emergency room arrives with a GCS 5/15 (3-1-1), mutism, persisting tetraparesis without involvement of cranial nerves, ECG with a pacemaker rhythm, INR 6,3, prothrombin time 78,4 seg. An head CT scan with not acute findings, is kept under observation thinking in a side effect of haloperidol, after 12 hrs starts with acute breathing difficulties and a cervical scan es performed, It showed an hematoma involving from the C2 to the C5 with spinal cord compression, She is kept in the ICU but after 48 hours is deceased.

Conclusions:

In an patiente with an anticoagulant treatment and the onset of sudden teraparesis is necessary to realize a cervical CT scan. The possibility of bleeding is always present in patients with an INR >3. It is important a correct follow up of these patients.

Disclosure: No significant relationships.

PO162 / #829

PUBLICATIONS ONLY

Topic: *4. Education / 4.03 Professional education and development*

A PRACTICAL WORKSHOP ON FOOD EDUCATION IN CHILDREN

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Background: Food education has a major impact in childhood development and on healthy choices in adolescence and adulthood. In industrialized countries, family food habits have changed, with less time for family meals and food preparation, as also with greater availability of energetic and processed foods, providing an obesity prosperous environment. Food education starts with food diversification and progression into family meals. As Family Physicians we can educate parents and children food choices leading then into better lifestyles.

Aim and learning objectives: With this workshop we intend to explore food diversification and nutritional needs in preschool children. Our objectives are:

- Raise awareness of the importance of food education in the prevention of the obesity pandemic;

- Review of main and practical aspects of complementary feeding;

- Discussion of nutritional needs and education for each age group;

- Practical management of the main difficulties and parent's frequent questions.

Estimated number of participants: 45-50.

Methods and timetable: The speakers will present the topics described above, using a power point presentation. This workshop intends to be interactive, and we will divide the participants into groups to discuss normal growth, food needs and education in different stages: until 12 months; age 1 to 2 years; age 2 to 6 years, allowing them to share their clinical experience and daily difficulties.

(Proposed) Results / Conclusions: With these workshop the participants will be able to offer food counseling regarding food diversification and guidance for parents towards food education and healthy choices during preschool years.

Disclosure: No significant relationships.

PO163 / #830

PUBLICATIONS ONLY

Topic: *3. Overarching topics / 3.09 Health care management and policy*

FINANCE MANAGEMENT IN FAMILY MEDICINE

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Background

The day-to-day management of a practice includes taking financial decision: purchases, the use of loans and credits, debts, hiring of personnel, etc.

Depending on the use of this combination, and depending on the money that you have in the bank, you can be at risk of bankruptcy and do not realise this until you are bankrupted

Aim and learning objectives

The target group are family doctors (and other health professionals) that are managing a practice or other health companies.

Participants must understand how to calculate costs and how to make decisions based on the cost calculation. They must know when to reject a contract if the payment offered does not cover costs. They also must be able to recognise the risk of bankruptcy even when they have money in the bank. Other aspects can also be covered by the workshop, such as human resources management, tax paying systems and healthcare services organisation.

Method and timetable

A few slides on essential financial concepts will be presented (12 minutes). After that, a case-study will be explained (2 minutes). The participants will be grouped and will analise the case, preparing their recommendations (25 minutes). Finally, the recommendations produced by each group will be put in common and will be commented by the presenters of the workshop (20 minutes).

(Proposed) Results / conclusions

The participants will understand the essentials of finance management: increasing incomes, minimising costs and avoiding bankruptcy

Disclosure: No significant relationships.

PO164 / #835

PUBLICATIONS ONLY

Topic: *4. Education / 4.04 Professional skills and communication*

BALINT GROUP WORKSHOP: THE HUMAN SIDE OF BALINT GROUPS

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Background | As human beings, doctors have been exposed not only to the suffering that comes from the patients, but also the internal emotions that this suffering or another element ("difficult patients") brings to the encounter between the physician and its patient. To recognize and understand those elements make the physician masters of its own intern self and helps primordially the relationship with his/her patient. One way to achieve this equilibrium and understanding is throughout Balint Groups.

Aim and learning objectives | Our Workshop will offer an immersive Balint Group experience while reconnecting with the beginnings of the Balint Society through revisiting the venue of Intensive Workshop adapted to an online format.

Participants can expect to learn new ways of thinking about and managing difficult encounters in clinical practice and build relationships with interested colleagues.

Methods and timeline | Most of the work will take place in small group setting, with experienced group leaders. Participants in this group may be new or with experience in a Balint group. New ideas and exchange of knowledge is worked through. The workshop program will also include an introduction on Balint Society (10 minutes) and a final discussion (10 minutes), totalling 90 minutes.

(Proposed) Results/Conclusions | A Balint group is a form of reflective practice, an experiential, small group educational activity in which clinicians discuss cases from their own work with a focus on the practitioner-patient relationship. We invite clinicians to take part in this online workshop, to deepen their knowledge on Balint groups and to consider joining Balint Groups in their own countries.

Disclosure: No significant relationships.

PO165 / #862

PUBLICATIONS ONLY

Topic: *4. Education / 4.02 Medical student education and residency training*

EQUALITY, DIVERSITY and INCLUSION: STAFF and STUDENT CO-PRODUCTION

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Background and purpose

Following the international Black Lives Matter protests and the murder of George Floyd, medical students felt empowered to contact their medical schools and demand action against racism in Higher Education. This student voice became a powerful enabler of activities, jointly co-ordinated through our Equality Diversity and Inclusion (EDI) committee, with a wider scope than anticipated.

Methods

The actions of the EDI committee were logged in meeting minutes. After six months these notes were reviewed and represented in diagrammatic form to show both the interconnectedness of this work and the rapid timescale in which it was achieved.

Results

The poster displays the multiple strands of involvement in curriculum review, design and development, staff development and student support and awareness raising that has been achieved in a short time frame.

Discussion

EDI issues are commonly described in Higher Education and form the topic of debate without any real action ensuing to challenge the status quo. The impetus gained by forming a committee with genuine staff and student co-production gave new life to making tangible interventions. It is a start to challenging the culture of acceptance of injustice in medical education.

Disclosure: No significant relationships.

PO166 / #1174

PUBLICATIONS ONLY

Topic: *4. Education / 4.02 Medical student education and residency training*

CORE COMPETENCIES OF FAMILY MEDICINE TRAINING: MILESTONE PROJECT

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Background: WONCA developed global standards for postgraduate family medicine education. The core curriculum of the 3-year Family Medicine training program in the USA is 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 United States 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 (over 10,000 trainees in family medicine).

Outcomes: Aggregate data became available from the ACGME. Box plots indicate the spread of the data for each year of training.

Discussion: Comparison of the individual program to national data, can identify areas in which curriculum improvement should be considered.

Disclosure: No significant relationships.

PO167 / #866

PUBLICATIONS ONLY

Topic: *4. Education / 4.04 Professional skills and communication*

THE IMPACT OF COVID19 ON COMMUNICATION IN HEALTHCARE

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Background and purpose: Ample evidence demonstrates that effective communication is essential to high-quality clinical practice in primary care. The Covid19 pandemic has changed the way clinicians interact with patients, health professional trainees and each other. EACH: International Association for Communication in Healthcare with whom WONCA is in an official collaborative relation, provides an academic and practical professional community to investigating and improving communication and has developed resources to address these changes in healthcare communication.

Methods: To help with the communication challenges during the COVID-19 pandemic, EACH has put together a series of practical guides, resources and online teaching to help clinicians, learners and teachers of healthcare communication consider the challenges and potential adaptations needed for effective healthcare interactions and online communication skills teaching.

Results: Central issues in Covid19 communication have been addressed by EACH through free e-learning courses and practical guides focusing on such things as: How to Deal with Misinformation and Disinformation during Public Health Emergencies; Communication Skills for interactions during Telephone Consultations; Video Consultations; and for providers wearing Personal Protective Equipment (PPE). In addition, they have developed resources and courses focused specifically on Delivering Communication Skills Teaching Online.

Conclusion: Continued opportunities exist for EACH and WONCA members to work together to address Covid19 communication challenges.

Disclosure: No significant relationships.

PO168 / #867

PUBLICATIONS ONLY

Topic: *3. Overarching topics / 3.08 Quality and safety of care*

EVALUATION OF THE QUALITY MANAGEMENT INTERNAL SYSTEM IN PRIMARY HEALTH CARE INSTITUTIONS

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Quality and safety has always been in the focus of state policy, the activity of health authorities and health care institutions. Both are the basic condition for increasing public confidence in health services. Shifting from centrally driven quality assurance systems to more decentralized and facility based quality management approaches is however relatively new. In this context, during the last years the Government of the Republic of Moldova has set the quality and safety of medical services, including primary care, as one of the key objectives in the reform of the national health system.

The purpose of this study was to identify the status and functionality of internal, facility based quality management at primary health care (PHC) level, taking into account the diversity of forms of health care providers. Results are used to establish feasible mechanisms for managing the quality at PHC level and to start a process of mutual continuous learning including via peer groups.

The study questionnaire was administered to 25 PHC facilities and responded to by 49 staff members. Study results highlighted the current achievements (Quality councils, Clinical Protocols application, staff meetings etc.) and gaps of the internal system of the primary health care quality management (QM). The report structured information using PDCA cycle, considering structure, process, and results of the quality management.

The assessment of planning, execution and verification of quality management activities at PHC level showed certain limitations compared to the provisions of the current normative framework and shows the need for strengthening local QM interventions.

Disclosure: No significant relationships.

PO169 / #880

PUBLICATIONS ONLY

Topic: *5. Research and innovation / 5.06 Medical informatics*

THE IDENTIFYING RELATED NEEDS WITH EPİLEPSY MANAGEMENT IN THE FAMILY HEALTH CENTER WITH OVERVIEW OF FAMILY MEDICINE'S CORE COMPETENCES

Özla Çelik, Çiğdem Apaydın Kaya
Marmara University, Family Physician, pendik, Turkey

Background and purpose:The level of knowledge and training need of family physicians about epilepsy gain importance in the primary care management of epilepsy patients.
Therefore, we aimed to determine the needs of family physicians working in family health centers (FHC) regarding the management of epilepsy in primary care centers.

Methods: This descriptive study was carried out with the family physicians working in Family Health Centers (FHC) representing three districts of Istanbul in 2020. A questionnaire including sociodemographic characteristics and physicians' knowledge levels and self-competency perceptions (EKSC) were filled by the physicians themselves with a 5-point Likert scale. The EKSC score was considered "low" if it is below 87 and "high" if it is over or equal 87. Lastly, two open-ended questions, the difficulties experienced in the follow-up of patients with epilepsy, if any, and the need for education regarding epilepsy were asked. Mann-Whitney U or Kruskall Wallis test was used in the analysis. A p value <0.05 was considered statistically significant.

Results: The mean age of the participants (n=228) is 43.06±8.82 and. 111 of them are women (48.7%). The average of EKSC score of all physicians was 90.54±12.7, and the frequency of those who have high EKSC scores was found to be 41.2%. Most of the physicians (70.4%) stated that the patients had difficulty in getting an appointment. 82.6% of the physicians stated that they wanted to get an education about epilepsy management.

Conclusions:The findings of our study suggest that family physicians need knowledge and training on epilepsy management.

Disclosure: No significant relationships.

PO170 / #1090

PUBLICATIONS ONLY

Topic: *4. Education / 4.02 Medical student education and residency training*

DETERMINANTS OF BURNOUT AMONG MEDICAL STUDENTS IN CEBU INSTITUTE OF MEDICINE: A CROSS-SECTIONAL STUDY.

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Background: Medical students' mental and emotional health is adversely affected during medical school due to the demanding nature of medical education that promotes burnout. Burnout may persist beyond medical school and can be a predictor of psychological impairments and problematic patient care that which increases the risk of medically incorrect decisions contributing to suboptimal patient care.

Methods: Cross-sectional study using a self-administered 3-part questionnaire composed of socio-demographic data, stressors to burnout and the Copenhagen Burnout Inventory (CBI); conducted last December 2018 to March 2019 at Cebu Institute of Medicine. Descriptive statistics were taken for all variables. T-test analysis was used for dichotomous independent variables while Analysis of Variance was utilized for independent samples with multiple variables. Multiple regression analysis was done to determine significant relationship between identified stressors and the determinant score on the CBI.

Results: Burnout was present among the study participants with CBI score of 71.53 classified as high degree of burnout with about 94.88% of the study population that showed at least moderate burnout.Only Year Level (p=0.027) was significantly associated with burnout. Stressors associated to burnout were: Lack of belief in what you do (p=0.000), Insufficient rewards (p=0.007), Poor communication (p=0.002), Poor leadership (p=0.009), Sense of never ending competition (p=0.009) and Scoring lower than hoped (p=0.003).

Conclusion: Students are at greater risk for burnout as they temporally progress through medical school peaking at 3rd year of medical school. Stressors encompass personal-, studies-, colleague- and teacher – related factors. It is therefore important to identify and address these stressors due to its progressive negative effect both on self and others.

Disclosure: No significant relationships.

PO171 / #887

PUBLICATIONS ONLY

Topic: *4. Education / 4.02 Medical student education and residency training*

KEY PRINCIPLES OF ASSESSMENT IN COMPETENCY-BASED MEDICAL EDUCATION USING A NATIONALLY IMPLEMENTED ASSESSMENT PROGRAM AS A CASE EXAMPLE

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Background: Assessment is fundamental to learning yet many of us feel uncertain about the role of assessment in our daily work. Assessment theory can help educators to understand how to match tools to purpose, what tools can and cannot tell us, how to design effective programmatic assessment, and how to consider the concepts of assessment for learning, assessment as learning, and assessment of learning in designing assessment programs. The best assessment programs meet two needs: 1) support learner progress towards clinical competence; and 2) result in rigorous and accountable assessment data.

Aim: This session will help translate assessment principles and theories into practical day to day solutions for learner assessment, as well as offer guidance in how to design an overall programmatic assessment approach.

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

1. Describe the basic principles of assessment.

2. Apply the principles of assessment of, assessment for, and assessment as learning to improve teaching, assessment, and learning.

3. Implement strategies to begin designing programmatic assessment for their home program.

Methods and Timetable: This workshop combines didactic components with practical activities that will allow participants to apply what they are learning through discussion, polls, and case examples. There will be three 10 minute didactic portions, alternating with three 15 minute interactive portions. The remaining 15 minutes will include introductions at the beginning, and a wrap up of key learnings and a “homework assignment” at the end.

Proposed result: Participants will leave the workshop with an assessment plan to enhance or complement assessment in their home program.

Disclosure: No significant relationships.

PO172 / #898

PUBLICATIONS ONLY

Topic: *4. Education / 4.03 Professional education and development*

EMPOWERING GENERAL PRACTITIONERS TO PROMOTE and PRACTICE PLANETARY HEALTH

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Background: The concept of Planetary Health (PH) reflects understanding that human health and civilization depend on flourishing natural systems. Many influential health organizations have issued calls to action for the healthcare sector and medical education. As general practitioners we are obliged to engage in this topic, yet often we are unsure where to start and how to integrate PH into clinical practice.

Aim and learning objectives, at the end of this workshop participants will be able to

Explain core concepts of PH

Identify ways to make changes to promote PH as general practitioners

Gain experience with a jig-saw method of teaching

Methods and timetable:

Overview of PH concepts and a review of seminal articles (didactic,15 min)

Facilitator guided small groups will then discuss their knowledge, resources, and perspectives on PH (e.g. What are co-benefits, eco-anxiety? What is the role of general practice in PH? (20 mins).

Using Padlet ®, teams record responses on a virtual whiteboard allowing us to synthesize material quickly and group-think actionable items

New small groups will then learn the jig-saw teaching method to collaboratively tackle key PH topics. Working as a team, participants will learn (25 mins) and then teach (15 mins) about a topic in PH from their chosen physician role perspective (personal role, working with patients, managing a clinic, community leader)

Wrap-up (15 mins)

Conclusions: By educating ourselves and working with patients, general practitioners can promote planetary health as part of our daily clinical work.

Disclosure: No significant relationships.

PO173 / #925

PUBLICATIONS ONLY

Topic: *4. Education / 4.01 Patient education*

DIABETIC RETINOPATHY - WHAT CAN WE DO TO HELP YOU?

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1. Background and purpose

Before the raising prevalence of diabetes mellitus, diabetic retinopathy (DR) prevails as one of the most common causes of preventable visual impairment despite established screening programmes, early diagnosis and treatment. Among diabetic patients, one third develops retinopathy and a third of these might have severe retinopathy or macular oedema. Besides impairment on vision and daily activities, RD indicates heightened risk of vascular complications. Our purpose is to sensitize the population to risk factors and protective measures.

2. Methods

Bibliographic search with the term MeSH "Diabetic Retinopathy" in indexed databases, with publication until January 2010

3. Results

The pathophysiology of DR is multifactorial and the main systemic factors involved are poor glicemic control, hypertension and dyslipidemia, and so, these are keystones for DR prevention. The duration of diabetes is one of the most important factors, as it is uncommon the development of DR before puberty and rarely occurs in the first 5 years of disease onset. Evidence showed that the progression rate of retinopathy was significantly reduced by intensive glucose control. Blood pressure control is also a protective factor in systemic management of DR and lowered the need for laser photocoagulation and good control needs to be maintained to keep the risk of complications at a low level. Lipid-lowering measures have also shown to be potentially effective at reducing the risks of DR.

4. Conclusions

Certain diabetic individuals are at higher risk of DR and visual impairment. Clinical determinants and predictors are prognostic markers and can assist physicians and patients in developping an effective risk-based plan.

Disclosure: No significant relationships.

PO174 / #956

PUBLICATIONS ONLY

Topic: *3. Overarching topics / 3.09 Health care management and policy*

COVID-19 PANDEMIC MANAGEMENT: THE PERSPECTIVE OF A PORTUGUESE HEALTHCARE CENTRE

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Background and purpose: Portugal has faced one of the strongest waves of COVID-19, since the beginning of the pandemic. Nevertheless, most COVID-19 patients have been developing a mild illness manageable at the primary care level. Our goal is to report the challenges we faced in our practice.

Methods: On April 2020, the Portuguese Directorate-General for Health and Shared Services of the Ministry of Health developed a tool to support telehealth called Trace Covid-19, aimed at accompanying and monitoring COVID-19 patients who are in self-care and isolation at home. Since then, Portuguese family doctors have been responsible not only for clinical monitoring, but also for medical information, such as principles of exposure and infection, infectious period, and isolation measures.

Results: As the pandemic evolves and we face new waves of infection, the working model has become more open and collaborative, either because of the constant need to make adaptations or because of the need to create new decision protocols and flowcharts. Aiming to avoid major healthcare neediness, we had to reinvent ourselves to maintain our important role in the prevention and management of chronic diseases and continue to provide care for “non-COVID” patients. One of the strategies was to favor teleconsultation and multidisciplinary strategies between doctors, nurses and administrative assistants.

Conclusions: Dealing with COVID-19 pandemic has been a huge challenge to the Portuguese primary healthcare system. Our effort to rapidly readapt our clinical practice by introducing new approaches and methodologies has allowed us to provide follow-up to COVID-19 cases, while maintaining surveillance of our “non-COVID” patients.

Disclosure: No significant relationships.

PO175 / #959

PUBLICATIONS ONLY

Topic: *4. Education / 4.03 Professional education and development*

GP - WHEN IT REALLY MATTERS. EMERGENCY SKILLS IN RURAL PRACTICE (PART 2)

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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 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. This is a follow up (Part 2) to the Workshop by the same authors at the Conference in Berlin in the fall of 2020. Now we are going to cover some other emergencies.

Target Group
The workshop is aimed at rural GPs, especially young ones, and other healthcare professionals involved in team work in general practice.

Didactic Method
There will be 2 presentations in the field of rural emergencies (depending on country, climate, population structure and landscape) with following interactive group work, including hands-on exercises if possible and a short quiz.

Objectives
- To prepare a system of Emergency Skills Modules (ESM) to be employed in training and updating of rural GPs and other healthcare professionals. This is a work in progress.
- To encourage discussion on what Emergency Skills are essential for rural practitioners.

Disclosure: No significant relationships.

PO176 / #1085

PUBLICATIONS ONLY

Topic: *5. Research and innovation / 5.08 Others*

HYPERTENSION CONTROL: BEHAVIOR OF ASK-12 ADHERENCE SCALE

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1. Background and Purpose:

ASK-12 is an English validated measure to assess barriers for medication adherence and adherence-related behaviors. Our aim was to verify the behavior of ASK-12 when compared with hypertension control determined by office values and self-perception.

2. Methods

Patients with hypertension and need for drug control were recruited in 4 Centers of Primary Care in Portugal. The data collecting protocol was acquired prior medical consultation and included ASK-12, question about patient's perception of hypertension control and registration of the last 2 blood pressure values taken by doctor. Non-control cut-offs: under 140/90mmHg if below 65y; under 150/90mmHg if equal or above 65y. This study was approved by an Ethics Committee and ASK-12's authors.

3. Results

The study enrolled a total of 89 patients (51.7% female; 65.2% equal or above 65y). ASK-12 presented a positive correlation with office values'-controlled patients (r 0.363; p=0.001); as well as with ASK-12's 3 subscales: Inconvenience/Forgetfulness (r 0.265; p=0.013); Health Beliefs (r 0.229; p=0.032); Adherence-related behaviors (r 0.315; p=0.003). No significant correlation was acquainted with hypertension control self-perception. From sample, 18 (20.45%) patients had uncontrolled hypertension. In 84.5% of the cases (p<0.001), was shown a concordance between hypertension control self-perception and office values.

4. Conclusions

ASK-12 demonstrated to have a positive correlation with office values' hypertension control. It should be applied to learn potential factors where clinicians may try to intervene and possibly help achieve hypertension control.

Disclosure: No significant relationships.

PO177 / #1135

PUBLICATIONS ONLY

Topic: *4. Education / 4.03 Professional education and development*

PREVENTIVE MEDICINE- THE RISK OF TELEPHONIC CONSULTATION

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Telephone consultations are regularly used to triage calls, patients can also be diagnosed by doctors this way and this practice has been inceasing since last year due to corona pandemic situation . However, the key issue is to recognise when this mode of consultation is not sufficient to properly assess the patient and address the problem, and to arrange a face-to-face consultation instead.

During my last emergency duty i came accross a 50 years old female patient with diagnosis of hipertention and treatment with Enalapril 10 mg. One week before visiting the emergency room, the patient presented with a headache and had noticed high levels of tension in the arm blood pressure monitor at home, therefore she had spoken with her family doctor and finally her doctor increased the dose of medication without seeing her in consultancy. However, despite increasing the dose, the patient continues to have a headache and high blood pressure, so she finally dicided to visit to emergency doctor. En emergency room she was normotensive and the cause of her headache was her state of anxiety about a family matter .

Difficulties can arise when doctors try to reach a diagnosis and treat it via the telephone when the complexity of the patient or the condition means a face-to-face consultation is required.

What we can’t see in a telephone consultation are the obvious and sometimes subtle facial expressions, gestures and postures that often provide evidence as to an individual’s true thoughts and state of mind, that help us to reach to the appropiate diagnosis.

Disclosure: No significant relationships.

PO178 / #1187

PUBLICATIONS ONLY

Topic: *4. Education / 4.05 Team work and collaboration*

FACIOSCAPULOHUMERAL MUSCULAR DYSTROPHY: A RARE DISEASE and A CHALLENGE TO THE FAMILY PHYSICIAN.

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Introduction: The multidisciplinary approach to health care, allows the sharing of knowledge, providing a diagnosis and treatment as early as possible, maintaining the common focus on the patient.

Case Description: The clinical case refers to a 66-year-old woman who was initially diagnosed with tendinopathy of the right elbow and afterwards, was diagnosed with facio-scapulohumeral dystrophy, due to a multidisciplinary approach. This is a rare disease, with transgenerational impact, characterized by a decrease in strength of, predominantly, the face and proximal region of the upper limbs muscles.

Comments: With this clinical case, we intend not only to enhance the awareness of less frequent diseases by family doctors in their clinical practice, but also to highlight the importance of multidisciplinary healthcare in order to improve clinical care.

Disclosure: No significant relationships.

PO179 / #1233

PUBLICATIONS ONLY

Topic: *4. Education / 4.05 Team work and collaboration*

TRANSMURAL COLLABORATION and LEARNING FOR PROFESSIONALS and TRAINEES IN DAILY PRACTICE WORKING IN DIFFERENT ORGANISATIONS

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Background:

Collaboration between medical professionals from different disciplines working in separate organisations is essential to provide good-quality patient care. Studies of interprofessional collaboration, special in chronic patient care trajectories have shown that collaboration is not always effective. Thus, it would appear that medical professionals could benefit from learning shared patient care skills during their training, which they can then transfer to their professional practice.

Aim and learning objectives:

Analysing collaboration and learning across organisational boundaries using a theoretical model, Cultural-historical activity theory. To link research and practice on transmural learning of collaborative working across boundaries. Using this model to analyse the bottlenecks experienced by participants in transmural cooperation and/or education about transmural collaboration. Analyzing own experienced bottlenecks of daily practice in small groups.

Methods and time table:

Presentation of research of different research of the field of transmural learning and collaboration

Presentation of an analytic model

Working in small group with this analytic model

05 min Introduction

10 min presentation of research 1

10 min presentation of research 2

15 min Introduction of the model

20 min Working with the model in small groups 2-3 and

20 min Inventory of the groups

10 min Questions summary: what we learned and take to practice

(Proposed) Results :

A tool to analyse complex situations and bottlenecks experienced in daily collaboration in mutual patientcare.

Pleasure and decision latitude

Disclosure: No significant relationships.

PO180 / #1284

PUBLICATIONS ONLY

Topic: *5. Research and innovation / 5.06 Medical informatics*

ARTIFICIAL INTELLIGENCE IN PRIMARY CARE - EBM RECOMMENDER SYSTEM

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PURPOSE:

Evaluate the accuracy of the “Health Operation for Personalized Evidence” (HOPE) project with recommendations based on actual clinical cases from Primary Care patients, evaluating the results by a physician.

METHODS:

HOPE using ontologies and Natural Language Processing (NLP) was used in real medical records (EMR) from patients. Accuracy was reviewed by two GPs, the Kappa-Cohen Coefficient measured the level of agreement between them. The precision was also measured, to model the satisfaction of a user who is presented with different documents.

RESULTS:

HOPE showed results almost immediately, with a mean time of 17,4 seconds. Regarding the medical information found in PubMed, the mean for specificity was 69% with a mean for the sensibility of 49%. The Kappa-Cohen coefficient for the 2 raters in the PubMed recommendation, with 150 subjects analysed was 0,735 (z=9.02 and p-value=0) which represents an “important association” between the raters.

CONCLUSIONS:

Our research seems to be the first to use ontologies and NLP in a non-endogamic way to find reliable information in primary care. HOPE seems to find adequate information in a short time which could potentially let to better diagnosis and treatment, as well as eventually reduce consultation time. This tool could be used in many other languages only using the right thesaurus.

Seems plausible the possibility of a system like HOPE that can recommend reliable health content to the However, it is still necessary to develop the system more so that it understands the EMR better.

Disclosure: No significant relationships.

PO181 / #787

PUBLICATIONS ONLY

Topic: *4. Education / 4.01 Patient education*

10 BEST PSYCHOLOGICAL TOOLS TO MOTIVATE YOUR PATIENTS TO LIFESTYLE CHANGES: A SCIENCE-BASED GUIDE

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Background: As promising as emerging diagnostic and treatment technologies are in the medical community, the effectiveness of preventive measures, on both individual and global scale, have been undeniably and consistently proven. From cardiovascular to infectious diseases, preventive medicine has been gaining a central role in modern medicine.

However, what was meant to be a basic knowledge, turned out to be a challenge to the worldwide population and even unexpectedly, to worldwide doctors.

Educating a community to change daily habits is challenging and comprehends several communicating and psychological skills, where there is currently an important gap in medical education.

Aim and learning objectives:

This workshop intends to present 10 best scientific-proven techniques in communication to help you persuade your patient to lifestyle changes.

Methods and timetable:

In this session, after the explanatory talk, all the participants will be invited to share their own experience, worries or difficulties found in their own daily practice. Group exercises will help the participants practice the techniques and carry more confidence into their own consultation.

Results/Conclusion:

After this workshop, the participants should feel empowered to enhance their impact in their own communities through lifestyle measures.

Disclosure: No significant relationships.

PO182 / #380

PUBLICATIONS ONLY

Topic: *3. Overarching topics / 3.03 Diversity and equity*

HOW TO MEASURE SOCIOECONOMIC STATUS OF IRISH GENERAL PRACTICES? ONE METHOD DESCRIBED USING PUBLICLY AVAILABLE DATABASES.

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Background and Purpose

Socioeconomic deprivation is a major determinant of excess morbidity and mortality.In general practice research therefore, accurate estimations of the socioeconomic status (or deprivation score) of patients attending GP services would improve analyses. Currently in Ireland there is no formally recognised way to achieve this. We describe one such potential method using an Open data approach.

Methods

Area deprivation scores were based on the 2016 Pobal Haase-Pratschke (HP) Deprivation Index for Enumerative Districts (EDs), derived from the 2016 Census of Population. Each practice's area deprivation score was calculated as the average HP index deprivation score for the ED of each practice and of all the adjacent EDs, weighted for population. Practice locations were mapped onto their corresponding area deprivation score using information from the Health Service Executive (HSE) online "Service Finder".

Results

16 GP practices were studied with wide geographical distribution in Munster, Leinster and Connaught. Their characteristics were 5 rural, 1 mixed and 10 urban, with 65.5 full time equivalent (FTE) GPs and a patient population of 36,327. The practice deprivation scores ranged from -6.28 (marginally below average) to +6.82 (marginally above average).

Conclusions

We describe here a straightforward method for calculating a practice's deprivation score in Ireland. Further studies examining any relationships between our deprivation score methodology and patient outcomes are required.

Disclosure: No significant relationships.