



EUROPEAN GENERAL PRACTICE
RESEARCH NETWORK



Programme Book

9 - 12 May 2024

www.egprn.org

COLOPHON

Programme Book of the 98th European General Practice Research Network Meeting
Porto, Portugal 9 - 12 May 2024

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Prof. Dr. Lieve Peremans - Belgium

Editors:

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- Dr. Margarida Gil Conde
- Prof. Dr. Ana Luisa Neves
- Prof. Dr. Peter Torzsa
- Prof. Dr. Pemra C. Unalan

Editorial Office:

- Mrs. Mine Kaya Bezgin, EGPRN Secretary, e-mail: office@egprn.org
- Mr. Burak Usgurlu, EGPRN IT Manager, e-mail: burak@uskur.com.tr

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"EGPRN and Local Organizing Committee would like to especially thank the local volunteers and sponsors for their contribution to this conference"

Table of Contents

Colophon	2	Cervical cancer screening: the patient- healthcare provider relationship as a determinant of screening adherence. A qualitative study.....	37
Colophon	2	General Practitioners' approach to sexuality over 60: a mixed study.....	38
Sponsors	3	STI Escape Room: test pre-post intervención.....	39
Sponsors	3	Characterisation, Symptom Pattern and Symptom Clusters from a retrospective Cohort of Long COVID Patients in Primary Care in Catalonia... 40	
Foreword	8	The association between BNT162b2 vaccination and incidence of immune-mediated comorbidities	41
Foreword	8	White-coat effect and masked hypertension in patients with high-normal office blood pressure: results of the Hungarian ABPM Registry.....	42
Programme Overview	9	Breast Cancer in Arab and Jewish Women in and association with use of hormonal medications... 43	
Programme Overview	9	Can Virtual Clinical Placements increase the senior medical student's motivation to perform evidence based screening in primary care?	44
Programme	12	Do European GPs involve family members when a patient gets cancer? – Plans for a European multicentre study.....	45
Thursday, 9 May 2024.....	12	Funding of ambulatory care sensitive conditions in Europe: a machine learning-based analysis of European research programs.....	46
Friday, 10 May 2024.....	14	Possibility of using a questionnaire for self- assessment of the quality of primary health care during the war in Ukraine.....	47
Saturday, 11 May 2024	17	The Impact of Virtual Consultations on Quality of Care in Type 2 Diabetes: A Systematic Review and Narrative Synthesis Protocol	48
Sunday, 12 May 2024.....	22	The PQRST framework for case discussion: a pilot evaluation.....	49
Keynotes	23	The relation of online learning, smartphone addiction, digital addiction and sleep problems in medical students.....	50
International Keynote Lecture	23	Physical work environment and burnout among primary care physicians in Israel: a cross- sectional study.....	51
Local Keynote Lecture	24	The impact of low-value prescriptive tasks and of electronic medical record (EMR) software crashes in Portuguese GPs' clinical time occupation and misuse- an exploratory study.	52
Workshops	25	Unmet needs of family caregivers and primary healthcare practitioners of patients suffering from neurocognitive disorder	53
Writing for Publication – Meet the Editors for Tips and Tricks!.....	25	Eurodata study: the role of primary health care during COVID-19 in Europe.....	54
Evidence-Based Clinical Practice	26	The contribution of an Automated Triage System to after-hours primary care services in the Netherlands, a pilot study	56
How to Conduct a Systematic Review	27	What do we know about risk factors for severe COVID-19 and how could this knowledge help us: nationwide retrospective cohort studies in Estonia?... 57	
Abstracts	28	I.CSP- Barriers to Research In Primary Care in Portugal- a cross-sectional study.....	58
Effectiveness of two procedures for deploying a facilitated collaborative modeling implementation strategy-the PVS-PREDIAPS strategy-to optimize type 2 diabetes prevention in primary care: the PREDIAPS cluster randomized hybrid type II implementation	28		
Factors influencing Primary Care Physicians recommending patients to use digital health technologies for self-management: A cross-sectional study across 20 countries	29		
Two Stage Screening For Obstructive Sleep Apnea In A Primary Practice Setting.....	30		
A key informant survey on factors influencing low prescribing of new antidiabetic drugs in Croatia. 31			
Improving medication review and cardiovascular risk management in patients using antipsychotics in general practice– a pilot study.....	32		
The Relationship Between Painkiller Prescription Knowledge and Attitude in Family Physicians and the Personal and Professional Characteristics of Physicians.....	33		
Experimenting a learning community on the ecological transition in general practice: learning and researching together to transform practices and research	34		
How do Norwegian GPs experience participation in mandatory groups for continuing medical education?.....	35		
MiLaMed - Results of the trial phase of a new longitudinal curriculum for rural healthcare at two German medical faculties	36		

Real-world comparative effectiveness of triple versus dual inhalers in chronic obstructive pulmonary disease: Impact of diabetes comorbidity..	59	Continuity of care in general practice: a survey among the general practitioners in Finland	79
Supporting evidence-based decisions for clinical practice of general practitioners by updated guideline recommendations	60	Effective Strategies for Coping with High Workload in General Practices - WiSBAH-study.....	80
A systematic literature review searching effectiveness of peers and community health workers in individual nutritional, smoking, or physical activity changes for cardiovascular primary prevention: a beneficial addition.....	61	Exploring Influences on Medical Students' Specialty Choices in Hungary: Insights into Character and Temperament, with Emphasis on General Practice Amid Physician Shortages.....	81
Cardiovascular risk and cognitive performance: a population-based cross-sectional study (NEDICES2-RISK).....	62	Healthcare Workers Insights on Enhancing PHC in Europe: Exploring how to implement Core Values in Primary Health Care	82
Non- invasive cardiovascular risk factors assessment among General Practitioner's patient population- cross sectional study.....	63	Personality Traits and Demographic Characteristics of General Practitioners: preliminary data from a Cross-Sectional Survey in 10 European countries.....	83
Recommendations on Primary Prevention of Cardiovascular Disease in General Practice – a Systematic Guideline Review	64	Validating a framework to guide the implementation of high-quality virtual primary care: an international eDelphi study.....	84
Stroke mortality prediction using machine learning: systematic review.....	65	Developing evidence-based guidelines on minor ailments in the absence of evidence	85
The effect of red yeast rice on dyslipidemia: an evidence-based review	66	Do Bulgarian General Practitioners use evidence-based medicine in daily practice?	86
Attitudes of primary care physicians towards artificial intelligence - a survey from Sweden	67	FASTCOV pilot study : « Assessment of fasting induced changes in clinical and psychological semiology in LongCovid and correlation with laboratory findings	87
Decision Aids in Primary Healthcare - Needs and Experiences	68	Patient Safety of Remote Primary Care: Expanding Recent Evidence into Practice Recommendations.....	88
Evaluation of mobile health applications for cancer care using the MARS scale.....	69	Patient's perceptions, beliefs and needs in the management of knee osteoarthritis: a systematic review protocol of qualitative studies	89
Identifying and Disseminating the Exceptional to Achieve Learning (IDEAL) in primary care: Development of the IDEALearning Toolkit for primary care.	70	What quality of life scales are usable in general practice and primary care research? A systematic review.	90
Primary care physicians' experiences of video and online chat consultations: A qualitative descriptive study	71	Age Perceptions Of The Individuals Over 50 Years Of Age Living In A District Of Istanbul And The Related Factors	91
The German version of the mHealth App Usability Questionnaire (GER-MAUQ): How to use in general practice?.....	72	Analysis of the relationship between the hours of use of a mobile device and physical changes in an urban population of 12 and 14 years old.	92
Analgesia during the insertion of intrauterine contraception: benefit or setback? - an evidence-based review	73	Breast Cancer Aftercare Among Women of Turkish Origin in Germany: Tracing the Factors Influencing Uptake.....	93
Antibiotic Prescription Practices and Patient Expectations from the Perspective of General Practitioners	74	Establishing a Population-Based Obesity Registry for Effective Obesity Management in General Practice.	94
General practitioners' preferences regarding medication reviews by community pharmacists for patients with polypharmacy in Belgium.....	75	Knowledge, Attitudes, and Beliefs of General Practitioners about the Vegetarian Diet (KAVeGP)...	95
How children and parents experience home-based guided hypnotherapy: a qualitative study.....	76	Pneumococcal vaccination in risk groups – The reality of a family health unit in Portugal.....	96
How do medication shortages affect work routines of medical assistants? Results of a flash-mob study in Germany.....	77	Experience of an outpatient interprofessional collaboration between general practitioner and psychiatrist: a qualitative study in a French community health center.....	97
Translation and adaptation of STOPP-START criteria version 3 to Portuguese: a study protocol for assessing potentially inappropriate prescribing in older people.....	78	How does the prevalence of anxiety and depression in internally displaced Ukrainians compare with Ukrainian refugees in other countries?	

Results of an ongoing study.....	98	instrument” for the Portuguese language.....	118
Impact of Social Determinants of Health in the Adult Population with Mental Health Problems Visited in Primary Care in Catalonia	99	Assessment of the Attitudes of Health Professionals Regarding the Promotion of a Healthy Lifestyle in the Community.....	119
Multimodal Assessment of Social Anxiety Disorder among International Students.....	100	Facilitators and Inhibitors of Adapted Physical Activity Practice in Patients with Chronic Disease in Brussels – A Mixed-Methods Study.....	120
The Impact of Volunteering on Mental Health – an Evidence-Based Review	101	Measuring psychological distress in cancer patients in general practice	121
Values and preferences of patients with severe mental illness with regard to smoking cessation: results from a systematic review.....	102	Ukrainian refugees healthcare resource utilization in Israel.....	122
An after-hours telemedicine urgent care service may not improve access to care for underserved populations	103	Identification of barriers and needs in the discontinuation of benzodiazepine receptor agonists in elderly patients of a community in the Alentejo region (Portugal) – a qualitative study.....	123
Attitudes and Opinions of Family Medicine Residents Towards the System of Palliative Care in Croatia.....	104	Interprofessional collaboration in the home care setting: Perspectives of people receiving home care, relatives, nurses, general practitioners, and therapists. Results of a qualitative analysis	124
Does primary caregiver burden measurement hides a patient?	105	Virtual Clinical Placements – Using technology to overcome challenges and enhance medical education. International project proposal.....	125
Home Care Delivered by GPs in Modena (Italy): A Descriptive Study with an Exploratory Analysis of its Determinants and Outcomes	106	Clinicians’ perspectives on routine screening for intimate partner violence in pregnant patients during antenatal care: a research protocol from the EGPRN Fellows	126
Incidence of sexual violence among recently arrived asylum-seeking women in France: a retrospective cohort study	107	Exploration of sexuality in women after sexual violence	127
Strategies for seeking care in the host country among asylum-seeking women who have been victims of sexual violence: A French qualitative study.....	108	Use of primary health care services among patients with severe mental illness	128
B-type natriuretic peptide (BNP) on discharge as marker of mortality on patients presenting HF with reduced Ejection Fraction (HFrEF) for two years follow-up.....	109	Author Index	129
DXA prescription: in Italy, the age of 65 is enough for guidelines, but just a minor criterion for reimbursement law. Which might be the effect on clinical practice?	110		
Evaluation of the role of experience in the accuracy of "Gut feelings" among general practitioners in clinical decision-making	111		
Frailty and its association with long-term mortality among community-dwelling older adults aged 75 years and over	112		
Integrating Lifestyle Medicine Approaches to Decrease Premenstrual Syndrome (PMS) Symptoms: A Comprehensive Intervention	113		
MAGIC QI : Management of Atrial Fibrillation in General Practice and Integrated Care Quality Improvement	114		
Nicotine addiction severity-based evaluation of ferritin, vitamin B12, and folic acid levels among female smokers: A two-year retrospective study.....	115		
Promoting Smoking Cessation in Patients with Chronic Obstructive Pulmonary Disease - a Multicentre Community Intervention Project.....	116		
Supportive Care Meetings with Gynaecological Cancer Patients.....	117		
Translation, Cultural Adaptation and Validation of the “IPDAS Minimal Criteria v4.0 (2013)			

Foreword

Evidence-Based General Practice

We are delighted to extend our warmest invitation to all esteemed European General Practice Research Network (EGPRN) members for the upcoming 98th EGPRN meeting, set to take place in the picturesque city of Porto, Portugal, from 9th to 12th May. Under the "Evidence-Based General Practice" theme, this conference promises to be an engaging and enlightening event that will foster collaborative efforts to advance research, education, and innovation in primary care.

Porto, a city steeped in history and vibrant culture, sets the perfect backdrop for this gathering of distinguished researchers and practitioners. With its strong commitment to Primary Care, Portugal's healthcare landscape has witnessed significant strides in recent years. The 98th EGPRN meeting in Porto is a testament to the dedication and progress of primary care research and education in the country.

The theme of the 98th EGPRN meeting, "Evidence-Based General Practice," aligns seamlessly with the evolving healthcare landscape in Portugal. This paradigm shift aims to foster better interdisciplinary collaboration and establish a framework for connecting welfare and healthcare on a local community level.

Over the past few decades, primary health care and general practitioners in Portugal have gained prominence, following the guidelines set forth by the World Health Organization (WHO). With a focus on prevention and well-being, practices have transitioned into multidisciplinary health centers. In light of this evolving healthcare context, the need for innovative and multidisciplinary research designs becomes imperative that can translate evidence into practice.

Moreover, this gathering will provide an opportunity to discuss the challenges and opportunities associated with population-based studies. Understanding the collective health needs of communities and implementing data-driven strategies will shape the future of evidence-based general practice in Europe.

In conclusion, the 98th EGPRN meeting in Porto, Portugal, promises to be a dynamic platform for exchange, learning, and innovation, as we collectively strive to enhance evidence-based general practice. Together, let us chart a course towards a healthier and more interconnected future for primary care, leaving an indelible impact on the well-being of communities and patients alike.

Host Organising Committee

- Ana Luísa Neves, national representative EGPRN, Portugal & Faculty of Medicine University of Porto
- Margarida Gil Conde, Research Department of the Portuguese Association of Family Physicians
- Luís Alves, Faculty of Medicine University of Porto
- Sofia Batista, Faculty of Medicine University of Porto
- Paulo Santos, Faculty of Medicine University of Porto

THURSDAY, 9TH MAY 2024

Time	Clérigos	São João	Room L7	Room L8
	Ibis Porto Sao Joao Hotel	Ibis Porto Sao Joao Hotel	Center of Medical Investigation of Faculty of Medicine (CIM)	Center of Medical Investigation of Faculty of Medicine (CIM)
9:00	Executive Board Meeting 09:30 - 13:00		Workshop 1 Writing for Publication 09.00 - 12:30	EGPRN Collaborative Study Group Meeting COGITA 09:00 - 14:00
9:30				
10:00				
11:00				
12:00				
12:30			EGPRN Collaborative Study Group Meeting TRANSITION 12:30 - 14:00	
13:00				
13:00	Lunch Break			
14:00	Price is not included in the conference fee.			
14:00		Council Meeting 14:00 - 17:00	Workshop 2 Evidence-Based Clinical Practice 15:00 - 16:30	Workshop 3 How to Conduct a Systematic Review 15:00 - 16:30
15:00				
15:30				
16:00				
16:30				
17:00				
17:00	Educational Committee 17:00 - 18:00	Research Strategy Committee 17:00 - 18:00		
18:00		PR & Communication Committee 17:00 - 18:00		
18:30-20:00	Welcome Reception and Opening Cocktail Location: Hall (Center of Medical Investigation of Faculty of Medicine, CIM)			

FRIDAY, 10TH MAY 2024	
08:00-08:30	Registration - Hall (Center of Medical Investigation of Faculty of Medicine, CIM)
08:30-08:45	Auditorium
	Opening of the Meeting by EGPRN Chairperson Dr. Tiny van Merode
	08:45-09:00
	Welcome by Local Host Dr. Ana Luisa Neves
09:00-09:40	International Keynote Lecture Dr. Minna Johansson
09:40-11:10	Plenary Session - Theme Papers: Implementation Research
11:10-11:40	Coffee Break - For the regular attenders - Hall (CIM)
11:10-11:40	Blue Dot Coffee Break - For the first time attenders - Room L7
11:40-13:10	Auditorium
	Room 3
11:40-13:10	Parallel Session A - Theme Papers: Prescribing Medication
11:40-13:10	Parallel Session B - Freestanding Papers: Research on Education
13:10-14:10	Lunch - Hall (CIM)
13:10-14:10	Room L7
	Elevator Pitch (Lunch boxes available) Join us to share your research ideas - or learn about other people's research ideas! If you have a new research idea, and havenot sent an abstract to present it at the Split EGPRN, why not present it to us as an 'elevator pitch'?
14:10-15:40	Auditorium
	Room 3
14:10-15:40	Parallel Session C - Theme Papers: Sexual Health
14:10-15:40	Parallel Session D - Freestanding Papers: Large Data Base Studies
15:40-16:00	Coffee Break - Hall (CIM)
16:00-17:30	Parallel Session E - One Slide Five Minute Presentations
16:00-17:30	Parallel Session F - Freestanding Papers: Unmet Needs in Primary Care
17:30-17:40	Summary of the day by the International Keynote Speaker Dr. Minna Johansson
17:40	End of the conference day
17:50-18:40	Auditorium
	Room 3
17:50-18:40	EGPRN Collaborative Study Group Meeting: PHC-Eurodata-Covid19
18:00	Practice Visits in Porto
	Location: 3 different options. Online pre-registration required, space is limited. The groups will leave from the conference venue.

SATURDAY, 11TH MAY 2024			
08:30-09:10	Auditorium		
	National Keynote Lecture Assist. Prof. Bruno Heleno		
09:10-10:40	Auditorium		Room 3
	Parallel Session G - Theme Papers: Big Data in Primary Care		Parallel Session H - Research Practice and Methodology
10:40-11:00	Coffee Break - Hall (CIM)		
11:00-12:30	Poster Sessions - CIM Hall		
	Poster Session 1: Cardiovascular Risk and Prevention	Poster Session 2: Technical Devices in General Practice	
	Poster Session 3: Therapy	Poster Session 4: Perspectives for General Practice	
	Poster Session 5: Evidence Based Practice	Poster Session 6: Prevention and Healthy Life Style	
	Poster Session 7: Mental Health	Poster Session 8: Vulnerable Population in Primary Care	
12:30-13:30	Lunch - Hall (CIM)		
13:30-15:30	Auditorium		Room 3
	Parallel Session I - Theme Papers: Decision Making and Prognosis in Practice		Parallel Session J: Web Based Research Course Presentations
15:30-15:50	Coffee Break - Hall (CIM)		
15:50-17:20	Auditorium		Room 3
	Parallel Session L: Theme Papers		Parallel Session M- Freestanding Papers: Mental Health
17:20-17:30	Summary of the day by the National Keynote Speaker Assist. Prof. Bruno Heleno		
17:30-17:50	Chairperson's Report by EGPRN Chair, Dr. Tiny van Merode		
17:50-18:05	Presentation of the Poster-Prize for the best poster presented		
18:05-18:15	Introduction to the next EGPRN meeting		
18:15-18:20	Closing		
19:30	Departure of busses for the social night from the Faculty of Medicine (In front of CIM Entrance)		
20:30	Social Night with Dinner, Dance and Music! Pre-booking online essential. Location: WOW Porto Address: Rua do Choupelo 39, 4400-088 Vila Nova de Gaia, Portugal		
23:55	Departure of busses from WOW Porto for the Faculty of Medicine		

Programme

Thursday, 9 May 2024

09:00 - 14:00

EGPRN Collaborative Study Group Meeting COGITA

Location: Room L8 (Center of Medical Investigation of Faculty of Medicine, CIM)

09:00 - 12:30

Workshop 1: Writing for Publication – Meet the Editors for Tips and Tricks!

Location: Room L7 (Center of Medical Investigation of Faculty of Medicine, CIM)

[Registration is required.](#)

09:30 - 12:00

EGPRN Executive Board Meeting

Location: Clérigos (Ibis Porto Sao Joao Hotel)

Only for Members of the Executive Board

12:00 - 13:00

Lunch

Price is not included in the conference fee. You may purchase lunch at [restaurants close to the venue.](#)

12:30 - 14:00

EGPRN Collaborative Study Group Meeting TRANSITION

Location: Room L7 (Center of Medical Investigation of Faculty of Medicine, CIM)

14:00 - 17:00

EGPRN Council Meeting

Location: São João (Ibis Porto Sao Joao Hotel)

Only for EGPRN Executive Board and EGPRN Council members.

15:00 - 16:30

Workshop 2: Evidence-Based Clinical Practice

Location: Room L7 (Center of Medical Investigation of Faculty of Medicine, CIM)

[Registration is required.](#)

15:00 - 16:30

Workshop 3: How to Conduct a Systematic Review

Location: Room L8 (Center of Medical Investigation of Faculty of Medicine, CIM)

[Registration is required.](#)

17:00 - 18:00

EGPRN Committee Meetings and Working Groups

- EGPRN Research Strategy Committee - São João (Ibis Porto Sao Joao Hotel)
- EGPRN Educational Committee - Clérigos (Ibis Porto Sao Joao Hotel)
- EGPRN PR & Communication Committee - São João (Ibis Porto Sao Joao Hotel)

18:30 - 20:00

Welcome Reception and Opening Cocktail

Location: Hall (Center of Medical Investigation of Faculty of Medicine, CIM)

Friday, 10 May 2024

- 08:00 - 08:30 Registration**
Location: Hall (Center of Medical Investigation of Faculty of Medicine, CIM)
- 08:30 - 08:45 Opening of the Meeting by EGPRN Chairperson**
Location: Auditorium (Center of Medical Investigation of Faculty of Medicine, CIM)
 - Tiny Van Merode (Speaker)
- 08:45 - 09:00 Welcome by Local Host**
Location: Auditorium
 - Ana Luisa Neves (Speaker)
- 09:00 - 09:40 International Keynote Lecture**
Location: Auditorium
 - Tiny Van Merode (Chair)
 - Who wants to work 27 h a day? - why researchs and guidelines should consider the clinician time needed to treat (TNT) - Minna Johansson (Keynote Speaker)
- 09:40 - 11:10 Plenary Session - Theme Papers: Implementation Research**
Location: Auditorium
 - Tiny Van Merode (Chair)
 - Effectiveness of two procedures for deploying a facilitated collaborative modeling implementation strategy-the PVS-PREDIAPS strategy-to optimize type 2 diabetes prevention in primary care: the PREDIAPS cluster randomized hybrid type II implementation - Heather L Rogers
 - Factors influencing Primary Care Physicians recommending patients to use digital health technologies for self-management: A cross-sectional study across 20 countries - Ana Luisa Neves
 - Two Stage Screening For Obstructive Sleep Apnea In A Primary Practice Setting - Andrej Pangerc
- 11:10 - 11:40 Blue Dot Coffee Break**
Location: Room L7

For the first time attenders.
- 11:10 - 11:40 Coffee Break**
Location: Hall (CIM)

For the regular attenders.
- 11:40 - 13:10 Parallel Session A - Theme Papers: Prescribing Medication**
Location: Auditorium
 - Jean Yves Le Reste (Chair)
 - A key informant survey on factors influencing low prescribing of new antidiabetic drugs in Croatia - Ljiljana Trtica-Majnarić
 - Improving medication review and cardiovascular risk management in patients using antipsychotics in general practice- a pilot study - Karlijn Van Den Brule-Barnhoorn
 - The Relationship Between Painkiller Prescription Knowledge and Attitude in Family Physicians and the Personal and Professional Characteristics of Physicians - Hilal Özkaya

11:40 - 13:10	<p>Parallel Session B - Freestanding Papers: Research on Education</p> <p>Location: Room 3</p> <ul style="list-style-type: none"> • Pemra C. Unalan (Chair) • Experimenting a learning community on the ecological transition in general practice: learning and researching together to transform practices and research - Charlotte Bréda • How do Norwegian GPs experience participation in mandatory groups for continuing medical education? - Torunn Bjerve Eide • MiLaMed - Results of the trial phase of a new longitudinal curriculum for rural healthcare at two German medical faculties - Tobias Deutsch
13:10 - 14:10	<p>Elevator Pitch</p> <p>Location: Room L7</p> <p>(Lunch boxes available)</p> <p>Join us to share your research ideas - or learn about other people's research ideas!</p> <p>If you have a new research idea, and haven't sent an abstract to present it at the Porto EGPRN, why not present it to us as an 'elevator pitch'?</p> <p>'Elevator pitches' are usually used to 'sell' a business idea, but here you will have 2 minutes to tell us about your ideas for a new research study. Click here for more information.</p>
13:10 - 14:10	<p>Lunch</p> <p>Location: Hall (CIM)</p>
14:10 - 15:40	<p>Parallel Session C - Theme Papers: Sexual Health</p> <p>Location: Auditorium</p> <ul style="list-style-type: none"> • Philippe-Richard Domeyer (Chair) • Cervical cancer screening: the patient-healthcare provider relationship as a determinant of screening adherence. A qualitative study. - Stephanie Mignot • General Practitioners' approach to sexuality over 60: a mixed study. - Maxime Pautrat • STI Escape Room: test pre-post intervención - Alba Martinez Satorres
14:10 - 15:40	<p>Parallel Session D - Freestanding Papers: Large Data Base Studies</p> <p>Location: Room 3</p> <ul style="list-style-type: none"> • Jako Burgers (Chair) • Characterisation, Symptom Pattern and Symptom Clusters from a retrospective Cohort of Long COVID Patients in Primary Care in Catalonia. - Gemma Torrell • The association between BNT162b2 vaccination and incidence of immune-mediated comorbidities - Michal Shani • White-coat effect and masked hypertension in patients with high-normal office blood pressure: results of the Hungarian ABPM Registry - János Nemcsik
15:40 - 16:00	<p>Coffee Break</p> <p>Location: Hall (CIM)</p>
16:00 - 17:30	<p>Parallel Session E: One Slide Five Minute Presentations</p> <p>Location: Auditorium</p> <ul style="list-style-type: none"> • Ferdinando Petrazzuoli (Chair) • Shlomo Vinker (Chair) • Breast Cancer in Arab and Jewish Women in and association with use of hormonal medications - Alexandra Verzhbitsky • Can Virtual Clinical Placements increase the senior medical student's motivation to perform evidence based screening in primary care? - Pavlo Kolesnyk

- Do European GPs involve family members when a patient gets cancer? – Plans for a European multicentre study. - Ilze Skuja
- Funding of ambulatory care sensitive conditions in Europe: a machine learning-based analysis of European research programs - Daniel Dias
- Possibility of using a questionnaire for self-assessment of the quality of primary health care during the war in Ukraine - Oksana Mykytchak
- The Impact of Virtual Consultations on Quality of Care in Type 2 Diabetes: A Systematic Review and Narrative Synthesis Protocol - Reham Aldakhil
- The PQRST framework for case discussion: a pilot evaluation - Pemra C. Unalan
- The relation of online learning, smartphone addiction, digital addiction and sleep problems in medical students - Ahmet Emin

16:00 - 17:30

Parallel Session F - Freestanding Papers: Unmet Needs in Primary Care

Location: Room 3

- Ana Clavería (Chair)
- Physical work environment and burnout among primary care physicians in Israel: a cross-sectional study - Yaara Bentolila
- The impact of low-value prescriptive tasks and of electronic medical record (EMR) software crashes in Portuguese GPs' clinical time occupation and misuse- an exploratory study. - Mariana Ribeiro
- Unmet needs of family caregivers and primary healthcare practitioners of patients suffering from neurocognitive disorder - Clarisse Dibao

17:30 - 17:40

Summary of the day

Location: Auditorium

- Minna Johansson (Keynote Speaker)

17:40 - 17:45

End of the conference day

17:45 - 18:45

EGPRN Collaborative Study Group Meeting:PHC-Eurodata-Covid19

Location: Room 3

18:00 - 20:00

Practice Visits in Porto

Online pre-registration required, space is limited. The groups will leave from the conference venue. Please click [here](#) for more information.

Saturday, 11 May 2024

08:30 - 09:10	<p>National Keynote Lecture Location: Auditorium</p> <ul style="list-style-type: none"> Ana Luisa Neves (Chair) Evidence-Based General Practice and Patient-Centredness - Bruno Heleno (Keynote Speaker)
09:10 - 10:40	<p>Parallel Session G: Theme Papers: Big Data in Primary Care Location: Auditorium</p> <ul style="list-style-type: none"> Radost Assenova (Chair) Eurodata study: the role of primary health care during COVID-19 in Europe - Sara Ares Blanco The contribution of an Automated Triage System to after-hours primary care services in the Netherlands, a pilot study - María Villalobos What do we know about risk factors for severe COVID-19 and how could this knowledge help us: nationwide retrospective cohort studies in Estonia? - Tatjana Meister
09:10 - 10:40	<p>Parallel Session H: Research Practice and Methodology Location: Room 3</p> <ul style="list-style-type: none"> Paul Van Royen (Chair) I.CSP- Barriers to Research In Primary Care in Portugal- a cross-sectional study. - Margarida Gil Conde Real-world comparative effectiveness of triple versus and dual inhalers in chronic obstructive pulmonary disease: Impact of diabetes comorbidity - Sophia Eilat-Tsanani Supporting evidence-based decisions for clinical practice of general practitioners by updated guideline recommendations - Annick Nonneman
10:40 - 11:00	<p>Coffee Break Location: Hall (CIM)</p>
11:00 - 12:30	<p>Poster Session 1: Cardiovascular Risk and Prevention Location: Hall (CIM)</p> <ul style="list-style-type: none"> Peter Torzsa (Chair) A systematic literature review searching effectiveness of peers and community health workers in individual nutritional, smoking, or physical activity changes for cardiovascular primary prevention: a beneficial addition. - Delphine Le Goff Cardiovascular risk and cognitive performance: a population-based cross-sectional study (NEDICES2-RISK). - Javier Rubio Serrano Non- invasive cardiovascular risk factors assessment among General Practitioner's patient population- cross sectional study. - Marta Maria Niwińska Recommendations on Primary Prevention of Cardiovascular Disease in General Practice – a Systematic Guideline Review - Ana Isabel González-González Stroke mortality prediction using machine learning: systematic review - Lihi Schwartz The effect of red yeast rice on dyslipidemia: an evidence-based review - Joana Alves Ferreira
11:00 - 12:30	<p>Poster Session 2: Technical Devices in General Practice Location: Hall (CIM)</p> <ul style="list-style-type: none"> Marija Petek Šter (Chair) Attitudes of primary care physicians towards artificial intelligence - a survey from Sweden - Hans Thulesius Decision Aids in Primary Healthcare - Needs and Experiences - Mafalda Proença-Portugal Evaluation of mobile health applications for cancer care using the MARS scale - Philippe-Richard Domeyer

- Identifying and Disseminating the Exceptional to Achieve Learning (IDEAL) in primary care: Development of the IDEALearning Toolkit for primary care. - Roisin O'malley
- Primary care physicians' experiences of video and online chat consultations: A qualitative descriptive study - Tuomas Koskela
- The German version of the mHealth App Usability Questionnaire (GER-MAUQ): How to use in general practice? - Angelina Müller

11:00 - 12:30

Poster Session 3: Therapy

Location: Hall (CIM)

- Margarida Gil Conde (Chair)
- Analgesia during the insertion of intrauterine contraception: benefit or setback? - an evidence-based review - Catarina Gonçalves
- Antibiotic Prescription Practices and Patient Expectations from the Perspective of General Practitioners - Nóra Horváth
- General practitioners' preferences regarding medication reviews by community pharmacists for patients with polypharmacy in Belgium - Manon De Montigny
- How children and parents experience home-based guided hypnotherapy: a qualitative study - Ilse Ganzevoort
- How do medication shortages affect work routines of medical assistants? Results of a flash-mob study in Germany - Christine Kersting
- Translation and adaptation of STOPP-START criteria version 3 to Portuguese: a study protocol for assessing potentially inappropriate prescribing in older people. - Luís Monteiro

11:00 - 12:30

Poster Session 4: Perspectives for General Practice

Location: Hall (CIM)

- Pemra C. Unalan (Chair)
- Continuity of care in general practice: a survey among the general practitioners in Finland - Nina Tusa
- Effective Strategies for Coping with High Workload in General Practices - WiSBAH-study - Susanne Kersten
- Exploring Influences on Medical Students' Specialty Choices in Hungary: Insights into Character and Temperament, with Emphasis on General Practice Amid Physician Shortages - Viktor Rekenyi
- Healthcare Workers Insights on Enhancing PHC in Europe: Exploring how to implement Core Values in Primary Health Care - Marina Guisado Clavero
- Personality Traits and Demographic Characteristics of General Practitioners: preliminary data from a Cross-Sectional Survey in 10 European countries - Ileana Gefaell
- Validating a framework to guide the implementation of high-quality virtual primary care: an international eDelphi study - Edmond Li

11:00 - 12:30

Poster Session 5: Evidence Based Practice

Location: Hall (CIM)

- Sophia Eilat-Tsanani (Chair)
- Developing evidence-based guidelines on minor ailments in the absence of evidence - Jako Burgers
- Do Bulgarian General Practitioners use evidence-based medicine in daily practice? - Nevena Ivanova
- FASTCOV pilot study : « Assessment of fasting induced changes in clinical and psychological semiology in LongCovid and correlation with laboratory findings - Raquel Gomez Bravo
- Patient Safety of Remote Primary Care: Expanding Recent Evidence into Practice Recommendations - Olivia Lounsbury
- Patient's perceptions, beliefs and needs in the management of knee osteoarthritis: a systematic review protocol of qualitative studies - Catarina Matias
- What quality of life scales are usable in general practice and primary care research? A systematic review. - Paul Aujoulat

11:00 - 12:30

Poster Session 6: Prevention and Healthy Lifestyle

Location: Hall (CIM)

- Negar Pourbordbari (Chair)
- Age Perceptions Of The Individuals Over 50 Years Of Age Living In A District Of Istanbul And The Related Factors - Pınar Kocabas
- Analysis of the relationship between the hours of use of a mobile device and physical changes in an urban population of 12 and 14 years old. - Ana Gastón-Faci
- Breast Cancer Aftercare Among Women of Turkish Origin in Germany: Tracing the Factors Influencing Uptake - Lara Schürmann
- Establishing a Population-Based Obesity Registry for Effective Obesity Management in General Practice. - Shlomo Vinker
- Knowledge, Attitudes, and Beliefs of General Practitioners about the Vegetarian Diet (KAVeGP) - Paola Pandiani
- Pneumococcal vaccination in risk groups – The reality of a family health unit in Portugal - Carolina Pais Neto

11:00 - 12:30

Poster Session 7: Mental Health

Location: Hall (CIM)

- Hilde Bastiaens (Chair)
- Experience of an outpatient interprofessional collaboration between general practitioner and psychiatrist: a qualitative study in a French community health center - Thibaut Colomb
- How does the prevalence of anxiety and depression in internally displaced Ukrainians compare with Ukrainian refugees in other countries? Results of an ongoing study. - Nataliia Ponzel
- Impact of Social Determinants of Health in the Adult Population with Mental Health Problems Visited in Primary Care in Catalonia - Dúnia Bel Verge
- Multimodal Assessment of Social Anxiety Disorder among International Students - Csongor István Szepesi
- The Impact of Volunteering on Mental Health – an Evidence-Based Review - Sofia Almeida
- Values and preferences of patients with severe mental illness with regard to smoking cessation: results from a systematic review - Kristien Coteur

11:00 - 12:30

Poster Session 8: Vulnerable Population in Primary Care

Location: Hall (CIM)

- Jean Karl Soler (Chair)
- An after-hours telemedicine urgent care service may not improve access to care for underserved populations - Jonathan Brill
- Attitudes and Opinions of Family Medicine Residents Towards the System of Palliative Care in Croatia - Ema Slapnicar
- Does primary caregiver burden measurement hides a patient? - Aida Puia
- Home Care Delivered by GPs in Modena (Italy): A Descriptive Study with an Exploratory Analysis of its Determinants and Outcomes - Irene Bruschi
- Incidence of sexual violence among recently arrived asylum-seeking women in France: a retrospective cohort study - Jérémy Khouani
- Strategies for seeking care in the host country among asylum-seeking women who have been victims of sexual violence: A French qualitative study - Maeva Jégo Sablier

12:30 - 13:30

Lunch

Location: Hall (CIM)

13:30 - 15:30

Parallel Session I - Theme Papers: Decision Making and Prognosis in Practice

Location: Auditorium

- Hans Thulesius (Chair)
- B-type natriuretic peptide (BNP) on discharge as marker of mortality on patients presenting HF with reduced Ejection Fraction (HFrEF) for two years follow-up. - Cristian Gabriel Bejan
- DXA prescription: in Italy, the age of 65 is enough for guidelines, but just a minor criterion for

- reimbursement law. Which might be the effect on clinical practice? - Andrea Virga
- Evaluation of the role of experience in the accuracy of "Gut feelings" among general practitioners in clinical decision-making - Yasmine Zaouche
- Frailty and its association with long-term mortality among community-dwelling older adults aged 75 years and over - Maor Lewis

13:30 - 15:30

Parallel Session J: Web Based Research Course Presentations

Location: Room 3

- Shlomo Vinker (Chair)
- Ferdinando Petrazzuoli (Chair)
- Integrating Lifestyle Medicine Approaches to Decrease Premenstrual Syndrome (PMS) Symptoms: A Comprehensive Intervention - Duygu Ayhan Başer
- MAGIC QI : Management of Atrial Fibrillation in General Practice and Integrated Care Quality Improvement - Sarah Mcerlean
- Nicotine addiction severity-based evaluation of ferritin, vitamin B12, and folic acid levels among female smokers: A two-year retrospective study - Melike Mercan Başpınar
- Promoting Smoking Cessation in Patients with Chronic Obstructive Pulmonary Disease - a Multicentre Community Intervention Project - Mariana Trindade
- Supportive Care Meetings with Gynecological Cancer Patients - Gökçe İşcan
- Translation, Cultural Adaptation and Validation of the "IPDAS Minimal Criteria v4.0 (2013) instrument" for the Portuguese language. - Micaela Gregório

13:30 - 15:30

Parallel Session K: Theme Papers: Care for Vulnerable People

Location: Room L7

- Pavlo Kolesnyk (Chair)
- Assessment of the Attitudes of Health Professionals Regarding the Promotion of a Healthy Lifestyle in the Community - Rabia Muberra Badur Bey
- Facilitators and Inhibitors of Adapted Physical Activity Practice in Patients with Chronic Disease in Brussels – A Mixed-Methods Study - Youness Kamel
- Measuring psychological distress in cancer patients in general practice - Mária Markó-Kucsera
- Ukrainian refugees healthcare resource utilization in Israel - Limor Adler

15:30 - 15:50

Coffee Break

Location: Hall (CIM)

15:50 - 17:20

Parallel Session L: Theme Papers

Location: Auditorium

- Paulo Santos (Chair)
- Identification of barriers and needs in the discontinuation of benzodiazepine receptor agonists in elderly patients of a community in the Alentejo region (Portugal) – a qualitative study - Tiago De Barros Mendes
- Interprofessional collaboration in the home care setting: Perspectives of people receiving home care, relatives, nurses, general practitioners, and therapists. Results of a qualitative analysis - Uta Sekanina
- Virtual Clinical Placements – Using technology to overcome challenges and enhance medical education. International project proposal. - Helena Manzylych

15:50 - 17:20

Parallel Session M - Freestanding Papers: Mental Health

Location: Room 3

- Sophia Baptista (Chair)
- Clinicians' perspectives on routine screening for intimate partner violence in pregnant patients during antenatal care: a research protocol from the EGPRN Fellows - Hüsna Sarıca Çevik
- Exploration of sexuality in women after sexual violence - Emeline Padeloup

- Use of primary health care services among patients with severe mental illness - Alexandra Pimentel

17:20 - 17:30

Summary of the day

Location: Auditorium

- Bruno Heleno (Speaker)

17:30 - 17:50

Chairperson's Report by EGPRN Chair

Location: Auditorium

- Tiny Van Merode (Speaker)

17:50 - 18:05

Presentation of the Poster-Prize for the best poster presented

Location: Auditorium

- Ayse Caylan (Speaker)

18:05 - 18:15

Introduction to the next EGPRN meeting

Location: Auditorium

- Peter Torzsa (Speaker)

18:15 - 18:16

Closing

Location: Auditorium

19:30 - 19:45

Departure of busses for the social night from the Faculty of Medicine

Location: In front of CIM Entrance

20:30 - 23:55

Social Night with Dinner, Dance and Music!

Place is limited. Pre-booking online essential.

Location: [WOW Porto](#)Address: [Rua do Choupelo 39, 4400-088 Vila Nova de Gaia, Portugal](#)

23:55 - 00:00

Departure of busses from WOW Porto for the Faculty of Medicine

Sunday, 12 May 2024

09:30 - 12:30

Executive Board Meeting

Location: Room L7 (Center of Medical Investigation of Faculty of Medicine, CIM)

Only for Members of the Executive Board

International Keynote Lecture

Who wants to work 27 h a day? - why researchs and guidelines should consider the clinician time needed to treat (TNT)

Dr. Minna Johansson

Family Doctor, Herrestads Healthcare Centre, Närhälsan
Director, Global Center for Sustainable Healthcare
Researcher, Gothenburg University, FoUUI Fyrbodol, Cochrane Sweden

In this talk, I will argue that the way we currently practice medicine is unsustainable for patients, clinicians, health systems, our societies and the planet. We need a new way to appreciate human, financial and environmental resources in healthcare - we need to understand what we do in medicine through a lens of sustainability.

For example, there is a massive mismatch between what is being recommended in clinical practice guidelines and the available time for clinicians to implement the recommended care. To follow current guidelines, US primary care physicians are estimated to require 27 hours per working day. Just to implement the European hypertension guidelines, Norway would need more general practitioners than currently in practice. More physicians (from all specialties) and five times as many nurses than currently available may be needed to implement all lifestyle interventions recommended by the National Institute of Health and Care Excellence in the United Kingdom. Were clinicians to follow these guidelines, there would be no time left to care for other ill patients and the healthcare system would collapse.

It is thus evident that clinicians face a barrage of recommendations that in total are impossible to implement. As a result, clinicians must prioritize which recommendations to follow in which patients. Without guidance, and under the pressure of time, prioritizing decisions at the point of care will be implicit, variable, and likely often misguided.

One – at least partial – solution to this problem would be for guideline panels to consider the time needed to implement a recommendation when determining the direction and strength of recommendations. This requires a new methodology that highlights time constraints and provides a structure for their consideration. The Time Needed to Treat (TNT) method was introduced in The BMJ in 2023. TNT provides such a structure for how guideline panels can consider the time needed to implement the recommended care. The ultimate goal of estimating TNT is to avoid that clinicians and patients spend their limited time together on recommendations with smaller rather than greater importance to the individual patient, as well as to improve access to care for patients with the greatest need of medical attention.

Local Keynote Lecture

Evidence-based General Practice and patient-centredness

Assist. Prof. Bruno Heleno

Assistant Professor at Nova Medical School Lisbon and General Practitioner at USF das Conchas in Lisbon

In this lecture, I will share patient stories to highlight the dual challenges and opportunities in evidence-based general practice. Like many clinicians, I navigate the tension between adhering to patient-centered care and evidence-based principles within a pay-for-performance framework. However, by returning to the original foundations of evidence-based practice—combining high-quality evidence, clinical expertise, and patient preferences—we find a way to bridge this gap. Key components of the patient-centered clinical method, such as 'exploring health, disease, and illness' and 'understanding the whole person,' are instrumental in applying evidence-based practice effectively. Similarly, the 5A's of evidence-based practice—assess, ask, acquire, appraise, and apply—enrich our discussions and aid in 'finding common ground' with our patients.

The challenge intensifies with the increasing interference of vested interests in clinical autonomy. Commercial influences, for instance, significantly sway the production of evidence, affecting which diseases are prioritized and how interventions are evaluated. Moreover, the rise of , structured templates, point-of-care prompts, and pay-for-performance incentives often shifts the focus from patient care to management targets. Nonetheless, evidence-based practice remains a powerful tool against these pressures. It equips us with the critical thinking skills needed to question the relevance and robustness of evidence and to ensure our clinical decisions align with patient needs.

In summary, evidence-based practice serves as a foundation for not only addressing the challenges we face but also advancing healthcare in a way that truly benefits patients. It promotes a critical evaluation of evidence and a commitment to patient-centered care, offering tools to resist against commercial and unreasonable managerial pressures. Notable advances in the last 30 years are a broader sense of what constitutes evidence, how to ensure that the voices of patients shape which evidence is produced, and more transparent methods of translating research findings into clinical recommendations. We still need evidence about better ways of understanding each patient as a whole person, or of finding common ground. These are great opportunities for general practice to be even more evidence-based.

Pre-conference Workshop 1

Writing for Publication – Meet the Editors for Tips and Tricks!

Thursday, 9th May, 09:00 - 12:30

- Jelle Stoffers, Dept. of Family Medicine, Maastricht University, Maastricht, The Netherlands; jelle.stoffers@maastrichtuniversity.nl
Jelle Stoffers is the Editor-in-Chief of the European Journal of General Practice (EJGP), the official scientific journal of Wonca Europe.
- Hans Thulesius, Dept. of Family Medicine, Lund University, Malmö, Sweden; hansthulesius@gmail.com
Professor of General Practice at Linnaeus University, Kalmar, Sweden
Hans Thulesius is the National Editor for Sweden of the Scandinavian Journal of Primary Health Care

This workshop will give participants tools to navigate the scientific publishing landscape. By providing practical guidance on each aspect of the writing and publication process, participants will gain confidence in their ability to write and submit good enough scientific papers.

Background: Peer reviewed medical journals are important media for the publication of articles relevant to Primary Health Care and General Practice/Family Medicine, such as research papers, reviews of literature, clinical lessons, and opinion papers. They are the means to disseminate original research results and educational information, discuss available evidence and share experiences. However, many colleagues find writing and submitting a scientific paper a challenge.

Aim & Audience: In this workshop, we aim at providing participants with information about preparing manuscripts for medical journals. Our intended audience are authors interested in research or medical writing, who have little or no previous experience in publishing. Of course, more experienced authors are welcome to join their knowledge and experience.

Methods: The workshop has the format of a highly interactive session. It focuses on the preparation and submission of research papers. Topics discussed are the basic structure, language and presentation of research papers, as well as common errors and how to prevent them. We also discuss how you could write an appropriate Cover Letter. In addition, we discuss the peer review process. We may also discuss other topics suggested by the participants.

Outcome: Participants will have expanded their knowledge and will have received practical advice (“tips & tricks”) on how to prepare a manuscript for publication in a peer-reviewed medical journal. A handout will be provided afterwards.

Pre-conference Workshop 2

Evidence-Based Clinical Practice

Thursday, 9th May, 15:00 - 16:30

- Bruno Heleno, GP, PhD
- Catarina Viegas Dias, GP, MSc in clinical research
- Samuel Gomes, GP
- Catarina Santos, GP

Description

Clinicians frequently generate questions in their practice but often struggle to find evidence-based answers. This workshop addresses common barriers to evidence-based practice, focusing on efficient skills for everyday clinical scenarios. It follows the Evidence-based practice 5-step approach: ask, acquire, appraise, apply, and audit. The workshop is hands-on, starting with formulating searchable questions and progressing to optimizing evidence search, emphasizing pre-appraised resources and practical application.

Objectives

Formulate searchable clinical questions (PICO structure).
Distinguish types of clinical questions.
Identify evidence-based medicine resources.
Develop efficient search strategies.
Apply evidence to clinical scenarios.

Pre-conference Workshop 3

How to Conduct a Systematic Review

Thursday, 9th May, 15:00 - 16:30

- Luiz Miguel Santiago, GP, PhD
- Gil Correia
- Paulo Nicola, Researcher
- Raquel Ramos, GP

Description

Systematic reviews are essential for evidence-based decision-making. This workshop demystifies the process, addressing challenges in systematic review methodology, including research question formulation, literature search, data analysis, and adherence to guidelines. It equips participants, regardless of background, with the skills and confidence to conduct systematic reviews.

Objectives

- Formulate precise research questions (PICO/PECO framework).
- Navigate the literature effectively.
- Perform quality assessment and data extraction.
- Understand meta-analysis principles.
- Interpret and report systematic review results.
- Adhere to guidelines.

Effectiveness of two procedures for deploying a facilitated collaborative modeling implementation strategy-the PVS-PREDIAPS strategy-to optimize type 2 diabetes prevention in primary care: the PREDIAPS cluster randomized hybrid type II implementation

Heather L Rogers, Alvaro Sanchez, Susana Pablo, Gonzalo Grandes, Prediaps Group

BioBizkaia Health Research Institute, 48903 Barakaldo, Spain. E-mail: rogersheatherl@gmail.com

Keywords: Implementation science; collaborative modeling; interprofessional collaboration; health promotion; diabetes

Background:

The most efficient procedures to engage and guide healthcare professionals in collaborative processes that seek to optimize practice are unknown.

Research questions:

What is the effectiveness and feasibility of different procedures to perform a facilitated interprofessional collaborative process to optimize type 2 diabetes prevention in routine primary care?

Method:

A type II hybrid cluster randomized implementation trial was conducted in nine primary care centers of the Basque Health Service. All centers received training on effective healthy lifestyle promotion. A local leader and external facilitator lead centers through a collaborative structured process to adapt the intervention and its implementation to their specific context. The centers were randomly allocated. One group applied the implementation strategy globally, promoting the cooperation of all health professionals from the beginning. The other group performed it sequentially, centered first on nurses, who later sought cooperation from physicians.

Results:

After 12 months, 490 patients at risk of type 2 diabetes had their healthy lifestyles addressed in both comparison groups. The proportion of at-risk patients receiving a personalized prescription of lifestyle change was higher (8.6% vs 6.8%) and 2.3 times more likely in the sequential than in the global centers, after 8 months of the intervention program implementation period. The probability of meeting the recommended levels of physical activity and fruit and vegetable intake were four- and threefold higher after the prescription than only assessment and provision of advice. The procedure of engagement in and execution of the implementation strategy did not modify the effect of prescribing healthy habits ($p > 0.05$).

Conclusions:

The collaborative modeling implementation strategy integrates interventions with proven efficacy in the prevention of type 2 diabetes in clinical practice in primary care. Implementation outcomes were somewhat better using a sequential facilitated collaborative process focused on enhancing the autonomy and responsibility of nurses who subsequently seek a pragmatic cooperation of GPs.

Points for discussion:

What is the role of primary care nurses, and specifically in prevention activities, in your country?

Would you expect the results to be different if this study were implemented in your country or region?

How valuable do you perceive collaborative modelling to be in your context?

Theme Paper / Finished study**Factors influencing Primary Care Physicians recommending patients to use digital health technologies for self-management: A cross-sectional study across 20 countries**

Ana Luisa Neves, Insight Collaborative Research Team

Global Digital Health Unit, Imperial College London, 4200-450 Porto, Portugal. E-mail: ana.luisa.neves@gmail.com

Background:

Expanding access to self-management via Digital Health Technologies may supplement traditional care, mitigating pressures on primary care through self-management. Primary Care Physicians can play a critical role in the integration of digital health technologies into patient care, but it is unclear what factors influence Primary Care Physicians' recommendation of such technologies.

Research questions:

To identify the factors associated with Primary Care Physicians recommending digital health technologies to patients for self-management before, and during the pandemic.

Method:

Primary Care Physicians across 20 countries completed an online questionnaire between June-September 2020. The outcome was self-report of recommending patients to at least one of six listed forms of digital health technologies (symptom checker/self-assessment tools, online information resources, health trackers, and mindfulness apps, online counselling and crisis resolution services). Multivariate logistic regression models were performed to identify factors associated with recommending digital health technologies to patients.

Results:

A total of 1,592 Primary Care Physicians were included. Before the pandemic, odds of recommending digital health technologies for self-management were lower for Primary Care Physicians not involved in teaching (aOR 0.64, 95%CI 0.51-0.8), or practising in Turkey, Australia, Chile, Colombia, France, Italy, Poland, Portugal, Slovenia, and Spain (aORs range: aOR 0.18, 95%CI 0.1-0.34 [Turkey]; aOR 0.58, 95% CI 0.36-0.93 [Australia]). There was no significant difference in recommending digital health technologies before and during the pandemic (53.2% vs 54.7%, $P=0.215$).

Conclusions:

Involvement in teaching (pre-pandemic) and practising in a rural setting (during the pandemic) positively influenced recommendation of digital health technologies. Significant variation in recommending digital health technologies was present across countries. Further research is indicated to better understand potential drivers of variation, including characteristics of the populations served, as well as national health systems and policies.

Theme Paper / Finished study**Two Stage Screening For Obstructive Sleep Apnea In A Primary Practice Setting**

Andrej Pangerc, Marija Petek Šter, Leja Dolenc Grošelj

Department of family medicine, Medical faculty, University of Ljubljana, Slovenia, 1000 Ljubljana, Slovenia. E-mail: andrej.pangerc@mf.uni-lj.si

Keywords: Family medicine, Obstructive sleep apnea, Primary practice setting, STOP-BANG questionnaire, Ambulatory polygraphy, Two-stage screening

Background:

Obstructive Sleep Apnea (OSA), a common sleep-related respiratory disorder, is an independent risk factor for hypertension, stroke, depression, diabetes, motor vehicle accidents. Often overlooked and underdiagnosed, its detection is hindered by limited accessibility to sleep studies, typically located remotely and requiring time consuming manual interpretation, restricting diagnostic capacity and accessibility.

Research questions:

The aim of our study was to evaluate the effectiveness of a two-stage screening process for OSA in family medicine, integrating the STOP-BANG questionnaire with automated-scoring home sleep apnea testing (HSAT). This evaluation sought to determine the feasibility and efficiency of this approach for OSA detection, and to assess the accuracy and reliability of automated interpretation in sleep study analysis.

Method:

The study was conducted in four Slovenian family practices using a cross-sectional approach, between August 2018 and August 2022. 153 randomly selected patients that came for consultation for any reason aged between 18 and 70 were included. All patients completed the STOP-BANG questionnaire and underwent same night HSAT with type III polygraphy. The recordings were scored automatically and by experienced and accredited somnologist.

Results:

Preliminary results show excellent correlation between manual and automated interpretation of HSAT and are also promising for the two-stage model of OSA screening in a primary practice.

Conclusions:

The two-stage screening for OSA in a primary care setting with automated home sleep apnea testing shows promise and might represent a viable and efficient method for early OSA detection in primary care.

Points for discussion:

Is it time for OSA diagnosis and therapy to move in to primary practice?

How to scale this study and finance it?

Theme Paper / Almost finished study**A key informant survey on factors influencing low prescribing of new antidiabetic drugs in Croatia**

Tomislav Kurevija, Dunja Šojat, Zvonimir Bosnić, Marion Tomičić, Silviya Canecki-Varžić, Ines Bilić-Ćurčić, Ljiljana Trtica-Majnarić

Faculty of Medicine Osijek, 31000 Osijek, Croatia. E-mail: tkurevija6@gmail.com

Keywords: type 2 diabetes, GLP-1ra, SGLT2-i, family medicine, low prescribing, clinical guidelines

Background:

Patients with type 2 diabetes (T2D) are usually insufficiently controlled. The identified causal factors refer to the doctors, the patients, and the healthcare system. Recently, with the appearance of new antidiabetic drugs with proven cardiovascular benefits, GLP-1ra and SGLT2-i, one more problem has been revealed – an inability of clinical guidelines to deal with complex patients from the real world.

Research questions:

What are prescription rates of new antidiabetic drugs in Croatia and the key factors influencing their low prescribing?

Method:

A qualitative study - work in progress. Two self-developed and thematically related questionnaires were sent to GPs across Croatia by email to gain data on the prescription rates of new antidiabetic drugs and the main areas of barriers for their effective prescribing, including: GPs' knowledge on the guidelines, decision-making in specific clinical situations based on recommendations from the guidelines, healthcare system organization, prescribing practice of antidiabetic drugs, and communication with patients. Standard statistical methods and regression models will be used to analyze the data.

Results:

The preliminary results of 86 assessed GPs (F 67.4%), 38.4% from rural areas, are represented, covering a total of 12023 patients with T2D. A tendency is visible to reduce the share of prescription of the old-fashioned sulfonylurea class of drugs, so that 81.4% of GPs answered that a minor part or less than a quarter of their patients were prescribed these drugs. The percentages of patients who were prescribed GLP-1ra, SGLT-2i or their combination were 13.1%, 16.7% and 6.1%, respectively.

Conclusions:

Prescription rates of new antidiabetic drugs in Croatia are generally low but comparable with other EU countries. Results of this survey will provide essential understanding of the reasons of low prescribing of new antidiabetic drugs in Croatia and help organize the survey across Europe aimed at finding the effective solutions.

Theme Paper / Finished study**Improving medication review and cardiovascular risk management in patients using antipsychotics in general practice— a pilot study**

Karlijn Van Den Brule-Barnhoorn, Kirsti Jakobs, Sietske Grol, Jan Van Lieshout, Marion Biermans, Erik Bischoff

Radboudumc, 6500HB Nijmegen, Netherlands. E-mail: karlijn.vandenbrule-barnhoorn@radboudumc.nl

Keywords: atypical antipsychotic medication; cardiovascular risk; medication review; transmural; multidisciplinary

Background:

Patients using atypical antipsychotic medication (APM) have a significant increased cardiovascular risk (CVR). However, monitoring of CVR in general practice (GP) is insufficient due to lack of knowledge and time. TACTIC is a one-time transmural intervention aimed at reducing inappropriate APM use and CVR in patients in GP. TACTIC consists of an information meeting, a multidisciplinary meeting with the patient, and a follow-up consultation with the GP in which an individualized treatment plan is drawn up. We investigated the feasibility of TACTIC in a qualitative pilot study in order to optimize the intervention for application in an upcoming RCT.

Research questions:

What are barriers and facilitators for the feasibility of TACTIC according to patients and healthcare professionals? What are suggestions of improvement for the intervention?

Method:

Patients, selected through purposive sampling, were invited for individual interviews. Healthcare professionals were invited for focus group interviews. Interviews were semi-structured and interview guides were based on the Normalization Process Theory. We used the Framework Method for analysis of our data, in order to identify themes. We applied the COnsolidated criteria for REporting Qualitative research (COREQ) guideline.

Results:

We conducted eight individual and two focus group interviews, with eleven healthcare professionals in total. This resulted in a number of important facilitating factors: personal approach, clear information meeting, and a summary with advice from the psychiatrist after the multidisciplinary meeting. Barriers appeared to be the high work load for GPs when recruiting participants, the relative short duration of the multidisciplinary meeting and the tension/anxiety patients felt during participation. Suggestions for improvement included indication, management of patients' expectations, communication and data flow between healthcare professionals.

Conclusions:

This qualitative analysis uncovered various barriers and facilitators, and useful suggestions for improvement, which we will use to further develop the TACTIC intervention in preparation for the upcoming RCT.

Points for discussion:

Suggestions for how to recruit participants, especially because the target group consists of patients who are generally more difficult to reach and motivate.

Regarding inclusion criteria: what patient group qualifies for the TACTIC intervention? Which patients benefit most? Should we include every patient on APM or patients having a CVR of e.g. 5% or higher?

Theme Paper / Finished study**The Relationship Between Painkiller Prescription Knowledge and Attitude in Family Physicians and the Personal and Professional Characteristics of Physicians**

Halim Şahin, Hilal Özkaya

Sağlık Bakanlığı Üniversitesi İstanbul Başakşehir Çam ve Sakura Şehir Hastanesi, 34480 İstanbul, Türkiye. E-mail: halim3432@gmail.com

Keywords: Analgesic Drugs, Drug Effects, Drug Interactions, Drug Prescriptions, Family Practice, Professional Competence

Background:

Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage or similar injury. The frequency, dosage and type of analgesics used in pain treatment are crucial factors.

Research questions:

This study aims to investigate whether there is a relationship between the prescribing knowledge and habits of analgesics among family physicians and their personal and professional characteristics.

Method:

Our cross-sectional study was conducted through face-to-face survey administration. A 30-question survey form was utilized and the study included 321 participants meeting the inclusion criteria, consisting of physicians working in family health centers in Istanbul, between April 1, 2023, and June 30, 2023.

Results:

It was found that 87.3% of participants had not received any training on pain management in the last year and 71.2% considered their experience in pain management partially sufficient. %60,1 of participants sometimes prescribed analgesics upon the patient's request, 56.3% always provided information to the patient about the prescribed analgesic. Furthermore, 34.7% had never prescribed opioids. Physicians working longer, middle-aged physicians and specialist physicians prescribed analgesics less frequently and provided information more frequently about the prescribed analgesics. Physicians who received education on pain management during medical school were found to prescribe opioid-type medications more frequently. In the middle-aged group and among specialist physicians, there was a significantly greater attention to drug interactions, the originality of the drug, bioavailability and the development of resistance.

Conclusions:

It was found that half of the physicians received education about pain management during medical school. Half of the physicians felt competent in pain management. Experienced and educated physicians were observed to place more emphasis on rational drug use and researching current information when prescribing analgesics. The conclusion drawn is that providing physicians with training on pain management during both medical school and post-graduation is necessary to enhance their competence in this area.

Freestanding Paper / Almost finished study**Experimenting a learning community on the ecological transition in general practice: learning and researching together to transform practices and research**

Charlotte Bréda, Bruno Verstraete, Manon Schweicher

Université catholique de Louvain, Brussels, Belgium. E-mail: c.breda@uclouvain.be

Keywords: Learning community, Ecological transition, Innovation, Qualitative Methodology

Background:

There is a gap between scientific research and how it is perceived by general practitioners, who see it as disconnected from the field and the specificity of their practice. The need for knowledge is evident and is illustrated by the desire to develop knowledge and skills related to ecological issues. The Academic Center of General Medicine at University of Louvain has taken on the challenge of establishing a culture of scientific research that reflects the specificity of its discipline through the experimentation of a learning community dedicated to ecological transition.

Research questions:

Can a learning community on ecological transition help to transform practices and research in general medicine? Is this approach suitable for GPs? If so, what are its methods and conditions for implementation?

Method:

Since January 2023, the learning community has been meeting once a month. It consists of 11 GPs, a researcher in anthropology, and a facilitator.

A two-pronged search was conducted:

The first is based on an ethnography of the system (participant observation, interviews) and aims to answer the main research question.

The second is carried out by the participants in the community, based on the question they have identified: how to take into account eco-toxicological impact in the prescription practices of general practitioners?

Results:

In terms of GPs practice:

- Co-creation of an ecological prescribing tool
- Changes in the participants' practices towards more ecological practices
- A place for the exchange of knowledge and practical know-how

In terms of research:

- Two participants have started research internships and a thesis in general medicine on ecological issues.

Conclusions:

The learning community framework serves as a catalyst for changing practices, for research training, and for the development of research dedicated to general medicine, in particular regarding the topic of ecological transition in general medicine. It requires institutionalization for the sustainability of the process within the university.

Points for discussion:

How can these bottom-up research approaches be institutionalised and what forms of governance are needed?

What are the limits of this research approach with practitioners in the field?

Sharing experiences and testimonials from learning communities in other countries?

Freestanding Paper / Almost finished study

How do Norwegian GPs experience participation in mandatory groups for continuing medical education?

Torunn Bjerve Eide

Dept of General Practice, University of Oslo, Norway, 0318 Oslo, Norway. E-mail: torunnbjerveide@gmail.com

Keywords: Continuing medical education. Quality improvement. Professional update. Mixed-methods.

Background:

To ensure high-quality services in general practice, we need both a comprehensive specialist education as well as evidence-based professional development after specialisation. Norwegian GP specialists participate in mandatory Continuing Medical Education (CME) groups. We lack research on the GPs experience and evaluation of these groups.

Research questions:

How do current CME groups function both organizationally and in terms of content? What do GPs perceive as the groups' most important functions and needs of improvement?

Method:

All Norwegian GPs were invited to participate in the study. A questionnaire was developed and piloted by experienced general practitioners and researchers. The questionnaire includes both closed-ended and free-text questions. Collected data will be analysed quantitatively and with thematic analysis as described by Braun and Clarke.

Results:

579 GPs answered the questionnaire, 59% were female, 89% were GP specialist. The CME groups consisted of from 2 to 17 participants (median 6). 38% of the groups consisted of GPs working together, while remaining groups consisted of GPs from different practices. Mean time of participation in the same CME groups was 10 years (range 0 to 45). 91.5% of respondents were happy or very happy with the total experience in their CME group. The groups were seen as important not only as a compulsory activity, but also for quality improvement, professional updates and even a social setting. Many expressed that the groups gave an essential support when dealing with professionally difficult issues. Some called for an idea bank for subjects to discuss in the groups, however many emphasised that the groups function very well as they were.

Conclusions:

Norwegian GPs reported very positive experiences with their mandatory CME groups. As the GPs' everyday work can be relatively lonely, the groups' role as a professional and emotional sounding board was seen as important. Further findings will be presented at the congress.

Points for discussion:

1. How do we best secure further professional development for GP specialists, and how is this done in your country?
2. Is there a difference in the needs regarding professional development for GPs as compared to other medical specialist?

Freestanding Paper / Finished study**MiLaMed - Results of the trial phase of a new longitudinal curriculum for rural healthcare at two German medical faculties**

Tobias Deutsch, Anja Klingenberg, Stephanie Sauer, Sabine Herget, Kay Klinge, Katharina Thaler, Melanie Nafziger, Manon Richter, Markus Bleckwenn, Thomas Frese

Leipzig University, 04103 Leipzig, Germany. E-mail: tobias.deutsch@medizin.uni-leipzig.de

Keywords: rural physician shortage, rural curriculum, undergraduate medical education

Background:

The MiLaMed project, funded by the German Federal Ministry of Health, established a longitudinal curriculum on rural healthcare at two universities (Leipzig and Halle-Wittenberg) in order to attract more future doctors to rural practice. New teaching content was integrated into the compulsory and compulsory elective curriculum in various disciplines. In four rural model regions, a network of internship providers (GP practices, specialist practices, hospitals) was established and practical placements in all specialities were advertised and supported (travel and accommodation costs, local mobility, organisational support, leisure activities). After a one-year concept phase, MiLaMed was tested over a two-year period.

Research questions:

How is the new programme perceived, used and evaluated by students and the doctors involved? How many students can be persuaded to take part in the different practical placement formats? Can the students' motivation for later rural practice be positively influenced?

Method:

MiLaMed was evaluated externally in co-operation with the aQua-Institute (Göttingen). Participation in MiLaMed courses and practical placements in the model regions was documented. An online survey of all medical students at both universities was conducted at the beginning and after four semesters. Courses and placements were also evaluated individually.

Results:

MiLaMed became well known among the students during the test phase and was perceived and evaluated very positively. From April 2020 to March 2022, a total of 437 practical placements were completed in the four model regions despite interim lockdown measures due to the COVID-19 pandemic. Most placements took place in GP practices and rural emergency service. As expected, placements positively influenced students' motivation for later rural practice. Both students and participating doctors would like to see the programme continued. Detailed evaluation results will be presented at the congress.

Conclusions:

The MiLaMed concept appears suitable for motivating many students to undertake rural placements and increasing the attractiveness of rural practice.

Points for discussion:

How transferable is the concept to other universities and countries?

How much can universities contribute to combating the shortage of rural doctors?

Theme Paper / Finished study**Cervical cancer screening: the patient-healthcare provider relationship as a determinant of screening adherence. A qualitative study.**

Stephanie Mignot, Nicolas Naiditch, Xavier Fritel

université de Poitiers, 86000 Poitiers, France. E-mail: stephanie.mignot@univ-poitiers.fr

Keywords: pap smear, relation patient health-care, compliance,**Background:**

Performing a pap smear can detect cervical cancer, the 4th leading cause of cancer in women. Despite clear, well-publicized and evidence based recommendations, over a third of women are over-screened. They are exposed to obstetrical complications. Conversely, 51.6% are under screened. Under-screening exacerbates health inequalities because the women least likely to undergo CCS are those most exposed to cervical cancer risks due to sociodemographic and socioeconomic factors. Reducing social inequalities in health is one of the missions of healthcare professionals.

Research questions:

What occurs during the encounter patient-practitioner that could affect the attitude against CCS.

Method:

Semi-structured interviews were conducted with healthcare professionals between July and December 2022. Theoretical diversity was sought on the following criteria: place of installation, type of profession, type of patient base, private practice or hospital practice. An interview grid was developed and tested. Topics covered included: recommendations, patient profile, relationship, emotional work, over- and under-screening. Interviews were conducted until data saturation was reached (no new data, theoretical diversity). Grounded theory was used for analysis.

Results:

15 midwives, 24 general practitioners and 11 gynecologists from 6 regions were included. The burden of caring for family members placed on some women, the adherence of practitioners and patients to the principle of annual follow-up, the need for negotiation to comply with recommendations, the use of emotions, and the arbitration of prioritizing what is useful for maintaining good health contributed to non-observance of screening.

Conclusions:

Despite the fact that practitioners are aware of these recommendations and in agreement with them they could not apply them during the one-on-one meeting with their patient. The search for mutual emotional comfort leads the protagonists to adopt attitudes towards the cervical cancer screening that avoid positioning conflicts, even if this means departing from the recommendations. Recommendation guides should include effective negotiation support models, such as the Health Behavior Model.

Points for discussion:

Should recommendation guides / EBM include effective negotiation support models ?

Health Behavior Model should be included in EBM approach ?

How take into account social inequalities in EBM ?

Theme Paper / Finished study**General Practitioners' approach to sexuality over 60: a mixed study.**

Maxime Pautrat

maison de santé pluridisciplinaire, médecine générale, 37240 LIGUEIL, France. E-mail: lamibaryton@hotmail.fr

Keywords: Sexuality ; Elderly ; Health communication ; General practitioners**Background:**

The sexuality of the elderly is the focus of recently research, but still rarely discussed during primary care consultations.

Research questions:

The aim of this study was to describe the practice of general practitioners (GPs) and to explore what GPs think about communicating about the sexuality of elderly people (EP).

Method:

Mixed study included quantitative and qualitative study, carried out between June 2021 and June 2022 among GPs. The quantitative study included a descriptive analysis, based on anonymous questionnaire designed by the investigators and distributed by mailing via professional structures. It included the usual demographic data completed with questions about sexuality. The qualitative study was an inductive analysis inspired by grounded theory. Its aim was to conceptualize the representations of GPs recruited by a snowball effect, based on individual semi-directed interviews.

Results:

105 questionnaires were analysed. There was a significant link between male gender and comfort ($p < 0.05$). GPs who were "at ease" were significantly older than those who were "not at ease" ($p < 0.05$). 12 GPs were interviewed. During the interviews, they reaffirmed their role as being "in the best place" while expressing their "discomfort". A patient-centred approach was favoured, with a "trusting" approach that went beyond "Judeo-Christian modesty". The GPs reported a transference phenomenon linked to their personal and professional experience. "Resistance, it's simple, it's always on the doctor's side" testified to their reflexivity.

Conclusions:

GPs' perceptions of how to deal with the sexuality of EP led to the emergence of new proposals, such as not limiting sexuality to coitus, combating societal taboos, and promoting mutual support in peer groups. This study opens up other avenues for reflection, such as screening for even old cases of violence and sexually transmitted infections, which are often overlooked in the over-60s.

Points for discussion:

How can intimate questions be included in daily EBM practice?

Freestanding Paper / Finished study**STI Escape Room: test pre-post intervenció**

Alba Martinez Satorres, Dhyaanen Pillay, Francisco Javier Fernandez Segura, Angels Casaldàliga Solà, Pablo Pires Nuñez, Zulema Martí Oltra, Marta Arcarons Martí, Andrea Maron López

Institut Català de la Salut, 08226 Terrassa, Spain. E-mail: albasatorres@gmail.com

Keywords: sexually transmitted infections, sex education, health education, health promotion, sexual health, gamification.

Background:

Among the possible causes of the difficulty in dealing correctly with sexually transmitted infections (STI) may be a lack of specific training of professionals. Gamification, a formative process through which learning experiences are seen as games, is one of the most attractive methodologies and it has aroused great interest.

Research questions:

Can we transmit knowledge about STI and violence prevention to Primary Care professionals (PCP) through gamification as a training tool?

Method:

A workshop is held as an Escape Room game aimed at PCP where they work on addressing STI based on different games or scenarios that must be passed by applying knowledge about diagnosis, screening and treatment.

The main objective is to evaluate the impact of a gamified training intervention at improving STI knowledge in PCP. The study consists of a pre-post evaluation (knowledge 20 questions test) of the intervention.

The sample size is 70 PCP who participated in different editions of the workshop offered by the teaching unit of family and community care and the Spanish society of family and community medicine.

Results:

Pre Test Results:

Pretest correct questions: Mean 11.4; standard deviation 2.93.

Pretest incorrect questions: Mean 5.37; standard deviation 1.97.

Pre-test score: Mean 9.73; standard deviation 3.43.

Post Test Results:

Post-test score: mean 16.75; standard deviation 1.66.

Test improvement: mean 6.43; standard deviation 2.94. Statistic T: 13.375 p: 7.05×10^{-15} .

There is a significant pre-post difference, the p-value (much less than 0.05), suggests that the observed improvement in test scores represents a statistically significant improvement. The intervention had a significant effect on the participants' scores.

Conclusions:

We can transmit knowledge about addressing STIs and violence prevention to PCP through gamification as a training tool. Opening the door to new ways of learning and training.

Points for discussion:

The incidence of sexually transmitted infections (STIs) is increasing, especially among young people. Innovative tools are needed to increase knowledge about sex education and STI prevention and treatment.

Gamification opens the door to new ways of learning and training for Primary Care Professionals Continuous Training.

Freestanding Paper / Finished study**Characterisation, Symptom Pattern and Symptom Clusters from a retrospective Cohort of Long COVID Patients in Primary Care in Catalonia.**

Gemma Torrell, Diana Puente, Constanza Jacques Aviñó, Israel Rodriguez-Giralt, Lucía Amalia Carrasco-Ribelles, Concepció Violán Flors, Veronica Royano, Alba Molina Cantón, Tomás López Jiménez, Laura Medina Perucha, Anna Berenguera

Institut Català de la Salut, 08007 Barcelona, Spain. E-mail: gemmatorrell@gmail.com

Keywords: SARS-CoV-2, Long COVID, post-COVID-19 syndrome, cluster analysis, primary health care, participatory research.

Background:

Around 10% of people infected by SARS-COV-2 report symptoms that persist longer than three months. Little has been reported about sex differences in symptoms and clustering over time of non-hospitalised patients in primary care settings.

Research questions:

Which are the characteristics and evolution of symptoms over time in patients with Long COVID visited at primary care settings in Catalonia?

Method:

Descriptive study of a primary care cohort of patients with symptoms' persistence ≥ 3 months from clinical onset in co-creation with the Long Covid Catalan group using an online survey. Recruitment: March 2020 -June 2021. Exclusion criteria: being admitted to ICU, < 18 years old, not living in Catalonia. 117 symptoms were gathered in 18 groups. A cluster analysis was performed at 21 days of infection (baseline), 22-60 days and ≥ 3 months.

Results:

We analysed responses of 905 participants (80.3% women). General symptoms were the most prevalent with no differences by sex, age, or wave. Its frequency decreased over time. Dermatological (52.1% in women, 28.5% in men), olfactory (34.9%, 20.9%) and neurocognitive symptoms (70.1%, 55.8%) showed the greatest differences by sex. Cluster analysis showed five clusters with a predominance of Taste&smell (24.9%) and Multisystemic clusters (26.5%) at baseline and Multisystemic (34.59%) and Heterogeneous (24.0%) at ≥ 3 months. Multisystemic cluster was more prevalent in men. Menstrual cluster was the most stable. Most transitions occurred from Heterogeneous cluster to Multisystemic cluster and from Taste&Smell to Heterogeneous.

Conclusions:

General symptoms were the most prevalent in both sexes at three-time cut-off points. Major sex differences were observed in dermatological, olfactory and neurocognitive symptoms. The increase of Heterogeneous cluster might suggest an adaptation to symptoms or a non-specific evolution of the condition which can hinder its detection at medical appointments. A carefully symptom collection and patients' participation in research may generate useful knowledge about Long Covid presentation in primary care settings.

Points for discussion:

Affected people participation in research. How, when, why.

Can clustering help to identify patients with Long COVID at clinical appointments?

When a disease is not yet well defined, how to perform an evidence-based practice?

Freestanding Paper / Finished study**The association between BNT162b2 vaccination and incidence of immune-mediated comorbidities**

Michal Shani, Irit Hermesh, Ilan Feldhamer, Orna Reges, Gil Lavie, Ronen Arbel, Yael Wolff Sagy

Tel Aviv University, 76804 Mazkekret Batya, Israel. E-mail: michal.shani@gmail.com

Keywords: vaccination, COVID-19, autoimmune disease

Background:

A large vaccination campaign was initiated worldwide in December 2020 in order to prevent infection with SARS-CoV-2. However, long-term adverse effects of vaccination remain unclear.

Research questions:

We aim to examine the association between vaccination and the incidence of autoimmune diagnoses in the first year after vaccine uptake.

Method:

This retrospective cohort study based on Clalit comprehensive database compared the rates of immune-mediated diagnoses among BNT162b2 vaccinated versus un-vaccinated individuals. A secondary cohort compared individuals infected with Sars-CoV-2 versus uninfected individuals. The minimum follow-up period was 4 months. The cohorts were divided into 4 age groups. Multivariate Cox proportional hazard regression models were applied, followed by a correction for multiple comparisons.

Results:

Increased risk for immune-mediated diagnoses following vaccination with BNT162b2 was observed for psoriasis in all age groups (HR 1.41-1.69), colitis among patients younger than 65 years (HR 1.38-1.93), vitiligo in patients aged 45-64 (HR 2.82, 95%CI: 1.57-5.08) and for polymyalgia-rheumatica in patients aged 65 years or older (HR 2.12, 95% CI: 1.3-3.47).

In the reference cohort, patients who were infected by Covid-19 were at increased risk for fibromyalgia (HR 1.72, 95% CI: 1.36-2.19 in individuals aged 18-44; HR 1.71, 95% CI: 1.31-2.22 in individuals aged 45-64), and hypothyroidism (HR 1.54, 95% CI: 1.15-2.07 in individuals aged 65 years or older).

Conclusions:

The BNT162b2 vaccine was associated with increased risk (though rare) for psoriasis, colitis and polymyalgia rheumatic. These findings should be considered as a part of the risk-benefit assessment when planning future vaccination programs for various population groups.

Points for discussion:

The journey from clinical observation to study results

Risk benefit of BNT162b2 vaccine

Freestanding Paper / Finished study**White-coat effect and masked hypertension in patients with high-normal office blood pressure: results of the Hungarian ABPM Registry**

János Nemcsik, Johanna Takács, Zsófia Kekk, Csaba Farsang, Attila Simon, Dénes Páll, Péter Torzsa, Szilveszter Dolgos, Ákos Koller, Dorottya Pásztor, Zoltán Járai

Semmelweis University, 1085 Budapest, Hungary. E-mail: janos.nemcsik@gmail.com

Keywords: high-normal blood pressure, white-coat effect, masked hypertension, ambulatory blood pressure monitoring

Background:

The initiation of antihypertensive medication is already recommended in patients with very high cardiovascular (CV) risk and high-normal office blood pressure (OBP). However, white-coat effect can be present in this BP category as well.

Research questions:

The aims of this study were to evaluate the presence of white-coat effect and masked hypertension in high-normal OBP and to explore the prevalence of untreated very high CV risk patients in this BP category.

Method:

Data of the Hungarian ABPM Registry were used in our analysis.

Results:

From 38720 uploaded ABPM curves with clinical data 9657 subjects were categorized as having high-normal OBP. Among those, 7218 (74.7%) were on antihypertensive treatment. Based on the ABPM recordings high-normal BP was confirmed in 14.3% (n=1365), while white-coat effect was present in 11.1% (n=1038) and masked hypertension in 74.6% (n=7204). Similar results were found in treated and untreated subjects as well. Independent predictors of white-coat effect were age (OR:1.01 (95%CI:1.004-1.01), p<0.001), female sex (OR:1.41 (1.18-1.68), p<0.001), obesity (OR:0.76 (0.61-0.95), p<0.001) and very high CV risk (OR:1.30 (95%CI:1.01-1.67, p<0.001). Independent predictors of masked hypertension were male sex (OR:1.92 (95% CI:1.70-2.17), p<0.001) and obesity (OR:1.55 (1.33-1.80), p<0.001). 1021 subjects had very high CV risk with high-normal OBP and only 45 of them were untreated. With ABPM only 6 (13%) of them had confirmed high-normal BP, but 34 (75%) of them had MH.

Conclusions:

In high-normal OBP, ABPM is a useful tool to diagnose white-coat effect and masked hypertension. Untreated high-normal OBP with very high CV risk is a very rare condition in the general practitioner practice, and most of these patients have masked hypertension.

Points for discussion:

ABPM use in general practice.

Treatment of high-normal blood pressure.

One-Slide/Five Minutes Presentation / Study Proposal / Idea**Breast Cancer in Arab and Jewish Women in and association with use of hormonal medications**

Alexandra Verzhbitsky, Sophia Sophia Eilat-Tsanani

Dept. of Family Medicine, Azrieli Faculty of Medicine, Clalit Health Services, Northern Region, Israel, 18000 Afula, Israel. E-mail: Alexaverba@gmail.com

Keywords: age, Arabs, breast cancer, hormones, Jews, risk factors

Background:

Breast cancer is the most prevalent malignancy in women. Epidemiology of breast cancer shows differences between populations around the world. Differences in mortality rates were reported as well. In Israel, breast cancer prevalence is lower among Arab compared to Jewish women, but incidence is increasing among Arab women at a younger age. The results of our previous cross-sectional study indicate on differences in exposure to hormonal medications between Arab and Jewish women with breast cancer, with lower use of combined oral contraceptives (OCCP) and HRT and higher use of progestogens and medications for treatment of infertility.

Research questions:

Is there an association between use of progestogens and medications for infertility and incidence of breast cancer in Arab women in Israel?

Method:

a case-control study comparing Arab and Jewish women with breast cancer and their use of hormonal medications from various types: OCCP, HRT, progestogens and medications for treatment of infertility. The population of the study will include Arab and Jewish women, cared by Clalit Health Services at age 30-60, that were diagnosed with breast cancer in the years 2023. The data on use of hormonal medication will be retrieved for the years 2000-2022. The analysis will be comprised of the description, comparing rates of use of hormonal medications between the groups, and calculation of OR in relation to each medications and combination of use, in adjustment with other risk factors, like age, number of pregnancies, age of first pregnancy, age at menopause, obesity at menopause, smoking

Results:

Ongoing study, there are no preliminary results yet

Conclusions:

Ongoing study, there are no preliminary results yet

Points for discussion:

Previous studies have indicated a possible contribution of the use of hormonal medications to breast cancer, with different conclusions related to the type of hormones.

We suggest that the differences in breast cancer between Arab and Jewish women in Israel may be associated with the social changes being experienced by Arab women in Israel.

One-Slide/Five Minutes Presentation / Study Proposal / Idea**Can Virtual Clinical Placements increase the senior medical student's motivation to perform evidence based screening in primary care?**

Pavlo Kolesnyk, Vlad Lazaryk, Francis Ugwu, Louie Garnett

Uzhgorod National University, Medical Faculty #2, Family medicine and outpatient care department, 388000 Uzhgorod, Ukraine. E-mail: dr.kolesnyk@gmail.com

Keywords: medical education, virtual clinical placement, family medicine, general practice, blended learning, screening, motivation assessment, smart glasses.

Background:

Low motivation of Ukrainian primary health care providers to plan screening of common diseases depends on absence of the state program, lack of knowledge and scope to the other urgent needs of the population during war. Using technology in medical education can deliver virtual demonstration of the best clinical placements in order to change students' motivation for screening.

Research questions:

Will use of the virtual clinical placements in education change the level of student's motivation to perform screening.

Method:

Groups of medical students complete a 2 week clinical OSCE-based teaching programme with common family medicine cases and simulated patients involved.

Students are assigned to one of two groups, each being taught the same content with emphasis on screening. Group A in addition to the standard teaching, students will have a virtual demonstration of the real clinical consultation by a doctor using smart glasses.

Group B(control) completes only standard OCSE-based teaching.

Results:

Comparison of levels of motivation to perform screening using a validated questionnaire of motivation for screening before and after the teaching is going to be performed in groups.

The group of students who virtually take part in the consultation with real patients of different gender and age categories may get a clear vision of the screening planning in primary care.

Conclusions:

Engaging innovative technologies to the medical education can increase students' abilities to gain hard and soft clinical skills including screening of the common diseases planning. This can improve students' understanding and motivation concerning screening, aiming for influencing their future practice as clinicians.

Points for discussion:

What other examples of using virtual clinical placements are being used in Europe?

What evaluation of the teaching quality could be the best?

One-Slide/Five Minutes Presentation / Study Proposal / Idea**Do European GPs involve family members when a patient gets cancer? – Plans for a European multicentre study.**

Ilze Skuja, Emmanouil Smyrnakis, Krzysztof Buczkowski, Dimitra Iosifina Papageorgiou, Zlata Ozvacic, Marija Petek Ster, Michael Harris, Mette Brekke

Riga Stradins University Ilze Skuja GP Practice, Family Medicine, LV1001 Riga, Latvia. E-mail: skujailzedr@gmail.com

Keywords: Family medicine; General practitioners; Cancer; Family support

Background:

A cancer diagnosis is a life-altering experience for the patient and also for the patient's family members. Although GPs play an important role throughout the disease trajectory of cancer patients, there is limited knowledge about whether and how GPs actively involve their cancer patients' family members.

Research questions:

Do GPs across European countries actively involve family members when one of their patients is diagnosed with cancer, and if so, how and why?

Method:

This is a multicentre online survey of GPs in at least 20 European countries, asking how often they involve their cancer patients' families, as well as when, how, and why this happens.

We will use thematic analysis to code and organize the data into themes. The questionnaire has been successfully piloted by 15 GPs in five countries.

Results:

We will present the final study protocol and the questionnaire.

Conclusions:

This study will provide evidence of GPs' views on involving cancer patients' families and their views on the factors that affect this involvement.

Points for discussion:

What methods are best suited to multi-country, multi-language qualitative research?

How can we use the results of this study to change clinical practice?

Presentation on 10/05/2024 16:00 in "Parallel Session E: One Slide Five Minute Presentations" by Ilze Skuja.

One-Slide/Five Minutes Presentation / Study Proposal / Idea**Funding of ambulatory care sensitive conditions in Europe: a machine learning-based analysis of European research programs**

Daniel Dias, Bernardo Sousa-Pinto, Manuel Marques-Cruz, Mariana Fialho, Ana Garrido-Oliveira, Ana Jacinta Abreu, António Soares

1 - Department of Community Health, Information and Decision Sciences, University of Porto, Portugal; 2 - Unidade de Saúde Familiar Ao Encontro da Saúde, ULS do Médio Ave; 4 - Unidade de Saúde Pública, ULS de Trás-os-Montes e Alto Douro, 4099-002 Braga, Portugal. E-mail: danielmartinhodias@gmail.com

Keywords: Research funding; Research prioritization; ambulatory care sensitive conditions

Background:

Introduction: Ambulatory Care Sensitive Conditions (ACSCs) are crucial in healthcare systems, as effective outpatient care can prevent hospitalizations. However, there is limited understanding of the funding landscape for projects addressing ACSCs. This study employs a Large Language Model (LLM) to analyze European research programs for funded research projects related to ACSCs.

Research questions:

Does public clinical research funding align with prevalence and burden of diseases, particularly in ambulatory care sensitive conditions?

Method:

We will conduct a analysis of randomly selected research projects from the CORDIS European platform and manually label them with ICD-10 codes. We will use the labelled corpora to finetune a Falcon-40B Large Language model to automatically attribute ICD10 codes to research projects under the Horizon 2020 and Horizon Europe programs. We will then conduct a manual analysis on research projects whose ICD10 codes match those identified in a previous systematic review as ACSCs in the European setting. Finally, the funding volumes for each ICD10 code identified in the final set of research projects will be compared with current estimates on identified pathologies' prevalence and burdens in European healthcare systems.

Results:

The analysis will identify disparities in the allocation of funds across different ACSCs in comparison with their perceived relevance and current impact in primary health sector. We will identify potential tendencies to prioritize certain conditions and areas over others, leading to gaps in funding relative to the burden of specific ACSCs.

Conclusions:

Findings will most likely suggest the need for more strategic and data-driven approaches in funding research in Europe. The disparities and gaps that may be identified in this study will highlight potential areas for policy intervention. This research will also serve as a use case to demonstrate and validate the utility of LLMs in health policy research, and to more effective pathways for research funding to impact patient outcomes.

Points for discussion:

Current research funding panorama in primary care

Usage of preventable hospitalizations indexes as primary care performance incentive

Studies methodological discussion

One-Slide/Five Minutes Presentation / Study Proposal / Idea**Possibility of using a questionnaire for self-assessment of the quality of primary health care during the war in Ukraine**

Oksana Mykytchak, Yurii Sich, Pavlo Kolesnik, Olha Iakyma, Olha Rusanovska, Ivanna Leta

UzhNU, 88000 Ужгород, Ukraine. E-mail: shovah.oksana@gmail.com

Keywords: primary health care, quality of care, interviews, questionnaires

Background:

In Ukraine, as well as in some European countries there is a self-reported questionnaire for assessing the quality of primary health care (QPHC) proposed by the Ministry of Health based on the recommendations of United States Agency for International Development (USAID) and British-Ukrainian Aid (UKAID). However, during the war in Ukraine, the recommendations may not be effective enough and need to be changed.

Research questions:

To evaluate the limitations of using the self-assessment questionnaire for QPHC from the perspective of heads of primary care settings units in different regions, including "hot spots" of Ukraine and regions remote from military operations.

Method:

A qualitative study to assess the limitations in the use of the QPHC questionnaire proposed by the Ministry of Health.

Data will be based on the interview of the heads of 10 primary care facilities in Uzhhorod and rural region that are located remotely from the front line and provide care to internally displaced patients.

With the help of Ukrainian EURACT members, using the "snowball" methodology, we will involve in a survey the heads of primary health units in different regions, including "hot spots" of Ukraine.

Results:

1st: to conduct a literature review on the availability of QPHC self-assessment methods in European countries for the purpose of comparative analysis with the Ukrainian system, noting similarities and differences. We will search if such questionnaires were used in the countries during crisis.

2nd: interview the heads of PHC Uzhhorod and rural region, located far from the front line.

3rd: to conduct a similar survey among heads of primary care facilities in different regions, including those which are close to the front line.

Conclusions:

This study will allow us to assess the limitations of the QPHC questionnaire during war in Ukraine and to provide an opportunity to improve the quality control system in crisis.

Points for discussion:

1. What methods do you know for self-assessment of QPHC in your country?

2. What methods can you suggest to assess the QPHC in a country at war?

One-Slide/Five Minutes Presentation / Study Proposal / Idea**The Impact of Virtual Consultations on Quality of Care in Type 2 Diabetes: A Systematic Review and Narrative Synthesis Protocol**

Reham Aldakhil, Elena Lammila-Escalera, Benedict Wj Hayhoe, Azeem Majeed, Geva Greenfield, Ana Luísa Neves

Imperial Colloge London, SE1 7GE LONDON, United Kingdom. E-mail: r.aldakhil23@imperial.ac.uk

Keywords: Virtual Consultation, Telemedicine, Type 2 diabetes, Systematic Review, remote consultation, care quality.

Background:

Over 90% of people globally have type 2 diabetes (T2D). By 2045, projections indicate an expected increase to 700 million. The COVID-19 pandemic accelerated digital health uptake, establishing virtual consultations as a feasible alternative to traditional in-person care. Despite promising preliminary evidence, comprehensive review is needed to fully assess the impact of virtual consultations on diabetes care. This review aims to systematically evaluate the impact of remote consultations on the quality of care provided to persons with T2D, by mapping impacts against the six quality domains outlined by the National Academy of Medicine (NAM) (i.e., patient-centeredness, effectiveness, efficiency, timeliness, equity, and safety). The review will identify the research gap within the virtual care, thereby directing future inquiries and contributing to the evidence base of virtual care models, particularly in the influence of remote technological advances. The findings of this review will contribute to better understanding of the role of virtual consultations play in managing long term and prevalent condition like T2D.

Research questions:

What is the impact of virtual consultations on quality of care in type 2 diabetes?

Method:

PubMed/MEDLINE, COCHRANE, EMBASE, CINAHL, and Web of Science will be searched for studies published between 2010 and 2023. Primary outcomes will include any quality measures pertaining to the NAM domains for adult patients accessing virtual consultations. The Cochrane Collaboration's tool and Risk of Bias in Non-Randomised Studies – of Interventions (ROBINS-I) will be used to assess the quality of the included studies. The findings will be summarised as a narrative synthesis.

Points for discussion:

The review will identify the research gap within the virtual care, thereby directing future inquiries and contributing to the evidence base of virtual care models, particularly in the influence of remote technological advances. The findings of this review will contribute to better understanding of the role of virtual consultations play in managing long term and prevalent condition like T2D.

One-Slide/Five Minutes Presentation / Study Proposal / Idea**The PQRST framework for case discussion: a pilot evaluation**

Simon Morgan, Samia Toukhsati, Pemra C. Unalan, Carla Taylor, Mehmet Ungan

Marmara University, School of Medicine, Department of Family Medicine, 34662 Istanbul, Türkiye. E-mail: pcunalan@gmail.com

Keywords: case discussion, general practice, teaching, on the job learning, assessment

Background:

Case discussion is a very common activity in general practice training and is used for both clinical oversight and teaching purposes [1]. In 2021, a new framework for registrar-initiated case discussion in the general practice setting was published in Australia, the so-called "Problem, Question, Reason, Solution, Teach" (PQRST) model. It comprises five steps, namely:

P: What is the patient's problem?

Q: What is the registrar's question?

R: How well does the registrar reason?

S: What is the solution?

T: What can be taught?

Recent research has highlighted the value of the PQRST as a means by which to clarify areas of competency and learning needs in Australian general practice training [2], a setting where registrars consult independently with patients, but practice under the supervision of accredited GP trainers. This is analogous to the European context. It is of interest to evaluate the value of the PQRST as a tool to support case discussion for teaching in European general practice on the job learning activities.

Research questions:

What is the utility, acceptability, and value of the PQRST as a model for case discussion in European general practice training?

Method:

Quasi-experimental, mixed methods pilot study involving GP supervisors, comprising a pre-post evaluation of a webinar-based educational intervention and demonstration of the PQRST framework both in practice teaching and assessment. Survey data will be imported into SPSS for analyses.

Conclusions:

This project will produce new knowledge about the utility of the PQRST framework as a case discussion tool in GP supervision in European general practice clinical environments based training. This has potential to inform GP supervision, improve GP training, and improve patient health and safety.

1. Ingham G, Morgan S, Kinsman L, Fry J. Are GP supervisors confident they can assess registrar competence and safety, and what methods do they use? *Aust Fam Physician* 2015;44(4):236–40.

Points for discussion:

2. Morgan S, 2. Toukhsati SR, Taylor CJ. It's as easy as PQRST – a new tool for effective case discussion. Paper presented at ANZPME2023; 2023 Nov 15-15; Perth, Australia

Do you need or use case discussion and supervision in general practice as a teaching tool in your country?

How to configure the "case discussion and supervision tool" to use it for training and for an objective assesment purposes?

One-Slide/Five Minutes Presentation / Study Proposal / Idea**The relation of online learning, smartphone addiction, digital addiction and sleep problems in medical students**

Ahmet Emin, Didem Kafadar, Ayşen Fenercioğlu, Nurver Sipahioğlu

İstanbul Üniversitesi Cerrahpaşa, 34295 İstanbul, Türkiye. E-mail: aemin93@hotmail.com

Keywords: smartphone, addiction, sleep, online learning, students

Background:

Smartphone addiction is a rising problem in recent years. Especially after the COVID-19 pandemic, online learning and using digital materials to study and prepare for exams have been more relevant, both in medicine and other fields. While there are studies showing an increase in smartphone addiction and internet addiction among students, there aren't many studies to investigate the role of increased online studying as opposed to traditional materials in smartphone addiction.

Research questions:

1. How prevalent is smartphone addiction, digital addiction, and sleep problems among medical students?
2. Is there a relation between smartphone addiction, digital addiction, and sleep quality?
3. Is there a correlation between study method preferences and smartphone addiction, digital addiction, and sleep quality?

Method:

A cross-sectional study using an anonymous questionnaire with demographic data, studying and exam preparation preferences, Smartphone Addiction Scale, Pittsburgh Sleep Quality Index, The Digital Addiction Scale, encompassing students in medical faculty. The inclusion criteria are being a medical student within the study period and willingness to participate. Statistical analysis will be used to investigate the connection between smartphone addiction, digital addiction, study material preferences and their effect on sleep quality.

Results:

TBD

Conclusions:

TBD

Points for discussion:

Do you think there are other important assessments we could have done?

Are there better scales to use for smartphone and digital addiction?

Is digital addiction a facilitator for online studying preference?

Freestanding Paper / Finished study**Physical work environment and burnout among primary care physicians in Israel: a cross-sectional study**

Yaara Bentolilla, Liat Lev Shalem, Bar Cohen, Miri Mizrahi Reuveni, Arnon Shahar, Limor Adler

Maccabi health care, 2018100 Koranit, Israel. E-mail: yaarau@gmail.com

Keywords: burnout, prevention, work environment, primary care

Background:

Physicians' burnout is extensive and affects work satisfaction and patient care. Studies regarding physical work environments of physicians and their impact on burnout are scarce. The physical work environment is everything that surrounds the physician, including the doctor's office, the clinic, the clinic building, the waiting, and staff rooms.

Research questions:

To describe aspects of the physical work environment of primary care physicians (PCPs) and to explore the association between physical work environment and burnout.

Method:

In this cross-sectional study, we sent online questionnaires to PCPs in Israel during October 2021. We asked physicians about their satisfaction with their physical work environment, evaluated elements of the work environment, and assessed burnout status (with the Shirom-Melamed Burnout Measure, SMBM). We used the chi-square test and the Mann-Witney test to compare categorical and continuous variables and used a logistic regression for the final model.

Results:

221 PCPs answered the questionnaire (27.6% response rate). Over a third (35.7%) of respondents reported high burnout. PCPs who were satisfied with their general physical environment had lower rates of burnout (28.1% vs. 47.8%, p -value<.001). We found positive correlations between general satisfaction with the physical work environment and the scores achieved for the doctor's office, the clinic, the clinic's building, and the waiting room. In the multivariate analysis, age and gender did not impact burnout rates.

Conclusions:

We suggest certain elements of the physical work environment indirectly affect burnout rates, with general satisfaction from physical work environment being a moderating variable through which this influence is manifested.

Points for discussion:

In this study, we report a rate of burnout (SMBM>4) of 37.5% among respondents.

PCPs who were satisfied or highly satisfied with their general physical work environment had a lower prevalence of burnout.

We found a positive correlation between general satisfaction from the physical work environment and factors related to the clinic's building, the clinic, the doctor's office, and the waiting room.

Freestanding Paper / Finished study**The impact of low-value prescriptive tasks and of electronic medical record (EMR) software crashes in Portuguese GPs' clinical time occupation and misuse- an exploratory study.**

Mariana Ribeiro, Ana Resende Mateus

ULS Matosinhos, 4470-795 Maia, Portugal. E-mail: marianasrho@gmail.com

Keywords: low value tasks; practice management; general practice

Background:

GP's work time should be reserved to cost-beneficial tasks. Repeated prescriptions requiring low level of clinical judgment and daily crashes in software are a serious issue in the Portuguese NHS, as well as GP non-quantified extra work time and burnout.

Research questions:

To assess the total weekly work time from Portuguese GPs, and the time spent in low-value tasks and software failures.

Method:

Study design: Cross-sectional, descriptive. Setting: multicentric. Population: NHS GP (N=5610). Sampling: convenience (n=263). Data collection: self-monitoring of a week's working times; self-administered anonymous questionnaire, regarding demographic variables, practice setting description, and time spent in specific tasks, or lost by GP inactivity due to software crashes. Statistics: central tendency and dispersion measures.

Results:

Response rate: 31.5% (n=83): 57.8% female; 51.8% from the North region; average experience of 12.3 years as GP (STD= 10.63). Average patient list=1755 (STD=164,1). During the week of observation, the average total working time was 45.3 hours, with a non-recognised extra work of 6.27 hours/week. Filling chronic prescriptions=137 min (33% previous ones, lost by the patients), renewing chronic rehabilitation orders=33min; transcribing tests asked by other doctors= 32min. 73 min were lost due to EMR software crashes, whose compensation time was reported by 83% to be taken away from personal rest. About 4.6 hours/week (73.5% of the extra work time) were occupied with low-value tasks or forced stops in activity due to software problems.

Conclusions:

A low response rate and a small non-probabilistic sample should be regarded as limitations. Despite this, it seems to be quantified for the first time in Portugal an inefficient use of GPs time; areas requiring organizational improvements were pointed out, addressing access and reduction of GP burnout risk.

Points for discussion:

Expansion of the study

Improvement of response rate

Freestanding Paper / Finished study**Unmet needs of family caregivers and primary healthcare practitioners of patients suffering from neurocognitive disorder**

Clarisse Dibao

dumg tours, 37000 tours, France. E-mail: clarissedd@gmail.com

Keywords: Caregivers - dementia - primary care - needs**Background:**

Interventions to reduce caregiver burden of patients living with neurocognitive disorder are slightly effective because they do not fit caregiver's needs.

Research questions:

To describe caregiver's needs to reduce their burden, and to identify healthcare professionals' needs to increase the impact of a future tailored intervention on caregiver's identified unmet needs in primary care.

Method:

Two-phases convergent design. We used a sequential mixed method study composed by a cross-sectional study (phase 1) and a qualitative study (phase 2) to collect needs of caregivers and healthcare professionals from an urban and a rural territory of primary healthcare in France. Both qualitative and quantitative results were then reported theme-by-theme using a weaving approach to highlight the different parts of a tailored and complex intervention adapted to the identified needs.

Results:

199 general practitioners (GPs) and 67 caregivers participated in the phase 1 quantitative study. 10 caregivers from the urban territory of care and 12 caregivers from the rural territory of care participated in the interviews, when 9 healthcare professionals participated in the focus groups. Results using the weaving approach highlighted the main caregivers' needs, reported in both quantitative and qualitative data: early diagnosis; information and formation about the evolution of the Alzheimer's disease and what the caregiver has to expect; coordinated aids; and psychological support.

Conclusions:

A complex and tailored intervention can be developed based on these caregivers and health professionals' identified unmet needs.

Points for discussion:

What will be the next step of this study ?

How do cultural differences impact results?

Theme Paper / Almost finished study**Eurodata study: the role of primary health care during COVID-19 in Europe**

Sara Ares Blanco, Marina Guisado Clavero, Ileana Gefaell, Lourdes Ramos Del Rio, Kathryn Hoffmann, Elena Brutskaya-Stempkovskaya, Marijana Jandrić-Kočić, Radost Assenova, Goranka Petricek, Miroslav Hanževački, Asja Ćosić Divjak, Heidrun Lingner, Theresa Sentker, Philippe-Richard J. Domeyer, Maria Bakola, Peter Torzsa, Ábel Perjés, Louise Fitzgerald, Limor Adler, Shlomo Vinker, Ferdinando Petrazzuoli, Alice Serafini, Murauskienė Liubovė, Martin Sattler, Maryher Delphin Peña, Aleksandar Kirkovski, Dragan Gjorgjievski, Katarzyna Nessler, Anna Krzton-Krolewiecka, Carmen Busneag, Snežana Knežević, Milena Kostić, Davorina Petek, Büsra Çimen Korkmaz, Erva Kirkoç, Оксана Ильков, Shushman Ivanna, Bruno Heleno, Ana Luísa Neves, Bert Vaes, Sherihane Bensemmane, Anna Segernäs, Naldy Parodi, Sven Streit, Senn Oliver, Raquel Gómez Bravo, María Pilar Astier Peña, Eurodata Collaborative Group

Spanish Society of Family and Community Medicine semFYC, 28004 Madrid, Spain. E-mail: sararesb@yahoo.es

Keywords: COVID-19, primary health care, Europe, population surveillance, clinical pathways, health status indicators, apps, vaccination

Background:

Most COVID-19 cases received care exclusively through Primary Health Care (PHC). Although the role of PHC during the pandemic has been described in certain aspects, it has not been comprehensively covered for all areas where PHC operated in Europe.

Research questions:

What was the role and visibility of PHC during the pandemic in Europe?

Method:

Descriptive, cross-sectional, retrospective study involving 27-31 European countries. Qualitative data were gathered through a semi-structured questionnaire to assess PHC's role in COVID-19 pathways, Long Term Care Facility (LTCF), indicators, apps, vaccination, and immunization information systems. A Delphi study was conducted to define COVID-19 indicators for PHC. Data collection spanned March 2020-December 2021.

Results:

In 27 countries, PHC served as the entry point for COVID-19 patients, while Telehealth services were conducted in 30 countries. There was no consensus on the isolation duration, and General Practitioners (GPs) issued sick leaves in 21 countries. Diagnostic resources and treatments varied across regions. PHC provided COVID-19 care in 22 countries, with LTCF nurses coordinating care in 19 countries. Only 13 countries collected PHC activity indicators, and 5 shared the same indicator (total COVID-19 cases in PHC). A Delphi study identified the preferred indicator as COVID-19 cases in PHC/total respiratory infection cases. Five countries integrated the COVID-19 app with PHC information systems.

COVID-19 vaccines were administered in PHC in 25 countries, with nurses and GPs administering them in 25 and 21 countries, respectively. PHC actively participated in vaccine communication campaigns in 10 countries, showing heterogeneity in priority group criteria and vaccine types. Finally, 19 countries integrated Immunization Information Systems into PHC.

Conclusions:

PHC had a relevant role in COVID-19 pandemic but heterogeneity has been described in PHC managing COVID-19 pandemic across European countries. Specific indicators from PHC might be included in future pandemics.

Points for discussion:

How could the work of Primary Health Care be given more visibility during the pandemic?

How could inequities in access to complementary tests and treatments be reduced in Europe?

How could information systems in Europe be improved to make interoperability between medical records, epidemiological surveillance systems, and patient access to their medical records a reality?

Presentation on 11/05/2024 09:10 in "Parallel Session G: Theme Papers: Big Data in Primary Care" by Sara Ares Blanco.

Theme Paper / Almost finished study**The contribution of an Automated Triage System to after-hours primary care services in the Netherlands, a pilot study**

María Villalobos, Adinda Mailuhu

Leiden University Medical Centre, 2300RC Leiden, Netherlands. E-mail: m.j.villalobos_quesada@lumc.nl

Keywords: after-hours primary care, urgent primary care, automated triage system, digital health, evidence-based interventions

Background:

The tension to provide better care as efficiently as possible, is strongly experienced by the Dutch primary care. Digital health proponents, portrait these technologies as solutions that will also improve accessibility and provision of care. During the pandemic, primary healthcare providers were pushed to find substitutes to physical contacts and increase their capacity, without increasing human resources. This catalysed the implementation of digital health. An application that is gaining significant attention from primary care providers in the Netherlands, and specifically from after-hours clinics is automated triage systems (ATS). Despite service providers claims, limited independent evidence is available of the effect of ATS in the provision of primary care after hours (urgency primary care).

Research questions:

In this study, a partnership between an after-hours primary care practice and an academic group in the Netherlands, aimed at evaluating the impact of an ATS implemented in parallel to the telephone services during the COVID-19 pandemic.

Method:

For this purpose, we are determining the accuracy of the urgency level assigned by the ATS and the contribution to the traditional telephone service in terms of shifting patients away from other types of care (telephone or in-person), referrals and contacts handled, types of patients seen. This is an observational study with quantitative healthcare data previously collected in the context of regular patient care.

Results:

Preliminary results indicate that urgency levels from telephone contacts differ from the ones assigned by the ATS. From a quadruple aim perspective, this has an impact on the use of resources, the experience of healthcare professionals and patients, and the quality of care.

Conclusions:

This study not only provides evidence of the performance of ATS in a real-world setting, but it is also an example of the practical and methodological challenges of evaluating complex interventions implemented in clinical practice.

Theme Paper / Published**What do we know about risk factors for severe COVID-19 and how could this knowledge help us: nationwide retrospective cohort studies in Estonia?**

Tatjana Meister, Anneli Uusküla, Tatjana Meister

The Institute of Family Medicine and Public Health, 51011 Tartu Linn, Estonia. E-mail: tatjana.meister@ut.ee

Keywords: COVID-19, epidemiology, risk factors, severe COVID-19**Background:**

The risk of severe COVID-19 is not completely defunct although most of the world population has acquired some kind of immunity against COVID-19: vaccine-induced, natural, or hybrid.

Research questions:

What are severe COVID-19 risk factors in unvaccinated and vaccinated individuals?

Method:

We conducted two retrospective cohort studies aimed at identifying severe COVID-19 risk factors among 184,132 SARS-CoV-2-vaccinated individuals (Jan 19, 2021–Feb 9, 2022) and a historical cohort of 66,295 unvaccinated individuals (Feb 26, 2020–Feb 28, 2021) in Estonia.

Results:

The incidence rate (IR) of severe COVID-19 defined as COVID-19-related hospitalization was 0.093 (95% CI 0.084–0.104 per 10,000 person-days) among vaccinated individuals, and 15.9 (95% CI 15.5–16.4 per 10,000 person-days) for those in the historical cohort from the pre-vaccination era. COVID-19 hospitalization rate among vaccinated individuals with breakthrough infection was at least five times lower than in the historical cohort of unvaccinated individuals (1.2% vs 6.9%, $p < 0.0001$).

Older age and impaired renal homeostasis were the strongest risk factors for COVID-19-related hospitalization in both cohorts. The other risk factors were male sex, cancer, liver disease, cardiovascular, and cerebrovascular disease.

The majority (70%) of individuals in the pre-vaccination era hospitalized for COVID-19 had no preexisting death risk modifying comorbid conditions (Charlson Comorbidity Index, CCI = 0). In contrast, most vaccinated individuals with severe breakthrough infections had multiple comorbidities (60%, with CCI=1-3)

COVID-19-related hospitalization was delayed for at least six months for those vaccinated against COVID-19, and the booster conferred substantial (up to 81%) protection against hospitalization.

Conclusions:

The prevention paradox should be considered when planning the rollout of preventive strategies in case of future pandemics.

Considering the essential role of family physicians in identifying people at higher risk, analyzing changes in risk factors over time is an essential component in planning protective measures for the most vulnerable populations.

Points for discussion:

Vaccination strategies in post pandemic era

Risk group vs mass vaccination strategies

The role of chronic renal disease in the pathogenesis of COVID-19

Theme Paper / Almost finished study**I.CSP- Barriers to Research In Primary Care in Portugal- a cross-sectional study.**

Margarida Gil Conde, Raquel Ramos, Sandra Amaral, Maria Beatriz Morgado, Gil Correia, Carolina Reis Penedo

Faculty of Medicine University of Lisbon, 1800-065 Lisboa, Portugal. E-mail: margarida.gil.conde@gmail.com

Keywords: General Practice; Health Services Research

Background:

Primary Care, despite its research potential, faces widespread barriers globally, hindering professionals' engagement. This study synthesizes the main barriers identified by professionals in conducting research.

Research questions:

What are the main Barriers for Research in Primary Care in Portugal?

Method:

An observational, cross-sectional study was conducted through online surveys targeting health professionals engaged in Primary Health Care in Portugal. The sample aimed for representation across professions and regions. Surveys encompassed demographic profiles, research experience, affiliations with research entities, and perceived training needs. Ethical approval was obtained, and statistical analyses are ongoing.

Results:

Initial findings from the demographic characterization reflect a diverse sample composition across professions, regions, and healthcare units within Portugal. Insights into barriers to research align with global experiences, emphasizing time constraints, inadequate resources, and a mindset favouring clinical experience over research evidence. Ongoing statistical analyses intend to provide deeper insights into these barriers across professional groups and geographic regions.

Conclusions:

The study's preliminary findings echo global trends, highlighting persistent barriers obstructing research engagement in Primary Care. The ongoing statistical analysis aims to dissect these barriers and unveil nuanced differences among professional groups, regional contexts, and affiliations with research entities. The discussion will delve into the implications of these findings, potential strategies to overcome barriers and future directions to foster a research culture within Primary Health Care in Portugal. This comprehensive study aims to provide a nuanced understanding of barriers to research engagement within Primary Health Care, offering insights for policy interventions and strategies to encourage research among healthcare professionals in Portugal.

Points for discussion:

Are the barriers for research in PHC in Portugal similar to other countries?

What can be proposed solutions for the identified barriers?

How to improve research capacity in PHC in Europe?

Freestanding Paper / Finished study**Real-world comparative effectiveness of triple versus dual inhalers in chronic obstructive pulmonary disease: Impact of diabetes comorbidity**

Sophia Eilat-Tsanani, Sophie Dellaniello, Pierre Ernst, Samy Suissa

Department of Family Medicine - Azrieli Faculty of Medicine, Bar-Ilan University, Safed, Israel; Clalit Health Services, North district, 3657000 Giv'at Ela, Israel. E-mail: eilatsophia@gmail.com

Keywords: COPD, diabetes mellitus, comorbidity

Background:

The recommended first-line treatment for patients with chronic obstructive pulmonary disease (COPD) who have a history of exacerbations is single-inhaler dual bronchodilators combining long-acting muscarinic antagonists (LAMA) and long-acting beta2-agonists (LABA). Single-inhaler triple therapy, combining LAMA, LABA, and inhaled corticosteroids (ICS), is recommended for those who also have significant eosinophilia. While type 2 diabetes (T2D) is a frequent comorbidity in COPD, associated with poorer outcomes, the latest management guidelines (GOLD) recommend that the two conditions be treated independently.

Research questions:

Is there a difference in the effectiveness of treatment with single-inhaler triple versus single-inhaler dual bronchodilators with coexisting T2D.

Method:

A cohort study comparing initiators of single-inhaler triple versus dual bronchodilators on the incidence of moderate or severe exacerbation was performed using a general practice database. Weighted Cox proportional hazard models were used to estimate hazard ratios (HR), stratifying on the presence of a T2D and prior exacerbations.

Results:

The study cohort involved 33,901 patients with COPD. It included 8544 who also had T2D, of which 13.3% initiated triple therapy, and 25,202 with no T2D, of which 11.7% started triple therapy. Among patients with two or more exacerbations prior to treatment, the HR of a moderate or severe exacerbation with triple therapy was 1.04 (95% CI: 0.86-1.25) in patients with T2D and 0.74 (95% CI: 0.65-0.85) in patients without diabetes.

Conclusions:

Our analyses suggest that the presence of T2D alongside COPD may affect the effectiveness of therapy. We found that the effectiveness of initiating treatment of exacerbating COPD with single-inhaler triple therapy is more effective than a dual bronchodilator at reducing the risk of exacerbation in patients without T2D, but not in patients with T2D. This study suggests avenues for future research toward a precision medicine approach to COPD management.

Points for discussion:

RCTs, like those that were brought to use single-inhaler triple medications for COPD tend to ignore patients with comorbidity in the analysis. How can we overcome this gap in our knowledge?

Freestanding Paper / Almost finished study**Supporting evidence-based decisions for clinical practice of general practitioners by updated guideline recommendations**

Annick Nonneman, Simon Van Cauwenbergh, Leen De Coninck, Jérôme Wagon, Evelyne Vanhoof, Paul Van Royen

UCLouvain, 1200 Woluwe Saint Lambert, Belgium. E-mail: annick.nonneman@uclouvain.be

Keywords: Practice guidelines, primary care, literature surveillance, Methodology

Background:

Clinical practice guidelines (CPGs) play a crucial role in integrating scientific evidence into healthcare decision-making. The Belgian working group WOREL (Working group development of primary care guidelines) has published 24 mostly interdisciplinary CPGs, in which General Practitioners (GPs) are always included. Approximately 20% of these guidelines appear to be out of date after 3 years, or even earlier. Therefore, updated recommendations reflecting new evidence are necessary to ensure their relevance for primary care. Literature surveillance is a key factor in this process.

Research questions:

How was the methodology of literature surveillance for CPGs implemented and what was the impact on the updating of recommendations and guidelines?

Method:

WOREL works with two partners to ensure the literature surveillance: one is the Belgian Center for pharmacotherapeutic information for primary care; the other is an online journal for Evidence-Based Practice that publishes pre-appraised studies for primary care. WOREL's monitoring is based on a systematic screening of a list of predefined sources (Big five journals, drug bulletins, guidelines producers, journal clubs), search strings in databases and evidence alerts. This provides an automated process for the identification of newly published evidence.

Results:

The literature surveillance process is depicted in a flowchart that covers a publication period from October to November 2023. The chart reports the following results for each step: in total 286 relevant articles for the 24 guidelines; 64 relevant for the clinical questions and recommendations; 12 articles confirm recommendations, 10 articles are assessed with a moderate or high level of newsworthiness. Additionally, the flowchart outlines decision points and actions to be taken.

Conclusions:

The optimisation of evidence-based decision-making in primary care through up-to-date recommendations should be achieved through an effective and sustainable process of continuous monitoring of the literature. A flowchart, such as the one proposed here, can serve as a valuable framework for conducting literature surveillance.

Points for discussion:

The proposed methodology still has to be tested in practice. Our experiences will be shared with the scientific community. While we discussed and elaborated this methodology some important for the questions were already raised:

How to further implement and adapt this methodology for updating guideline recommendations?

Same or alternative experiences in other countries?

Poster / Finished study**A systematic literature review searching effectiveness of peers and community health workers in individual nutritional, smoking, or physical activity changes for cardiovascular primary prevention: a beneficial addition.**

Delphine Le Goff, Marie Barais, Gabriel Perraud, Floriane Colin, Arnaud Dossat, Jean-Yves Le Reste

Faculté de médecine, Médecine Générale, 29200 Brest, France. E-mail: docteurdlegoff@gmail.com

Keywords: Primary Prevention, Heart Disease Risk Factors, Community Support

Background:

In 2019, cardiovascular diseases (CVD) were the leading cause of death worldwide. CVD's Primary prevention (CVDPP) is problematic because of low drug effectiveness and high cost while involving expensive Healthcare. To circumvent these difficulties peers and community health workers (CHWs) could be involved to implement behavioral changes for CVDPP in smoking, physical activity or nutrition.

Research questions:

The aim of this review was to assess peers and CHWs effectiveness in behavioral changes for CVDPP worldwide.

Method:

Systematic literature review following the PRISMA statements. Randomized controlled trials (RCTs), systematic reviews and meta-analysis of RCTs were searched in Pubmed, Scopus, Embase and Cochrane databases till November 2021. Studies were selected if they implemented behavioral changes and if their primary outcome was a behavioral or biological cardiovascular endpoint. Studies were selected independently by two researchers using Rayyan software. Biases were evaluated using the Rob2 software. Results were organized by type of peer or CHWs and by type of CVD risk factor.

Results:

25 studies, including seven reviews and two meta-analyses were selected. Studies used fasting blood glucose, glycated hemoglobin, HDLc, LDLc, BMI, weight, waist circumference, nutritional behaviors, physical activity as primary outcomes. Peer exposure improved glycated hemoglobin and increased smoking cessation in adult smokers. Peer effectiveness increased with duration to their exposure. Additionally, CHWs were more effective than peers. Study biases were moderate to high, related to randomisation and elevated numbers of loss to follow-up. Populations involved were mainly vulnerable American and Latin American populations.

Conclusions:

Peers and CHWs were partly effective. Generalization was limited due to included populations. Integrating peers to prevention strategies seems to be a gainful complementary option for CVDPP.

Points for discussion:

Efficacy of current current CVDPP strategies

Tasks delegation

Relevant cardiovascular outcome

Poster / Ongoing study with preliminary results**Cardiovascular risk and cognitive performance: a population-based cross-sectional study (NEDICES2-RISK).**

Javier Rubio Serrano, Beatriz Arregui-Gallego, Ileana Gefaell, Ester Tapias-Merino, Maria Del Canto De Hoyos-Alonso, Isabel Del Cura

FIBAP, 28004 Madrid, Spain. E-mail: ileanagefaell@gmail.com

Keywords: Heart Disease Risk Factors, Neuropsychological Tests, Cognitive Dysfunction, Clinical Decision Rules

Background:

Cardiovascular risk (CVR) factors can increase the likelihood of cognitive impairment. CVR functions seem to be a reliable predictor of this risk.

Research questions:

Is there a relationship between CVR and cognitive performance in the Spanish population?

Method:

Cross-sectional study of a community based cohort, aged 55 to 75 years with no previous cardiovascular events. The study estimated CVR using the Framingham REGICOR (Registre Gironí del Cor) and FRESCO (Función de Riesgo Española de acontecimientos Coronarios y Otros) equations. Participants underwent neuropsychological tests to explore the following cognitive domains: global cognition, memory, premorbid intelligence, verbal fluency, visuoconstruction, attention, and psychomotor speed. A generalized linear model was fitted to analyze the influence of CVR on cognitive performance for each risk function.

Results:

The study included 859 participants. The median age was 67 (IQR: 62.00–71.0) years, and 56.2% were women. Women with higher CVR, as determined by REGICOR, had lower scores in the Trail Making Test A part 2 (TMTA-2) with an odds ratio (OR) of 4.35, (CI95% 1.16-18.45). High CVR by FRESCO, showed lower scores in the Immediate OR:5.16 (CI95% 1.91-15.64), and Delayed Recall tests OR:2.75, (CI95% 1.05-7.61), and TMTA part 1 (TMTA-1) OR:6.77 (CI95% 2.13-21.61). Men with higher CVR estimated with the REGICOR function had lower scores in the TMTA-1 OR:3.14 (CI95% 1.30-7.66), and TMTA-2 OR:2.75 (CI95% 1.18-6.44). Similarly, those with moderate CVR exhibited poorer scores in TMTA-1 OR:2.16 (CI95% 1.09-4.45). The FRESCO function also indicated that men with moderate CVR presented lower scores in the Immediate OR:2.23 (CI95% 1.20-4.19) and Delayed Recall tests OR:2.35 (CI95% 1.24-4.49), as well as TMTA-1 OR:2.49 (CI95% 1.14-5.55).

Conclusions:

Despite the absence of previous cardiovascular disease, poor cognitive performance was associated with high CVR in men and women. Memory, attention and psychomotor speed were the most affected cognitive domains.

Points for discussion:

Why do you think REGICOR and FRESCO differ in CVR levels?

This study is part of a 5 year follow up cohort, taking that into account, what should we recommend in the Primary Care setting to avoid future cognitive impairment?

Poster / Ongoing study with preliminary results**Non- invasive cardiovascular risk factors assessment among General Practitioner's patient population- cross sectional study.**

Marta Maria Niwińska, Aleksandra Danieluk, Anna Kamińska, Sławomir Chłabcz

Medical University of Białystok, 15-054 Białystok, Poland. E-mail: martaaniwinska@gmail.com

Keywords: prophylaxis, cardiovascular risk, non- invasive studies

Background:

Non-invasive cardiovascular risk assessment utilizes measurement of pulse wave velocity (PWV) and advanced glycation end products (AGE). Evaluation of those factors seems promising due to the early detection and therapeutic intervention for high-risk patients in general practitioner (GP) settings.

Research questions:

This study aims to evaluate the distribution of AGE and PWV measurements as additional factors in cardiovascular risk assessment among patients attending GP practices, with a particular focus on exploring the potential relationship between these parameters.

Method:

A cross-sectional study was conducted on 122 patients over the age of 50, utilizing non-invasive devices available in the Department of Family Medicine. PWV assessment was performed with devices: SphygmoCor XCEL using tonometry and Mobil-O-Graph using oscillometry. Skin AGE concentration was assessed with AGE reader, that excite autofluorescence in skin by ultra-violet light. Patients were divided into five groups, depending on AGE level. Analysis comprised medical history, including: pharmacotherapy, comorbidities, history of cardiovascular incidents, such as strokes and myocardial infarctions and physical examination elements.

Results:

The majority of patients (n=73) exhibited AGE level within a normal range (AGE=2.1). Relationship between age and AGE concentration was observed. PWV measurements performed with SphygmoCor XCEL and Mobil-O-Graph (8.6 m/s; 10.5 m/s, respectively), were highest in the group with the greatest AGE level (n=10, AGE=3.2). The percentage of hypertension occurrence (70.0%) and pharmacotherapy usage was also greatest among this group. When consider all groups with abnormal AGE level, higher prevalence of diabetes is observed comparing to the population with normal AGE concentration (30.00%; 33.3%; 12.5%; 35.0% vs. 15.1%).

Conclusions:

Preliminary findings suggest a positive relationship between AGE and PWV. However, studies on a larger population are essential to confirm such relationship. Furthermore, the value of these parameters as additional cardiovascular risk factors needs confirmation in prospective studies.

Points for discussion:

Is it possible to introduce novel, non-invasive devices in GP practice?

What are the possible benefits of evaluating parameters such as PWV and AGE?

Improving the diagnostic process in GP practice.

Poster / Finished study**Recommendations on Primary Prevention of Cardiovascular Disease in General Practice – a Systematic Guideline Review**

Lara Schürmann, Maren Bredehorst, Dennis Firmansyah, Christiane Muth, Ana Isabel González-González, Veronika Van Der Wardt, Jörg Haasenritter, Svetlana Puzhko

Bielefeld University, 33615 Bielefeld, Germany. E-mail: lara.schuermann@uni-bielefeld.de

Keywords: cardiovascular disease, primary care, primary prevention, general practice

Background:

Cardiovascular disease (CVD) is the leading cause of death in Europe. Therefore, CVD prevention counseling is an important issue in general practice.

Research questions:

What are the current recommendations of national (German) and international guidelines for primary prevention of CVD in adults in general practice?

Method:

We conducted a systematic guideline review using the methodology of Muth et al. We searched medical databases and websites of guideline-producing societies from 2016 onwards for the guidelines on the primary prevention of CVD in adults. We assessed the quality of the guidelines using the MiChe tool, extracted relevant recommendations, cross-analyzed them for consistency, and assessed the quality of the supporting literature (e.g. ROBIS in case of a systematic review).

Results:

We identified 26 guidelines, 19 of which were of very good quality. We extracted 581 recommendations on risk assessment, pharmacological and non-pharmacological interventions, and patient-provider communication. Most guidelines recommended risk assessment for patients >40 years of age using standardized tools. Recommendations for pharmacological and non-pharmacological prevention consistently advised personalizing prevention strategies based on patients' health characteristics and their goals and preferences. The respective examples include treating patients with high CVD risk with atorvastatin 20 mg/day and advising patients with elevated blood pressure to reduce salt intake. All included guidelines recommend shared decision-making for pharmacological prevention and lifestyle changes after a patient has been informed about their individual CVD risk. Recommendations on many important aspects of CVD prevention (drug dosages, risk assessment scores) were inconsistent and conflicting.

Conclusions:

Even though current recommendations for some components of primary CVD prevention are consistent across international guidelines, most recommendations are inconsistent, possibly due in part to the influence of different health care contexts. Further research on primary prevention of CVD is recommended to inform high-quality, evidence-based guidelines.

Points for discussion:

How can a patient-centered approach in CVD prevention, including shared decision-making and consideration of individual patient needs and preferences, be implemented throughout GP practices?

What could be possible reasons for the inconsistencies and conflicting recommendations found in the guidelines?

How can these discrepancies impact CVD prevention in general practice?

Poster / Published**Stroke mortality prediction using machine learning: systematic review**

Lihl Schwartz

Clalit Health Services, 6416203 Tel Aviv Yafo, Israel. E-mail: lihi.shwartzh@gmail.com

Keywords: Stroke, Machine learning, Mortality prediction, Artificial intelligence, Mortality prognostic factors**Background:**

Accurate prognostication of stroke may help in appropriate therapy and rehabilitation planning. In the past few years, several machine learning (ML) algorithms were applied for prediction of stroke outcomes. We aimed to examine the performance of machine learning-based models for the prediction of mortality after stroke, as well as to identify the most prominent factors for mortality

Research questions:

1. Evaluation of the performance of machine learning-based models for predicting mortality after stroke.
2. What are the independent predictors of stroke outcomes, and can they be utilized in future models?

Method:

We searched MEDLINE/PubMed and Web of Science databases for original publications on machine learning applications in stroke mortality prediction, published between January 1, 2011, and October 27, 2022. Risk of bias and applicability were evaluated using the tailored QUADAS-2 tool.

Results:

Of the 1015 studies retrieved, 28 studies were included. Twenty-Five studies were retrospective. The ML models demonstrated a favorable range of AUC for mortality prediction (0.67–0.98). In most of the articles, the models were applied for short-term post stroke mortality. The number of explanatory features used in the models to predict mortality ranged from 5 to 200, with substantial overlap in the variables included. Age, high BMI and high NIHSS score were identified as important predictors for mortality. Almost all studies had a high risk of bias in at least one category and concerns regarding applicability

Conclusions:

Using machine learning, data available at the time of admission may aid in stroke mortality prediction. Notwithstanding, current research is based on few preliminary works with high risk of bias and high heterogeneity. Thus, future prospective, multicenter studies with standardized reports are crucial to firmly establish the usefulness of the algorithms in stroke prognostication

Points for discussion:

Age, high BMI and high NIHSS score are the most important predictors for mortality attributed to stroke

Machine learning has achieved great performance for stroke mortality prediction

Deep learning has the potential to play an emerging role in stroke prognostication

Poster / Finished study**The effect of red yeast rice on dyslipidemia: an evidence-based review**

Ana Rita Rocha, Joana Alves Ferreira, João Mendes Sobral, Samuel Pinto

USF Baltar, Paredes, Portugal. E-mail: anarrocha.97@gmail.com

Background:

Dyslipidemia is a common health issue with a known major impact in cardiovascular diseases. Controlling cardiovascular risk factors, especially with regard to the LDL cholesterol levels, is preponderant to reduce morbidity and mortality. Statins remain the first line in the treatment of dyslipidemia, but there is a growing interest in alternative products. Red yeast rice (RYR) is a nutraceutical with cholesterol-lowering properties, therefore with a possible impact on the prevention of cardiovascular events.

Research questions:

Our goal is to investigate the lipid-lowering abilities of RYR supplements, its efficiency and its safety for use in dyslipidemic patients.

Method:

The present study is an evidence-based review. A research of the Pubmed database was made in April of 2023, using the MeSH terms "red yeast rice" and "dyslipidemia". Studies from the last ten years, in portuguese or english, with public access, that included the use of RYR or its known active substance, monacolin K, in monotherapy were considered. The data collection included the type of study, dose of supplement used, effect on LDL cholesterol and safety assessment, when mentioned.

Results:

Thirteen studies were included, according to eligibility criteria. All studies demonstrated a reduction of LDL cholesterol levels with the use of RYR. This reduction varied from 20,7 to 60,7 mg/dL, which is justified by the different doses administered in the different studies. There were no severe adverse effects registered. Additionally, several studies have demonstrated the benefits of RYR in reducing the incidence of coronary disease and cardiovascular-related deaths.

Conclusions:

RYR demonstrates a clinically and statistically significant reduction of LDL cholesterol levels. This might represent a safe and effective treatment option for dyslipidemia and cardiovascular risk reduction in statin-intolerant patients.

Points for discussion:

Is red yeast rice effective in controlling dyslipidemia?

In which patients does red yeast rice represent a treatment option?

Does red yeast rice improve cardiovascular outcomes?

Poster / Finished study**Attitudes of primary care physicians towards artificial intelligence - a survey from Sweden**

Hans Thulesius, Hasan Burhan, Felix Busch, Keno Bressemer, Thomas Åkesson Lindow

R&D Kronoberg, Clinical Sciences, 35250 Växjö, Sweden. E-mail: hansthulesius@gmail.com

Keywords: primary care physicians, artificial intelligence, attitudes, survey

Background:

The anticipated transformation of medicine by artificial intelligence (AI) extends beyond diagnosis and imaging to prognosis, treatment, and patient monitoring. This study aims to understand the attitudes of primary care physicians in Sweden towards this technological shift.

Research questions:

How do primary care physicians in Sweden perceive the application of AI in medicine and health care?

Method:

A self-report questionnaire survey originally designed to gather patients' opinions on AI use in medical settings was adapted into a 28-item survey for physicians. This instrument was designed to capture background information (4 items), gauge current perceptions of AI (16 items), and uncover prevalent concerns (8 items).

Results:

Approximately 100 primary care physicians in a Swedish region of 200,000 residents were sent a 28-item survey about AI in the spring of 2023. Of the 53 respondents, median age was 40 years, with a gender distribution of 29 women and 24 men; 28 GP specialists and 25 GP trainees. In terms of electronic device usage, 98% of physicians reported regular use of smartphones, 82% used computers, and 20% used smartwatches on a weekly basis. Men reported a higher perceived knowledge of AI than women ($p=0.007$). However, when comparing other items relating to attitudes towards AI, no significant differences were observed across gender or age groups. When asked about their general view on the use of AI in healthcare, 52% responded positively, 35% negatively, and 13% were neutral. In response to the statement "With my current knowledge, I feel adequately prepared to work with AI as a physician", 30% of physicians agreed, 51% disagreed, and 19% held a neutral stance.

Conclusions:

Swedish primary care physicians displayed a broad range of attitudes towards AI integration in medicine in 2023. The results underscore the need for further education and preparation for the advent of AI in healthcare.

Points for discussion:

How can continuing medical education programs be developed to better prepare physicians for the integration of AI in healthcare?

Given the increasingly digital nature of medical practice, what strategies could be employed to improve physician comfort and proficiency with AI technologies?

Poster / Finished study**Decision Aids in Primary Healthcare - Needs and Experiences**

Mafalda Proença-Portugal, Bruno Heleno, Sónia Dias, Ana Gama, Sofia Baptista

USF da Baixa, ULS São José, Lisboa, Portugal; NOVA Medical School, Universidade NOVA de Lisboa, Lisboa, Portugal, Lisbon, Portugal. E-mail: mafaldaportugal@gmail.com

Keywords: Decision aids, focus groups, primary healthcare, shared decision making, qualitative study

Background:

Decision aids (DA) are evidence-based tools that support shared decision-making, promoting an active role of patients in health decisions. Portuguese clinical guidelines are tools for clinical decision-making but have a low incorporation of patients' values and perspectives. However, the complexity of available information and the ambiguity between choices call for the patients' participation in the decision-making process. DA adopted to the Portuguese reality could be useful in the primary healthcare (PHC).

Research questions:

To explore the perception of health professionals about DA and their utility within the scope of PHC in Portugal; to identify barriers and facilitators to the implementation of DA in clinical practice; and to identify clinical topics that would benefit from translation and cultural adaptation.

Method:

Qualitative study. Seven focus groups were held with 33 general practitioners and residents (more than 6 months of residency). Discussions were recorded, transcribed, and anonymised, then thematically analysed by two authors independently. The study was approved by the Regional Health Administration of Lisbon and Tagus Valley Health Ethics Committee.

Results:

Most participants were not familiar with the concept of DA. All participants mentioned that DAs support the professional's clinical decision and only one mentioned their potential supporting shared decision-making with their patients. Participants generally revealed a positive attitude towards the use of DA. Concerns surrounded the lack of funding and need of longer consultation time. Participants mentioned as facilitators: the possibility of integrating these tools into computer systems and their translation and adaptation to the Portuguese population. Younger and more literate patients were considered to be the most receptive to DA. Clinical topics of interest included screening, diagnosis and treatment.

Conclusions:

Despite unfamiliar to most participants, integrating DA in PHC was well received and these may provide a potential added value regarding the provision of healthcare to patients

Poster / Finished study**Evaluation of mobile health applications for cancer care using the MARS scale**

Philippe-Richard Domeyer, David Liñares Mariñas, Ljiljana Majnaric, Noemi Lopez Rey, Radost Assenova, Jean Yves Le Reste, Ana Clavería

Hellenic Open University, Greece, 34006 Amarynthos, Greece. E-mail: philip.domeyer@gmail.com

Keywords: Cancer care, MARS, Digital tools, Digital literacy, and Digital skills

Background:

The European project Digital TRANSition and dIgiTal resilience in ONcology (TRANSITION) aims to improve digital competences in cancer care professionals. This includes the creation of a guide to digital tools used in cancer integrated management. To achieve this goal, a review of mobile health applications related to cancer care identified by systematic literature review and apps available on the main download platforms was conducted previously. In this step, the aim is to rigorously evaluate each app using a scale validated for this purpose, the MARS (Mobile Application Rating Scale).

Research questions:

Which mobile cancer care apps score best using the MARS?

Method:

18 mobile health applications were evaluated. These apps were prioritised by peer review using the MARS, following an online teaching workshop to standardise the interpretation of the items. This scale allows ranking apps on 5 dimensions: (a) engagement, (b) functionality, (c) aesthetics, (d) information and (e) subjective quality.

Results:

The apps evaluated achieve a low range of scores (Median: 3.40 [3.01–3.84]), with 1 being the lowest possible score and 5 the highest. Only two applications score higher than 4. The highest was ONCOassist app (Global: 4.25), with the best scores for engagement and functionality, and second best for information.

Conclusions:

This study highlights the weaknesses of the available mobile health applications. They do not score consistently in all areas of the MARS. In addition, none of the evaluated apps have undergone scientific validation for their intended purpose and are not adapted to the needs of users, particularly, different health professionals and patients and caregivers.

Points for discussion:

How important is the use of mobile apps that have been rated using a consistent methodology based on predefined ranking criteria?

Demonstration of scientific evidence for newly developed and existing health care apps.

Presentation on 11/05/2024 11:00 in "Poster Session 2: Technical Devices in General Practice" by Philippe-Richard Domeyer.

Poster / Ongoing study with preliminary results**Identifying and Disseminating the Exceptional to Achieve Learning (IDEAL) in primary care: Development of the IDEALearning Toolkit for primary care.**

Roisin O'malley, Sinéad Lydon, Aileen Faherty, Rachel Bothwell, Paul O'connor

University of Galway, H91 TK33 Galway, Ireland. E-mail: roisin.omalley@universityofgalway.ie

Keywords: General Practice; Positive deviance; Quality improvement; Team-based learning

Background:

Despite the increasingly challenging nature of delivering care in general practice, many clinicians, teams and practices continue to provide an exceptionally high standard of care. Practice teams are uniquely positioned to measure the quality of care they provide and to implement changes that improve care delivery. While many quality tools assess instances of poor care, few tools exist that harness learning from exceptional care delivery.

Research questions:

This study aimed to develop a team-based discussion toolkit for supporting learning and improvement in general practice; The Identifying and Disseminating the Exceptional to Achieve Learning (IDEAL) Discussion Tool.

Method:

A two-stage approach was employed to refine the tool. Stage 1 involved the conduct of two focus groups with key stakeholders (i.e., patients, general practitioners (GPs), practice nurses, and practice managers) to examine the appropriateness of the initial toolkit according to APEASE criteria (Acceptability, Practicability, Effectiveness, Affordability, Side effects, Equity). Stage 2 collected further information on the usability, feasibility, face and content validity of the toolkit through cognitive interviews with GPs, practice nurses, and practice managers.

Results:

The IDEAL tool was received positively by patients and staff during focus groups, and several modifications were suggested and implemented. Interviews highlighted barriers to completing the toolkit in practice (e.g., comprehensibility of questions, and clarity of instructions). The final IDEAL Discussion Toolkit consists of a clinician, team and practice assessment sheet where users identify their level of capacity (i.e., Basic, Proficient or Exceptional capacity), followed by an evaluation sheet, and a section which prompts team discussion around strategies for achieving exceptional care delivery across areas they seek to improve.

Conclusions:

The IDEAL toolkit provides a valuable tool for primary care teams seeking to understand, reflect upon, and make improvements to their practice. Future research exploring the feasibility of this learning toolkit in a large sample of diverse general practices is needed.

Points for discussion:

Primary care physicians, nurses and practice managers perceptions of using a tool that emphasizes learning from exceptional care delivery.

Important facilitating factors that would improve the feasibility and acceptability of using a team discussion-based learning toolkit in practice.

Barriers that may impact the feasibility, acceptability and implementation of a team discussion-based learning tool into practice.

Poster / Almost finished study**Primary care physicians' experiences of video and online chat consultations: A qualitative descriptive study**

Tuomas Koskela, Kaisa Kujansivu, Mervi Kautto, Elina Tolvanen

Tampere University, Finland, 33520 Tampere, Finland. E-mail: tuomas.koskela@tuni.fi

Keywords: Remote consultation, video consultation, chat consultation, telehealth, telemedicine, primary health care

Background:

The work of a primary care physician (PCP) is undergoing change as different digital services have increased in health care in recent years. PCPs have been satisfied with the smoothness and ease of use of the remote consultations as well as the reduced time in contact with health care. However, physicians have noted that remote consultations are not suitable for every complaint and all patient groups and non-verbal communication is scarce in remote consultations.

Research questions:

To explore the perceptions and views of remote consultations and patient care of PCPs who work remotely regularly and have experience of performing remote consultations.

Method:

PCPs who had performed video or online chat consultations with primary care patients for at least 6 months were interviewed in focus groups. Four online focus group interviews with 17 PCPs were performed. Thematic analysis with coding and hierarchical grouping into themes was used to analyse the data.

Results:

Two main themes describing how PCPs perceived remote consultations emerged: 1) remote consultations have an impact on the way physicians work, and 2) remote consultations have an impact on the service system and patients. The subthemes of the first main theme included the physicians' new way of working, impacts on physicians' wellbeing, and impacts on communication and physician competences. The subthemes for the second main theme were the importance of smoothness of services for the patients, patient suitability, and technical liabilities.

Conclusions:

Considering remote consultations from the PCPs' point of view, it is important to find a good balance between the benefits of wellbeing at work and maintaining sufficient clinical competence through versatile work. Thus, we suggest that remote consultations should be only one part of the PCPs' job description. In addition, the PCPs call for careful patient selection so that remote consultations complement other health care services safely and appropriately.

Points for discussion:

Sufficient previous clinical experience in face-to-face consultations and communication skills are needed for remote consultations.

Patient selection for remote consultations is critical.

Lack of continuity of care limits the issues that can be dealt with in a remote consultation.

Poster / Finished study**The German version of the mHealth App Usability Questionnaire (GER-MAUQ): How to use in general practice?**

Angelina Müller, Theodora Tacke

Goethe-University Frankfurt, 60590 Frankfurt, Germany. E-mail: a.mueller@allgemeinmedizin.uni-frankfurt.de

Keywords: Digital Health, User-centred-design, Digital transformation in Healthcare**Background:**

In Germany, only a few standardized evaluation tools for assessing the usability of mobile health apps exist so far, although the implementation of digital tools is rapidly increasing. Since mobile health apps and their usability are usually evaluated in a specific patient cohort transferring the findings to general practice settings is challenging. We achieved to translate and validate the English patient version for standalone apps of the mHealth App Usability Questionnaire (MAUQ) into a German version for patients with cardiovascular disease.

Research questions:

How can usability of mobile health applications be evaluated in patients with cardiovascular disease? (Example: Germany)

Method:

Following scientific guidelines for translation and cross-cultural adaptation, the patient version for mobile health apps was forward and back-translated from English into German by an expert panel. In total, 53 participants who were recruited as part of the testing process of an app for cardiovascular disease prevention (HerzFit), answered the questions of the German version of the MAUQ (GER-MAUQ) and the System Usability Scale (SUS). Subsequently, a descriptive and psychometric analysis was performed to test validity and reliability.

Results:

Cronbach alpha for the entire questionnaire and the three subscales (0.966, 0.814, 0.910, and 0.909) indicated strong internal consistency. The correlation analysis showed that the scores of the GER-MAUQ, the subscales and the SUS were strongly correlated with each other.

Conclusions:

The GER-MAUQ allows a standardized assessment of usability of mobile health apps for patients with cardiovascular disease in Germany. Validated questionnaires for usability assessment of mobile health applications are necessary to effectively implement novel mobile health applications. When implementing or offering new tools for prevention and rehabilitation support reliable and effective evaluation of their usability is important. Provable usability can both support distribution of new tools in practice and accelerate implementation.

Points for discussion:

What are important characteristics of a digital tool to be prescribed or recommended by a general practitioner?

Can I use usability questionnaires for any patient cohort?

Comparison of approaches to handling of mobile health applications in general practice in different countries

Poster / Finished study**Analgesia during the insertion of intrauterine contraception: benefit or setback? - an evidence-based review**

Catarina Falcão Alves, Catarina Gonçalves, Catarina Alves, Pedro Miguel Seabra, Maria Lúcia Torres, Sónia Morais Cardoso

ULS São João, ULS Médio Ave, Porto, Portugal. E-mail: cat.sousaalves@gmail.com

Keywords: intrauterine contraception, analgesia

Background:

Intrauterine contraception (IUC) is a highly effective and safe long-acting reversible method. However, anxiety and perceived or actual pain during insertion contribute to its underuse.

Research questions:

Investigate if local analgesia/anesthesia before IUC insertion improves pain control associated with the procedure and, if so, determine the most effective method.

Method:

Randomized clinical trials (RCTs) published from 2018 onward were included in the search, as well as meta-analyses, systematic reviews (SR), and clinical guidelines (CG) up until August 2023. The search was conducted using the following keywords: "intrauterine devices", "analgesia", "local anesthesia", "lidocaine", "dinoprostone", and "misoprostol". The Strength of Recommendation Taxonomy (SORT) was used to determine the level of evidence (LE) and strength of recommendation (SR).

Results:

Thirteen articles were selected (three SR, four CG, and six RCT).

The SR and most of the RCTs analyzed (NE1) showed a statistically significant difference between the control groups and the use of lidocaine or lidocaine-prilocaine and dinoprostone, reducing the pain perceived at various stages of the IUC insertion process, and contributing positively to the women's global experience. Two RCTs showed no significant difference compared to the use of topical lidocaine (LE1) and tramadol (LE2).

Along these lines, two CGs (LE3) state that local analgesia/anesthesia options should be discussed/offered to all women.

The use of misoprostol had controversial results between studies and, according to the CGs, it is not routinely recommended or included among effective options.

Conclusions:

Controlling pain associated with IUC insertion can improve women's experience, increasing adherence to these methods. Therefore, a SR A is attributed to the use of effective analgesic options after discussion with users. Although the literature does not show a preferred option, requiring more comparative studies, lidocaine alone or in combination appears to be more accessible and demonstrates better results.

Poster / Ongoing study with preliminary results**Antibiotic Prescription Practices and Patient Expectations from the Perspective of General Practitioners**

Nóra Horváth, László Róbert Kolozsvári

University of Debrecen, 4032 Debrecen, Hungary. E-mail: horvath.nora1001@gmail.com

Keywords: Antibiotics, General Practice, Patient Expectations

Background:

Antibiotic resistance is a significant public health issue globally. The World Health Organization has identified it as one of the greatest threats to health, food safety, and development on a global scale. General practitioners play a crucial role in halting and preventing antibiotic resistance.

Research questions:

Our survey aims to assess the attitudes and knowledge regarding antibiotics among doctors and their patients.

Method:

The research involved doctors who voluntarily participated in a training organized by the Department of Family Medicine and Occupational Health at the University of Debrecen. After completing a brief demographic questionnaire, we measured the doctors' knowledge and attitudes toward antibiotics and the patients' expectations regarding antibiotics conveyed to their doctors. We examined patient compliance, doctors' antibiotic prescribing habits, and asked about the frequency of conflicts related to antibiotics, as well as how often patients leave their practices due to such conflicts.

Results:

Our preliminary results show that 56% of respondents are female, 75% practice in urban areas, and 83% have a general practice. 75% of doctors regularly encounter the problem of patients expecting antibiotic prescriptions for their complaints. In 25% of respondents' practices, patients initiate antibiotic therapy without medical consultation, and 11% prescribe antibiotics to complete self-initiated antibiotic therapy monthly, with 17% doing so weekly. 11% typically prescribe antibiotics after a telephone consultation. Monthly conflicts arising from not prescribing antibiotics occur for 20%, and 20% experience such conflicts weekly. Additionally, 50% of respondents have had patients leave their practices due to antibiotic-related conflicts.

Conclusions:

Our research highlights trends in antibiotic prescribing practices and presents patient expectations from a medical perspective. Resolving these issues is crucial for the effective prevention of antibiotic resistance, necessitating comprehensive efforts in health education and public awareness. We plan to expand our research internationally, both among doctors and their patients.

Points for discussion:

Physician-Patient Dynamics in Antibiotic Prescriptions

Frequency and Impact of Antibiotic-Related Conflicts

International Perspectives

Poster / Almost finished study**General practitioners' preferences regarding medication reviews by community pharmacists for patients with polypharmacy in Belgium**

Manon De Montigny, Olivia Dalleur, Thérèse Van Durme

Uclouvain, 1160 Brussels, Belgium. E-mail: manon.demontigny@uclouvain.be

Keywords: General practitioners, Community Pharmacists, Polymedication, Medication Reviews, Collaboration

Background:

To enhance prescribing appropriateness, international guidelines advocate for medication reviews (MedRev) for people with polypharmacy. Since April 2023, the National Institute for Health and Disability Insurance (NIHDI) has allocated funding for community pharmacists (CPs) to conduct MedRev for patients meeting specific criteria: five or more chronically reimbursed drugs, possessions of a global medical file with a general practitioner (GP) and with a designated reference CP. CPs are expected to perform MedRev and provide online observations and recommendations to their GP. However, little is known about the communication channels between GPs and CPs in the recommendations of the MedRev.

Research questions:

What are GPs' preferences regarding medication reviews by CPs?

Which are the most effective communication channels? What type of recommendation would the GP be interested in receiving? How do the GPs wish to be involved in the process? Who selects the eligible patients? Who discusses potential changes with patients?

Method:

An anonymous online survey was distributed in French and in Dutch to active Belgian GPs at the end of 2023 via an online questionnaire. The survey aims to gather quantitative data on GPs' preferences regarding the collaboration with CPs for MedRev. The collected data will be analysed using SPSS, employing both descriptive and inferential statistics in early 2024. The study's results will be presented at the congress.

Results:

This study seeks to elucidate the specific information GPs require to adapt their prescribing practices based on CP recommendations.

Conclusions:

These findings will contribute to a better understanding of the content and format of medication reviews, aiding primary care providers and policymakers.

Points for discussion:

How can patients be properly involved in the process?

Are the Belgian GPs ready for this collaboration?

What about collaborating with other prescribers?

Poster / Almost finished study

How children and parents experience home-based guided hypnotherapy: a qualitative study

Ilse Ganzevoort, Adriëlla Van Der Veen, Manna Alma, Marjolein Berger, Gea Holtman

University Medical Center Groningen, the Netherlands, 9700 AD Groningen, Netherlands. E-mail: i.n.ganzevoort@umcg.nl

Keywords: qualitative study, children, functional abdominal pain, hypnotherapy, primary care

Background:

A general practitioner (GP) sees many children with functional abdominal pain, gives education and reassurance, but has no treatment to offer. Home-based guided hypnotherapy could be a treatment option, but experiences of patients have not been studied. Insight in experiences could guide implementation in primary care and optimise its use.

Research questions:

How do children and parents experience home-based guided hypnotherapy for functional abdominal pain?

Method:

This study is part of a randomised controlled trial evaluating the (cost-)effectiveness of home-based guided hypnotherapy in primary care. For this qualitative study, we used open-ended questions from the trial questionnaire. We used purposive sampling to invite children and parents for a semi-structured in-person interview. Parents of children with low adherence were interviewed by telephone. Interviews were audio recorded, transcribed verbatim and coded by two authors. We used thematic content analysis to analyse the data.

Results:

Questionnaire data from 54 participants were collected, we interviewed 10 child-parent dyads (20 interviews total), and three parents of children with low adherence. Children were 7-13 years old. Three themes emerged: child, environment, and website. Children's experience was influenced by their age, character, imagination and creativity, and whether they felt any effect. Children enjoyed hypnotherapy when they experienced less abdominal pain or better sleep, but disliked it when they were unable to surrender to the exercises. The environment (e.g., parent involvement, time) and the website (e.g., looks, voice, functionality) influenced participants' experiences and adherence. Participants would like a personalised therapy regarding exercise duration and level, looks, voice and a rewarding system.

Conclusions:

This study showed that many children feel positive effects, but their experiences of hypnotherapy vary. Insights provided by this study aid in developing a hypnotherapy application suited to the child's preferences and needs. Such an accessible treatment option could help GPs in managing children with functional abdominal pain in daily practice.

Points for discussion:

What do GPs need in order to implement home-based hypnotherapy for children?

What did you miss in this study?

What is important to keep in mind when adjusting the intervention based on these results?

Poster / Almost finished study**How do medication shortages affect work routines of medical assistants? Results of a flash-mob study in Germany**

Susanne Kersten, Achim Mortsiefer, Christine Kersting

Institute of General Practice and Primary Care (iamag), Witten/Herdecke University, 58448 Witten, Germany. E-mail: Christine.Kersting@uni-wh.de

Keywords: medical assistants; flash-mob study; medication supply shortages

Background:

The German health care system faces challenges due to supply shortages of prescription medication. These shortages have a negative impact on patient care and affect the work of medical assistants (MA), who are central for coordinating patient care.

Research questions:

Initiated by a MA, this study assessed the working situation of MA in times of medication shortages:

- (1) Frequency of patient-requests associated with medication supply shortages.
- (2) Workload caused by such requests.
- (3) Stress level of MA related to these requests.

Method:

The study was developed using a participatory approach involving three MA. Finally, a cross-sectional flash-mob study was conducted in German general practices from November 27 to 30, 2023. Over four half days, participating MA documented each patient issue related to supply shortages, i.e., unavailable medication, whether a further physician consultation was necessary, duration of the patient contact and perceived stress. The recruitment strategy comprised personal practice visits, postal invitations of research practices, and invitations via newsletters and distribution lists of stakeholder groups. Analyses were performed using descriptive statistics.

Results:

Fifty-eight MA (all female, aged 19 to 63) from 23 general practices participated. Thirty-seven of them documented a total of 86 requests related to medication shortages. Most requests addressed antibiotics, eye ointment/drops, insulins, and narcotics and took less than five minutes (n=41, 47.7%). Half of the requests (n=42, 48.8%) could be solved by MA themselves; only 3.5% (n=3) remained unsolved. Even though MA felt insufficiently prepared for 56.1% of the requests (n=46), they only described 22.1% of the requests stressful (n=19).

Conclusions:

Despite the small database, the results indicate that supply shortages lead to additional work for MA. The fact that MA felt insufficiently prepared for the situation, but not excessively stressed might indicate that MA are able to cope with unpredictable situations as they represent their daily work.

Points for discussion:

Participatory research is feasible and creates a close and trusting connection to the target group:

1. Medical assistants demonstrated willingness to support the study as they even filled and sent the questionnaire on personal characteristics when no patient requests could be documented.
2. Several practices took time to provide written or personal feedback regarding the data collection period, pointing out that it did not represent the practices working reality as no or only few requests occurred in this time, while there were many requests the weeks before.

Poster / Ongoing study no results yet**Translation and adaptation of STOPP-START criteria version 3 to Portuguese: a study protocol for assessing potentially inappropriate prescribing in older people.**

Daniela Almeida Rodrigues, Luís Monteiro, Maria Teresa Herdeiro, Fátima Roque

Polytechnic of Guarda, Guarda, Portugal. E-mail: danielaalmeidar@ipg.pt

Keywords: STOPP-START criteria; older people; translation and adaptation; Portugal.

Background:

The Screening Tool of Older Person's Prescriptions (STOPP) and Screening Tool to Alert doctors to Right Treatment (START) criteria version 3 are widely recognized as essential tools to improve the safety and appropriateness of medication use in the older population.

Research questions:

This study aims to translate and validate the STOPP-START version 3 criteria for Portuguese providing healthcare professionals with a reliable, useful, and updated tool to assess and improve medication use in older patients.

Method:

We adopt a rigorous methodology involving a multiphase process: I - translation to Portuguese of the START/STOPP version 3 criteria; II - data collection; III - intrarater reliability study; and IV - interrater agreement study. This protocol emphasizes stakeholder involvement, such as healthcare professionals and researchers, to validate the adapted criteria and to ensure their practicality and acceptability. This study was approved by the Ethics Committee of the Regional Health Administration (Administração Regional de Saúde - ARS) of Centro (ARSC) of Portugal.

Results:

The successful adaptation of the most recent version 3 of the STOPP-START criteria to Portuguese have the potential to fill a gap in the current literature, offering a standardized approach to assess prescribing appropriateness in the older population within the Portuguese healthcare context. The translated and adapted criteria may reduce the risk of adverse drug reactions and complications associated with inappropriate prescribing in older adults and influence clinical practice guidelines and healthcare policies in Portugal by providing an evidence-based tool for assessing inappropriate prescribing in older population.

Conclusions:

The availability of the translated criteria may facilitate research on medication use and prescribing practices in Portugal. Overall, the translated version 3 of the STOPP-START criteria will have the potential to improve the quality of care and older Portuguese patients' health outcomes.

Points for discussion:

The significance and importance of adapting the STOPP-START version 3 criteria to the Portuguese cultural and healthcare context.

How the translated and adapted STOPP-START version 3 criteria can contribute to improved patient safety and the quality of care for older people in Portugal.

The practical aspects of integrating the translated and adapted STOPP-START version 3 criteria into everyday clinical practice.

Poster / Ongoing study with preliminary results**Continuity of care in general practice: a survey among the general practitioners in Finland**

Nina Tusa, Ulla Mikkonen, Kadri Suija, Tuomas Koskela, Pekka Mäntyselkä

University of Eastern Finland, 70211 Kuopio, Finland. E-mail: nina.tusa@uef.fi

Keywords: continuity of care, primary health care, general practice

Background:

Continuity of care (COC), defined as a longitudinal relationship with a personal physician, is one of the core values of general practice. In the Finnish healthcare system, however, maintaining it might be challenging.

Research questions:

The aim of this study was to analyse how continuity of care is realized in the opinion of general practitioners (GPs) and what practices could be used to implement and improve it.

Method:

We conducted a web-based survey among GPs in Finland from May to October in 2023. The questionnaire was developed by the study team and added to the Webropol online environment of the University of Eastern Finland. An invitation and link to the online questionnaire were sent by e-mail to the contact people of the wellbeing services, requesting it to be forwarded to the GPs working in their area. We analysed data using inductive thematic analysis.

Results:

Altogether, 432 questionnaires were answered. The participants were evenly spread across Finland, 54% of them were specialists in general practice and 69% had more than five years of working experience as a GP. Regarding the questions of existing practices and how to improve COC, GPs mentioned for example following codes: a flexible appointment system and arrangement of follow-up care; improving the assessment of the need for treatment; targeting COC for special patient groups; smaller centers, which support familiarization; the practical and flexible ways of organizing work; good leadership with a shared aim to routinely COC. Having enough healthcare workers and stable staff were seen as prerequisites for improving COC. GPs associated COC with the meaningfulness of work and well-being. The results of the theme analysis will be presented in the congress.

Conclusions:

The GPs identified existing practices which support COC as well as suggested approaches to improve it in general practice.

Points for discussion:

How to promote continuity of care in organisational level

How to promote continuity of care in individual level

GP's perception of the continuity of care to their work and well-being.

Poster / Almost finished study**Effective Strategies for Coping with High Workload in General Practices - WiSBAH-study**

Susanne Kersten, Elena Hohmann, Aleyna Calis, Sabine Weißbach, Nadine Berges, Christine Kersting, Johanna Schweizer, Dorothea Dehnen

Institute of General Practice and Primary Care (iamag), Faculty of Health, Witten/Herdecke University, 58448 Witten, Germany. E-mail: susanne.kersten@uni-wh.de

Keywords: participation, medical assistants, online-survey, workload, Germany, effective workflow, team communication, stress management, hygiene, distancing measures, COVID-19

Background:

Medical assistants (MAs) are an important part of patient care in German general practices. They perform both medical and organisational tasks and are also important contacts for patients. The pandemic has significantly changed the daily work routine. The reason for the research project is the increasing workload of MAs in general practices in the context of the COVID-19 pandemic.

Research questions:

The study analyses the workload of MAs in general practices during the COVID-19 pandemic, assessing its impact on working conditions. In particular, it focuses on changes in practice organisation, hygiene and distancing measures, and team interaction.

Method:

The online cross-sectional online-survey was crafted in a participatory manner. The central topics were developed in small focus groups with 50 MAs during an online event in March 2023. The survey, which was available from September to December 2023, thus focused on the areas of practice organisation, hygiene and distancing measures and team interaction. The survey was advertised via various stakeholders and the data is analysed using descriptive statistics in SPSS.

Results:

Of 639 interested MAs, 435 submitted the online-questionnaire. The data set is currently being cleansed. The results will be presented at the congress in May.

Conclusions:

MAs are of crucial significance in German general practices and their job profile has changed in recent years. The COVID-19 pandemic was also an influencing factor. The identification and transparent presentation of the changed work processes of MAs during the pandemic is crucial for the development of strategies to cope with the generally increased workload. The findings arising from the WiSBAH study will help to derive strategies for optimising practice organisation in order to reduce future workloads and increase job satisfaction.

Points for discussion:

Which measures developed during the pandemic have proven effective in relation to practice organisation?

What strategies do you know for effectively managing the workload in general practices and maintaining the job satisfaction of medical assistants?

Poster / Ongoing study with preliminary results

Exploring Influences on Medical Students' Specialty Choices in Hungary: Insights into Character and Temperament, with Emphasis on General Practice Amid Physician Shortages

Viktor Rekenyi, László Kolozsvári

University of Debrecen, 4032 Debrecen, Hungary. E-mail: viktorrekenyi@gmail.com

Keywords: Medical students, specialty choices, Hungary, Physician shortage, Career motivation, Healthcare system

Background:

The healthcare delivery system in Hungary faces significant challenges due to a shortage of family physicians. Addressing this issue requires recognizing the potential contribution of medical students and understanding the personal factors that influence their career choices.

Research questions:

This study focuses on the diminishing appeal of family medicine and seeks to identify the factors influencing medical students' specialty choices, particularly in general practice.

Method:

To gather data for this cross-sectional study, a comprehensive questionnaire was developed. It included demographic questions, inquiries about the advantages and disadvantages of pursuing a career as a General Practitioner (GP), and the shortened Temperament and Character Inventory (TCI), validated in Hungarian. The English version of TCI55 utilized the same items from the original inventory. However, it is important to note that the English version has not been validated yet, and this discrepancy should be addressed in future research. Statistical analysis, employing Chi-square, Mann-Whitney U tests, Kruskal-Wallis tests, and Spearman's rank correlations, explored the association between motivating factors and their rankings.

Results:

Results revealed that 306 fifth-year medical students from both International (N=162) and Hungarian (N=144) cohorts participated in the questionnaire. International students displayed a significantly higher inclination towards choosing general practice as their primary specialization ($p=0.002$). Their main motivation was the perception of general practice as an enticing career. In contrast, Hungarian students primarily cited a family-friendly workplace as their main motivation. Both groups agreed on the potential drawback of general practice being monotonous or boring work. Furthermore, students aspiring to become general practitioners scored higher on the Self-Directedness scale ($p=0.013$).

Conclusions:

In conclusion, this study highlights diverse factors influencing medical students' interest in general practice. The findings emphasize the importance for medical schools to focus on early criteria that make general practice an attractive option, ultimately contributing to an increased pool of candidates in Hungary's healthcare system.

Points for discussion:

Motivations for General Practice

Cultural Variances in Career Choice

Temperament's Role in Career Aspirations:

Poster / Ongoing study with preliminary results

Healthcare Workers Insights on Enhancing PHC in Europe: Exploring how to implement Core Values in Primary Health Care

Ileana Gafaell Iarrondo, Marina Guisado Clavero, Raquel Gómez-Bravo, Sara Ares-Blanco, Alex Harding, Ana Cristina Franco Spinola, Ana Luisa Neves, Andrée Rochford, Eva Hummers, Nick Mamo, Radost Assenova, Veronica Rasic, Pilar Astier-Peña, Eurodata Collaborative Group, Working Party On Policy Advocacy Wonca Europe Collaborative Group

SEMFyC, 08911 Badalona, Spain. E-mail: marina.guisado@gmail.com

Keywords: Focus groups, Policy advocacy, Primary Health Care

Background:

Primary Health Care (PHC) systems play a vital role in global health, promoting trust, equity, and efficiency. Translating scientific evidence into actionable proposals is crucial for informed health policy decision-making to strengthen PHC in Europe. This study aims to delineate a comprehensive plan by describing the perspectives on the core values of PHC among European healthcare workers (HCWs). This plan can serve as a roadmap for policymakers to allocate resources effectively and enhance PHC within European health systems

Research questions:

What core values are pertinent to HCWs in PHC, elucidating the role of PHC in the healthcare system?

Method:

A two-step study: (i) A descriptive study compiling information from recent publications, declarations, and working documents related to PHC in Europe, including WONCA Europe documents. The study's core group created a document with evidence-based information on PHC core values and a route map to ensure these values in Europe. (ii) The initial draft underwent evaluation in three online focus groups with HCWs and patients in 2023-24. A descriptive qualitative approach was employed, involving three online focus group discussions.

Results:

To date, two virtual focus groups were conducted with GPs and nurses, . Participants reviewed the document in advance. Thematic analysis revealed six interrelated themes: 1. Inequalities in health, 2. Workforce, including roles of HCWs in PHC and their well-being, 3. Budget and investment in PHC, 4. Continuity of care, 5. Accessibility, and 6. Prevention. Priorities and challenges in these areas varied across profiles and countries.

Conclusions:

These findings provide insights into the priorities of HCWs, informing the inclusion of these perspectives in the document outlining the core values of PHC.

Points for discussion:

- How might the perspectives of healthcare workers and patients contribute to shaping the core values of PHC?
- In the six interrelated themes identified, which do you consider the most pressing in the context of strengthening PHC in Europe?
- How can the insights gained from healthcare workers and patients be practically implemented in policy decisions to enhance PHC in Europe?

Poster / Ongoing study with preliminary results**Personality Traits and Demographic Characteristics of General Practitioners: preliminary data from a Cross-Sectional Survey in 10 European countries**

Ileana Gefaell, Marija Zafirovska, Sara Ares-Blanco, Aleksandar Zafirovski, Maria Bakola, Zoltán Lako-Futó, Limor Adler, Laura Calvo-García, Marta Castelo-Jurado, Ana Peñalver-Andrada, Ana Carmen San Martín Luis, Didem Kafadar, Janis Blumfelds, Anna Kamienska, Marta Sanz Sanz, Marta Perez Álvarez, Eleni Jelastopulu, Aleksander Stepanović, César Minué Lorenzo, Luiz Miguel Santiago, Joana Sousa, Carla Gouveia, Lourdes Ramos Del Río

FIIBAP, 28004 Madrid, Spain. E-mail: ileanagefaell@gmail.com

Keywords: Personality Inventory, Physicians, Primary Care, diagnosis, Chronic Disease

Background:

The five-factor model identifies personality traits like extraversion, openness to experiences (OE), agreeableness, conscientiousness, and neuroticism. Personality may influence a general practitioner's (GP's) diagnosis and decision-making in patient care. However, it's exact role in medical care remains unknown.

Research questions:

Is there an association between personality traits, and professional profile among General Practitioners?

Method:

Cross-sectional study, based on an online survey in 10 European countries. Population: GPs with an assigned population for at least one year. Sample size:800. Primary outcome: Prevalence of chronic diseases assigned to GPs according to their personality test. Variables: socio-demographics, years of experience, years in the same practice. Personality test: Big Five Inventory (BFI): 44-item Likert scale. Maximum score for each personality trait: OE:43; Extraversion: 42; Agreeableness: 41; Conscientiousness 41; Neuroticism; 35. Chronic diseases of the assigned population (CIE-9): diabetes mellitus, coronary heart disease, stroke, anxiety, depression, arthrosis, and chronic obstructive pulmonary disease. Data collection: Electronic records. Analysis: descriptive analysis.

Results:

65 GPs have already responded to the survey: North Macedonia 12, Slovenia 8, and Spain 45. Median age: 49 (IQR:39-55) years, female: 73.44%. Experience in primary care: 19 (standard deviation (SD): 10.49) years. Same assigned population: 8 (interquartile range (IQR): 3-16) years.

BFI scores (points): Openness to experience: 30.42 (SD: 5.64, CI 95% 29.02-31.81); Extraversion: 27.15 (SD:5.3, 95%CI:25.84-28.47); Agreeableness: 31.39 (SD:4.80, 95%CI:30.20-32.57); Conscientiousness: 31.48 (SD:5.12, 95%CI: 30.21-32.74); Neuroticism: 21.30 (SD: 6.03, 95%CI:19.79-22.80). Agreeable GPs had higher scores for responsibility and neuroticism. GPs with higher scores for responsibility were more experienced. Those with higher scores for OE had less than 1500 patients assigned. There were no other differences in the remaining analyses.

Conclusions:

GPs showed higher scores for openness to experience, agreeableness, and responsibility. We need to reach the sample size to analyze further the influence of personality traits in medical care.

Points for discussion:

What effect would you expect about personality traits in medical care?

For further analysis, how would you standardize the data of Chronic diseases to compare each country?

Poster / Ongoing study no results yet**Validating a framework to guide the implementation of high-quality virtual primary care: an international eDelphi study**

Edmond Li, Olivia Lounsbury, Ana Luisa Neves

Imperial College London, London, United Kingdom. E-mail: edmond.li19@imperial.ac.uk

Keywords: virtual consultations, remote consultations, primary care, delphi study, digital health, telemedicine**Background:**

Digital technologies in the primary care settings have undergone an immense transformation globally during the COVID-19 pandemic, with virtual consultations having emerged as an innovative new care delivery modality. The post-pandemic context presents an opportunity to revisit the implementation of virtual consultations, and co-design strategies that support their better, safer, and more equitable use.

Research questions:

Based on previous research capturing the views of 1600+ primary care physicians (PCP) across 20 countries, we developed a prototype framework aimed at providing healthcare professionals and policymakers with a stepwise approach for the implementation of virtual consultations. However, there remains a need to bridge the gap between research and its real-world application by aligning the framework's content with its intended users.

- What are PCP's views regarding the appropriateness of each component of the prototype framework? What is most relevant, missing, or should be prioritised?
- Through this collaborative process, we aim to develop a practical, field-tested tool that truly reflects the needs, challenges, and perspectives of PCPs when using virtual consultation technologies.

Method:

Our study uses an online Delphi (e-Delphi) methodology, with the expectation to run up to four rounds to seek consensus amongst topic experts (PCPs who routinely perform virtual consultations). Data collected will be analysed using descriptive statistics.

Results:

The survey rounds are scheduled to take place from January-April 2024. At present, 107 PCPs from 18 countries have already agreed to partake in the first e-Delphi round.

Conclusions:

Virtual consultations will continue to play a vital role in enabling the efficient delivery of primary care in many health systems. Having developed a prototype framework previously, this study aims to seek consensus on components critical for its viability and use. Doing so would result in a meaningful tool that is practical for health professionals to use in their clinical settings when integrating new virtual care technologies.

Points for discussion:

Are any of the potential findings relevant for other medicine specialties performing virtual consultations in their respective outpatient settings?

Given the diverse range of countries involved in this study, are there elements which would be more applicable for health systems in either/both HIC and LMIC contexts?

Is this framework 'futureproof' enough to contend with emerging disruptive technologies which will also likely play part in the modern primary care setting in due time (e.g., artificial intelligence)?

Poster / Almost finished study**Developing evidence-based guidelines on minor ailments in the absence of evidence**

Jako Burgers, Patrick Jansen

Dutch College of General Practitioners, 3528 BL Utrecht, Netherlands. E-mail: j.burgers@nhg.org

Keywords: Clinical practice guidelines, evidence-based medicine, minor ailments, general practice, consensus

Background:

Minor ailments can be defined as non-complicated medical conditions that can be self-diagnosed and managed with or without support of a healthcare professional. Examples are nose bleeding, stubbed toe, and insect bite. The Dutch College of General Practitioners runs a large guideline program but minor ailments are not covered. However, evidence-based guidelines on managing minor ailments in daily life can still be helpful.

Research questions:

How to develop trustworthy guidelines on minor ailments using limited available evidence?

Method:

We drafted a guide for developing guidelines in general practice based on an existing guide using the GRADE method. Compared to standard guideline development, the number of questions is limited. If no evidence is available, guiding principles in formulating recommendations are 'in dubio abstine' and watchful waiting. Next, we composed a panel of eight practicing GPs with research expertise, one patient representative, and one guideline methodologist. Nose bleeding was selected as topic to test the acceptance and feasibility of the process.

Results:

The panel selected 7 questions on management and prevention of nose bleeding. The literature review yielded 2 guidelines, 2 systematic reviews, 1 RCT and 1 observational study of very low quality. None of these could answer our questions, such as how long the nose should be closed, in which position, and whether snouting is useful before closing the nose. Based on expert opinion and consensus within the panel we could formulate recommendations that largely follow existing education and advice to patients in general practice.

Conclusions:

Dealing with the absence of evidence in developing guideline is challenging but feasible following a structured process with a panel of experts with experience in general practice. Guidelines on minor ailments for GPs as well as patients are helpful to support self management and to reduce GP burden. Further research is needed for evaluating their acceptance and use in practice.

Points for discussion:

Are guidelines the best source for developing patient education on minor ailments?

How could professional bias be limited in formulating guidelines without research evidence?

Poster / Ongoing study with preliminary results**Do Bulgarian General Practitioners use evidence-based medicine in daily practice?**

Nevena Ivanova

Medical University of Plovdiv, Department of urology and general medicine, Plovdiv, Bulgaria, MHAT Sv. Karidad, Plovdiv, Bulgaria, 4000 Plovdiv, Bulgaria. E-mail: nevenai@yahoo.com

Keywords: General Practitioners, evidence-based medicine, daily practice

Background:

The aim of evidence-based medicine (EBM) is to focus medical practice on evidence from clinical trials

Research questions:

do Bulgarian General Practitioners use evidence-based medicine in daily practice

Method:

a pilot study of 50 GP practices was conducted. A special questionnaire was developed

Results:

36 of participants were female (72%), 14 (28%) male, divided into 5 age groups 25-34 years (16%), 35-44 (4%), 45-54 (8%), 55-64 (66%), 65 and older (6%). 98% were individual practices, 76% were located in a city. 42 (84%) GPs have specialty in general medicine. 8 (16%) pointed out fluency in English, only 3 have internationally recognized certificate, all from the group age 25-34years. 8% do not know what EBM is, 36% heard about EBM but do not use it, 34% know about EBM but use it occasionally in daily practice, 22% use it regularly. The main reasons for non-use and rare use were: not being fluent in English (84%), insufficient basic knowledge of EBM (56%), mistrust of clinical trial results (26%), lack of knowledge on interpretation of clinical trial results (82%) or interpretation of meta-analyses (92%), do not know where to look for information about EBM (52%), lack of time to read (94%). Clinical practice guidelines (3%), PubMed (1%), scientific meetings with lectures in Bulgarian (96%) were sources being used, whereas Cochrane library and EMBASE were not used

Conclusions:

The majority of GPs were older than 55 years (72%) and more than 2/3 were not fluent in English. Other issues were lack of time to read and knowledge to interpret scientific research results. The main source of information about EBM were lectures in Bulgarian. Based on the findings some recommendations could be made - more young doctors should be attracted and start specializing in general medicine, adaptation of the published guidelines for the needs of general practice

Poster / Study Proposal / Idea**FASTCOV pilot study : « Assessment of fasting induced changes in clinical and psychological semiology in LongCovid and correlation with laboratory findings**

Raquel Gomez Bravo, Marta Sanchez, Paul Wilmes, Jacques Zimmer, Daniela Koppold, Andreas Michalsen, Maria Pavlou, Gilbert Massard, Mark Ritzen, Jochen Schneider, Charles Benoy

Université du Luxembourg, Research Group Self-Regulation and Health Institute for Health and Behaviour Department of Behavioural and Cognitive Sciences Faculty of Humanities, Education, and Social Sciences, L-4366 Esch-sur-Alzette, Luxembourg. E-mail: raquelgomezbravo@gmail.com

Keywords: long COVID, fasting, COVID-19, Post-COVID Condition

Background:

The SARS-CoV-2 infection usually resolves completely after the acute phase. However, between 10-20% of the patients, had persistent symptoms longer than 2-3 months following a confirmed infection, known as post COVID-19 condition or long COVID (LC). Symptoms range from mild to severe, including lung and heart symptoms, but also fatigue, brain fog, anxiety, cognitive deficiencies, and depression. The physiopathology is still unclear and several hypothesis coexists. Empirical evidence and recent study reports demonstrated that fasting (i.e. caloric restriction) interventions yielded remarkable benefits with regards to various chronic diseases, metabolic syndrome and are even effective to reduce seizures in children with epilepsy. Nevertheless, in the case of LC, apart from physical therapy and rehabilitation methods, there is little evidence on successful outcome of therapeutic interventions.

Research questions:

How effective is the Buchinger-Wilhelmi fasting regimen in improving symptoms, psychometric, and biomedical parameters in patients with Long COVID?

Method:

Participants will be randomly assigned to either control or experimental group (caloric restriction: liquid calorie intake of up to 500 kcal energy during 7 days). Biological, behavioral, psychophysiological and questionnaires' data will be collected at baseline and regularly during the intervention process and follow up using a mixed-method approach. Remote patient monitoring, as well as other eHealth solutions will be used in combination with physical visits and examinations.

Results:

The study anticipates improvements in LC symptoms, potentially leading to a new, effective treatment model for LC patients.

Conclusions:

Moreover, this research could reduce healthcare costs and absenteeism related to LC and it could also generate a clear treatment roadmap for healthcare professionals and set a foundation for research into the effects of caloric restriction on other chronic diseases.

Points for discussion:

What is the effectiveness of fasting regimens in post-viral infections or other chronic diseases?

How feasible is implementing the fasting regimen and explore strategies to ensure participant adherence to the regimen throughout the study?

How the findings from this study might influence future health policies or clinical guidelines for managing Long COVID, especially regarding dietary and lifestyle interventions?

Poster / Finished study**Patient Safety of Remote Primary Care: Expanding Recent Evidence into Practice Recommendations**

Olivia Lounsbury, Edmond Li, Ana Luísa Neves

Imperial College London, London, United Kingdom. E-mail: ol104@georgetown.edu

Background:

The recent rapid proliferation of virtual consultations to support primary care delivery introduced both benefits and risks. Moving forward, it is expected that virtual consultations will remain an integral means of access to primary care services in many health systems. Hence, it is imperative to ensure that its use is safe and effective for both providers and patients.

Research questions:

What are the safety risks associated with virtual primary care from patient and provider perspectives?
What are patient- and provider-informed strategies to mitigate the risks identified?

Method:

Focus groups and interviews with patients, carers and general practice clinicians were performed over six months. The resulting transcripts were coded and thematically analysed. A total of 42 subjects participated in the study, of which 19 were patients or caregivers.

Results:

We identified three main risk themes: (1) suboptimal clinical decision-making, (2) negative impact on patient access, and (3) worsening the healthcare workforce crisis. Participants highlighted potential solutions to mitigate these risks, including: (1) providing more comprehensive information to patients prior to their appointments, (2) enhancing training for triage personnel, (3) making technical support more readily available, (4) standardising care escalation guidelines, (5) setting up more robust systems for feedback, (6) emphasising better patient communication, and (7) improving continuity of care and safety netting.

Conclusions:

Existing policies need to be updated and new ones devised to minimise risks and better support patient and provider workflows. We anticipate that if the recommendations above are implemented, we may expect the following benefits to patients and providers:

Improved shared expectations about appropriateness of each modality of appointment, clearer thresholds for escalation of care to an in-person appointment, and clarity regarding next steps should the condition not improve after the virtual visit

Enhanced tools and systems to conduct physical patient assessments virtually

Continuously optimised systems based on more robust user feedback mechanisms.

Points for discussion:

As virtual care consultations evolve, what is the best way to capture new risks on an ongoing basis?

How can we better engage populations typically excluded from research in primary care?

How can we expedite translation of these findings into practice?

Poster / Ongoing study no results yet**Patient's perceptions, beliefs and needs in the management of knee osteoarthritis: a systematic review protocol of qualitative studies**

Catarina Matias, Luiz Miguel Santiago, Sandra Lima, Filipe Prazeres, Inês Rosendo

Faculdade de Medicina da Universidade de Coimbra, 3030-784 Coimbra, Portugal. E-mail: catarinaismatias@gmail.com

Keywords: Knee osteoarthritis, Patient, Perception, Belief, Unmet needs; Chronic Pain

Background:

Knee osteoarthritis (KOA) is a prevalent, costly chronic condition with physical symptoms and functional limitation. Once cure is not possible, there is a search for more appropriate treatments for clinical and functional improvement, but still a minority shows modest efficiency.

A comprehensive approach with patient's enablement and empowerment must be considered.

The aim of this study is to review and describe patient's perceptions, beliefs and needs in the management of KOA by qualitative studies already published.

Research questions:

What are patient's perceptions, beliefs and unmet needs in the management of knee osteoarthritis?

Method:

Systematic review of qualitative studies; PROSPERO registration: CRD42023445212. Planned to follow ENTREQ rules and PRISMA statements for reporting systematic reviews, according to PICOS criteria (interventions and comparators are not applicable in this case and the phenomenon of interest will be identified).
P: Adults, over 40 years with KOA, excluding the following underlying causes - fracture, infectious disease, cancer and systemic inflammatory disease.

O: Patient's perceptions, beliefs and needs in the management of KOA.

Search strategy already planned - will be presented in case of abstract selected. Databases: Pubmed, EMBASE, PsycINFO, SPORTDiscus and CINAHL.

Full text qualitative studies and systematic reviews of qualitative studies in English, French, Spanish or Portuguese, published until 30.10.2023.

Data will be analysed using a three-stage approach adapted from Sandelowski and Barroso.

Quality assessment: CASP qualitative checklist and CASP systematic review checklist.

Results:

This is a systematic review protocol, already with no results.

Conclusions:

Manifestation of symptoms by patients is subjective. Dissatisfaction of patients and healthcare professionals may come from unmet needs. More than pertinent, it's essential to collect information regarding the patients' point of view in a person-centered approach.

A systematic review gives us a summary and will be essential to clearly identify what are the research gaps and to design strategic directives that can be more cost-effective.

Points for discussion:

Knee Osteoarthritis Management

Patient's perceptions, beliefs and unmet needs

Research methodology - Systematic review of qualitative studies

Poster / Finished study**What quality of life scales are usable in general practice and primary care research? A systematic review.**

Paul Aujoulat, Guillaume Curral, Maryline Leon, Jean Yves Le Reste

Universite de Bretagne Occidentale, 29200 Brest, France. E-mail: aujoulat.paul@yahoo.com

Keywords: Quality of Life, Primary Care, Systematic Review

Background:

The goal of general practice is to support life but also to ensure an optimal quality of life (QoL). Many primary care researches use this approach. Consequently the importance of utilizing reliable QoL scales is of interest.

Research questions:

This study aimed to assess the accuracy of qol measurement within the scales available for primary care patients.

Method:

A systematic literature review was conducted till June 2023 in PubMed. The search equation employed was "((Quality of life) AND 'Survey and questionnaires') AND 'general population')." The PRISMA statement was followed and the Rayyan software facilitated the review process. The analysis was carried out by two researchers working blind. The cutpoints for reliability coefficients were Cronbach's alpha > 0.7 and ICC > 0.6. these cutpoints were used to ensure sufficient internal consistency and satisfactory reproducibility.

Results:

2049 article were identified, among which 64 were selected. Relevant scales in primary care include SF-36, EQ 5D 3L and 5L, SF 6D, WHOQOL-BREF, and WHOQOL-100. The average response rate was 84.8%. The responsiveness of the scales varied due to their underlying conceptual view of qol. This emphasizing the importance of selecting the appropriate scale based on the underneath objectives of measuring qol in addition to satisfactory validity data. The development of electronic questionnaires seemed relevant, as they boast higher response rates and yield more valid responses, adding an efficient and pertinent dimension to data collection.

Conclusions:

This study provides formal insights into the selection and utilization of quality of life scales in primary care. It underscores the significance of considering various factors for a precise and meaningful measurement of patients' quality of life. These findings will help practitioners and researchers in choosing the most suitable scale based on their specific needs.

Points for discussion:

How would you manage to choose a quality of life scales for your protocols ?

Personally, which scale would you choose to explore your own quality of life?

Poster / Finished study**Age Perceptions Of The Individuals Over 50 Years Of Age Living In A District Of Istanbul And The Related Factors**

Pınar Kocabas, Pemra C. Unalan

Marmara University, School of Medicine, Department of Family Medicine, 34662 Istanbul, Türkiye. E-mail: pcunalan@gmail.com

Keywords: Age perception, functionality, healthy aging, community dwelling**Background:**

Age perception is a multidimensional concept that includes not only chronological, but also biological and social age classifications. Age perception is a biopsychosocial marker of aging and reflects a person's prediction of aging. Studies have shown that the parameters of indicating the state of being healthy, such as the expected life expectancy, are effected by the perception of age.

Research questions:

What is the age perception and the related factors of the individuals over 50 years of age and living in a district of Istanbul?

Method:

387 community dwelling people living in Tuzla participated in this cross sectional study as the calculated sample size. A questionnaire about demographic conditions, health issues, age perceptions and the related parameters, Perception of Health Scale and COOP-WONCA Charts are applied face to face in the community. Pearson Chi-Square, T-test, ANOVA and Simple Linear Regression tests are used for statistical analysis. $p < 0,05$ is accepted significant.

Results:

Female were the 68,2% of the participants and the mean age was $63,93 \pm 9,67$. But the mean of the perceptible age was $49,81 \pm 19,17$ (min:15 max:100). Mean of the age that the participants target to alive at most was $84,26 \pm 10,08$. Of all 77,5% was happy with his age, age stigmatization is mentioned by 7,8%. The participants defined the optimum age that they wish to be was $33,95 \pm 17,27$. Higher education level, having hobbies, a social life, regular physical activity, to be satisfied with the actual age, higher Perception of Health Scale total score and the lower score (which means higher functionality) within each chart of COOP-WONCA was significantly associated with the perceptible age ($p < 0,05$).

Conclusions:

Having hobbies and socializing affects the individual's health perception and functionality and makes them feel younger than they are. If age perception affects the life expectancy then family physicians feel responsibility to participate in the development of environmental and social policies.

Points for discussion:

Do you have any study in your country about age perception?

Do you think that similar studies in different countries should be repeated as social and cultural variables are strong factors that effect age perception? If yes can we collaborate?

What are the limitations of this study?

Poster / Ongoing study with preliminary results**Analysis of the relationship between the hours of use of a mobile device and physical changes in an urban population of 12 and 14 years old.**

Ana Gastón-Faci, Lucía Adiego-Gastón, Carmen Vicente-García, Loreto Camarero-Grados, Fátima Méndez-López

IIS Aragón, 50015 Zaragoza, Spain. E-mail: fmendez@iisaragon.es

Keywords: Postural attitudes; digital devices; sedentary lifestyle; clinical repercussions

Background:

The sedentary lifestyle in childhood has been increasing progressively over the last two decades, and the changes in posture and muscle tone have gone practically unnoticed. Postural attitudes considered pathological in the previous century are now so common that we do not even think that there may be a disease behind them. Many factors condition this decrease in physical activity, but the increase in hours of use of digital screens and mobile devices could be one of the most important.

Research questions:

The objective was to analyze the relationship between the hours of use of the mobile device and other digital devices with alterations in postural attitude (head forward, kyphosis and shoulders in internal rotation), as well as the prevalence of these postural alterations.

Method:

This is a first initial cross-sectional study in a Spanish population between 12 and 14 years old. The study will be carried out by taking advantage of the check-ups of the healthy child in the primary care pediatric consultation through an interview, physical examination of posture and a measurement of the percentage of muscle mass.

Results:

Interviews and physical examinations have been conducted on 210 children, with an average age of 12-14 years, with 54.9% males predominating. 96.1% of the sample has a cell phone, and the moderate use is 23.06 hours. There are 17.2% who do not do any exercise. Concerning posture, 63.8% of the sample presented a pathological posture, and 23.6% reported clinical symptoms.

Conclusions:

This study analyses a striking fact observed in pediatric consultations since the pandemic. It is planned to analyze the causality and possible clinical repercussions and to carry out future interventions in the sports, sociocultural field, and treatment with physiotherapy, depending on whether the intervention is preventive as a treatment.

Points for discussion:

Causality and possible clinical repercussions

Preventive actions

Future interventions in the sports

Poster / Ongoing study no results yet**Breast Cancer Aftercare Among Women of Turkish Origin in Germany: Tracing the Factors Influencing Uptake**

Cansu Erdogan Cengiz, Lara Schürmann, Jürgen Breckenkamp, Alisa Dayangan, Oliver Razum, Christiane Muth, Svetlana Puzhko

Medical School OWL - Bielefeld University, Germany, Department of General Practice and Family Medicine; School of Public Health - Bielefeld University, Germany, Department of Epidemiology & International Public Health, 33501 Bielefeld, Germany. E-mail: svetlana.puzhko@uni-bielefeld.de

Keywords: breast cancer, aftercare, migration background, mixed methods, interviews, focus groups

Background:

Breast cancer is the most common cancer among women in Germany. Follow-up after the acute treatment (aftercare) helps improve life quality, prevent complications, and timely detect relapses. There are no studies evaluating factors influencing the utilization of breast cancer aftercare by women of Turkish origin (the largest group of migrant women) in Germany. It is important to understand whether there are barriers to breast cancer aftercare specific to the migrant population.

Research questions:

How is breast cancer aftercare used and perceived by women of Turkish origin in Germany? What can be done to optimize the role of different healthcare providers, including general practitioners (GP), and interprofessional cooperation?

Method:

This project has three parts. I: Mixed-methods study with an exploratory sequential design to identify factors associated with the aftercare uptake. The qualitative (QUAL) part (interviews (7-10 participants) and focus groups (5-10 participants)) will inform the quantitative (QUAN) part, a cross-sectional survey of women in the German Cancer Registry (n=3500). II: A cross-sectional analysis of the statutory health insurance data on the use of aftercare by women of Turkish vs. non-Turkish origin (n=2000). III: Deliberative consultations with gynecologists, oncologists, and GP (5-10 participants) to develop recommendations to improve aftercare and interprofessional collaboration. Analysis: QUAL data - thematic analysis. QUAN data - bivariate comparison tests and logistic regression. All parts' findings will be synthesized and translated into recommendations.

Results:

We expect that utilization of aftercare services will be associated with age, socioeconomic status, language barriers, and cultural differences, and will vary among different generations of migrants. Health professionals may report issues related to the certification process and gaps in interprofessional collaboration.

Conclusions:

Study findings will contribute to the improvement of breast cancer aftercare and a better understanding of the barriers to health services for the migrant populations in the German healthcare system.

Points for discussion:

How does the intersection of gender and migration background have an impact on the utilization of health care services and breast cancer aftercare in particular?

Poster / Ongoing study with preliminary results**Establishing a Population-Based Obesity Registry for Effective Obesity Management in General Practice.**

Eugene Merzon, Avivit Golan-Cohen, Shlomo Vinker, Ilan Green, Ariel Israel

Leumit Health Sevises, Adelson School of Medicine, Ariel University, 61000 Tel Aviv, Israel. E-mail: emerzon@gmail.com

Keywords: Obesity, Population-Based Registry, General Practice

Background:

The high prevalence of obesity and its lifelong nature necessitate the use of innovative technologies (IT) to support management, especially in primary care. The establishment of a population-based obesity registry may contribute to better obesity management. A registry provides comprehensive data, enables evidence-based decision-making, facilitates personalized care, allows for monitoring and follow-up, promotes research and quality improvement, and fosters collaboration among healthcare providers.

Research questions:

To develop a population-based obesity registry, utilizing electronic medical records (EMR) to analyze data on individuals with obesity.

Method:

The development of the registry was based on a retrospective review of EMR data from all LHS enrollees, including demographic information, anthropometric measurements, and comorbidities. This data was used to identify adult individuals with obesity, defined as a body mass index (BMI) of 30 or above, and to classify them according to the WHO classification system.

Results:

A total of 114,028 individuals were identified. Mean age was 51.1 and 56.1% were females. The prevalence of chronic somatic and psychiatric comorbidities (diabetes mellitus, cardiovascular disorders, ADHD, and depression) was significantly higher than described in the general Israeli population (27.4%, 8.1 %, 6.1%, and 5.9%; respectively $p < 0.001$). The frequency of self-reported physical inactivity had a positive association with obesity staging (38.4 % for Obesity Stage 1; 45.9 % for Obesity Stage 2 and 52.4 % for Obesity Stage 3; respectively, $p < 0.001$).

Conclusions:

The LHS obesity registry is a valuable resource to identify and target high-risk populations for intervention and prevention. Obesity registry may support comprehensive assessments, provide decision support, allow personalized behavioral, nutritional, and pharmacological interventions, and may enable remote monitoring and facilitate telemedicine.

Points for discussion:

Providing a comprehensive view of the prevalence and distribution of obesity within a population.

Providing a basis for measuring the outcomes of obesity management.

Evaluation of the effectiveness of different approaches and strategies.

Poster / Almost finished study**Knowledge, Attitudes, and Beliefs of General Practitioners about the Vegetarian Diet (KAVeGP)**

Alice Serafini, Paola Pandiani, Irene Bruschi, Lucia Palandri, Luciana Baroni

University of Modena and Reggio Emilia, 41121 Modena, Italy. E-mail: alice.serafini@hotmail.it

Keywords: Vegetarian diet; Vegan diet; GP;

Background:

The spread of the vegetarian diet among the Italian population is rapidly increasing, and numerous are its benefits for both the environment and individuals' health. In this context, GPs play a crucial role as main advocates for healthier dietary behaviors. To date, however, we are not aware of any studies that describe the knowledge and attitudes of Italian GPs regarding vegetarian diets.

Research questions:

What are the knowledge, attitudes and beliefs of Italian GPs regarding vegetarian diets?

Method:

After a non-systematic literature review, a questionnaire was developed, structured into five major areas: knowledge, attitudes, perceptions and overall judgments about vegetarian diets (lacto-ovo-vegetarian and vegan) and healthcare assistance for vegetarian patients. Socio-demographic characteristics of the GPs where collected. The questionnaire was administered online and distributed using a 'snowball' data collection strategy. Finally, a descriptive analysis of the results was conducted.

Results:

163 complete responses were collected. The analysis of knowledge-related data reveals limited information about nutrition: only 51.5% of the sample understands the meaning of a lacto-ovo-vegetarian diet, while better results are seen for vegan diets (71.2%). Most respondents (79.1%) are aware of the health benefits of a plant-based diet compared to an omnivorous one, but knowledge gaps exist: only 44.2% were unaware that Vitamin B12 must be supplemented in a vegetarian diet. In overall judgments, 56.4% of surveyed GPs support and recommend a lacto-ovo-vegetarian diet, only 6.1% endorse a vegan diet, and 78% discourage their patients from transitioning to a vegan diet.

Conclusions:

Vegetarian diets are becoming more and more widespread in the population as their health benefits are becoming more and more known. Our exploratory study showed that Italian GPs demonstrated insufficient levels of knowledge to safely manage patients and consciously promote plant-based diets. On the other hand, however, they showed that they interest in receiving more training on the topic.

Poster / Finished study**Pneumococcal vaccination in risk groups – The reality of a family health unit in Portugal**

Carolina Pais Neto, Bárbara Duarte Ferreira, Carla Almeida

USF Novo Norte - ULS Entre Douro e Vouga, 4540-140 Arouca, Portugal. E-mail: carolina_coelho@hotmail.com

Keywords: Pneumococcal vaccine; Pneumococcal infection; Prevention; Vaccination; Primary health care

Background:

Pneumococcal disease is an important cause of morbidity and mortality potentially preventable through vaccination. Despite the recommendation for vaccination in adults belonging to increased risk groups for invasive pneumococcal disease (IPD), it remains underused worldwide.

Research questions:

Our aim was to assess the pneumococcal vaccination profile in risk groups within a portuguese Family Health Unit.

Method:

We conducted an observational cross-sectional and descriptive study among adults registered in a portuguese Family Health Unit in July 2023, aged ≥ 65 years or ICPC-2 coding corresponding to risk conditions for IPD, in accordance with the portuguese clinical guidance standard, based on WHO recommendations.

Results:

From the 2463 identified at-risk adults, a representative sample of 333 patients was obtained, 53.8% female and with an mean age of 72 years (minimum = 19; maximum = 97). The pneumococcal vaccination rate was 24.6%, of which 58.5% had incomplete vaccination. The predominant vaccination scheme was the 13-valent conjugate vaccine followed by the 23-valent polysaccharide vaccine (90.3%), with 65% prescribed in primary health care. Vaccination rate varied according to the IPD risk group, being higher in adults with a greater number of risk factors ($p = 0.023$). There was also a trend towards increased vaccination in the absence of economic insufficiency ($p = 0.327$) and at higher levels of education ($p = 0.413$).

Conclusions:

The reduced pneumococcal vaccination coverage in risk groups and the prevalence of incomplete vaccination requires a reflection on prescription and vaccination adherence determinants related to the doctor and the patient, as a means to implement effective measures aimed at improving the quality of pneumococcal vaccination in this population.

Poster / Finished study**Experience of an outpatient interprofessional collaboration between general practitioner and psychiatrist: a qualitative study in a French community health center**

Sophie Giraudier, Thibaut Colomb, Shérazade Kinouani

University of Bordeaux, 33076 Bordeaux, France. E-mail: sherazade.kinouani@u-bordeaux.fr

Keywords: Interprofessional collaboration; General practitioner; Psychiatrist; Qualitative study

Background:

Collaboration between general practitioners (GP) and mental health caregivers is described as difficult in France. An outpatient collaborative experience between GPs and a private psychiatrist was tested within a rural community health center (CHC) in a French southwest area between 2018 and 2022. We collected patients' opinions about this experience.

Research questions:

The main objective of our research was to explore the meaning given by the CHC patients to a collaboration between GPs and psychiatrist.

Method:

A qualitative study was carried out between May 2022 and July 2023 using semi-structured individual interviews. The initial guide was drafted by the research team based on the literature and then modified as interviews were conducted, and new hypotheses emerged. A theoretical purposive sample of 10 patients was obtained based on following criteria: age, sex, current psychiatric follow-up, meeting with the psychiatrist of the experience and the alternative medicine use. The data analysis was inspired by the Grounded Theory Method.

Results:

Patients perceived the organization of French mental healthcare system as failing. They proposed the reorganization of outpatient mental healthcare around the GP-psychiatrist pair. Colocation of GP and psychiatrist within the CHC as well as their better interprofessional communication contributed to safe and close care. However, this seemed insufficient for a lasting and quality collaboration. Patients suggested as ways to improve this collaborative experience: a better consideration of their experiential knowledge, the increase in flexibility and diversity of mental health care delivered.

Conclusions:

Even if our results were difficult to extrapolate to other contexts, this qualitative study reflected the patients' point of view - rarely heard in France on this topic. They expected better mental health care, guaranteed by their proximity, flexibility, and diversity under the orchestration of the GP-psychiatrist pair.

Points for discussion:

Is the outpatient mental health care system perceived as failing in other European countries?

Is a collaboration involving the intervention of mental health caregivers within primary care structures more usual in other European countries?

Poster / Ongoing study with preliminary results**How does the prevalence of anxiety and depression in internally displaced Ukrainians compare with Ukrainian refugees in other countries? Results of an ongoing study.**

Nataliia Ponzel, Ileana Gefaell, Oksana Ilkov, Jānis Blumfelds, Michael Harris, Alejandra Aguilar-Latorre, Shlomo Vinker, Limor Adler, Robert Hoffman, Marija Zafirovska, Aleksandar Zafirovski, Philippe-Richard Domeyer, Macarena Chacón Docampo, Hüsna Sarıca Çevik, Kamer Billur Yücel Özden

Uzhhorod National University, 88017 Uzhhorod, Ukraine. E-mail: natalia.ponzel@uzhnu.edu.ua

Keywords: General practice; Refugees; Anxiety and depression

Background:

Since the start of the full-scale invasion of Ukraine, millions of Ukrainians have been forced to leave the country or have been internally displaced. While this could lead to anxiety and depression, there is no evidence on whether internally displaced Ukrainians might have different levels compared with those who have left the country.

Research questions:

What levels of anxiety and depression are there in Ukrainian refugees, and how do those levels differ between refugees who are inside and outside Ukraine?

Method:

Descriptive cross-sectional study based on an online survey. Study population: Ukrainians aged ≥ 18 who have been internally displaced or refugees in Europe since February 2022, from Ukraine, Latvia, Spain, Bulgaria, Macedonia and some other countries. Data collection: convenience and snow-ball sampling. We used GAD-7 to measure levels of moderate and severe anxiety, and PHQ-9 to measure levels of moderate and severe depression.

Results:

While data collection continues, data from the first 105 respondents show that levels of moderate and severe depression are higher among Ukrainian refugees in other countries than in those who are internally displaced (54.8% vs. 28.6%, $P=0.032$). We found no instances of moderate or severe anxiety among Ukrainian individuals in either group.

Conclusions:

These preliminary data suggest that levels of depression are high in both groups of war-displaced refugees. However, they are significantly higher in those who have left Ukraine. The reasons for this difference are unknown.

Points for discussion:

What experience do EGPRN members have of mental health problems in refugees that they care for?

Why do EGPRN members think that levels of depression are higher in refugees that have left Ukraine than in those who remain there?

Poster / Ongoing study no results yet**Impact of Social Determinants of Health in the Adult Population with Mental Health Problems Visited in Primary Care in Catalonia**

Dúnia Bel Verge, Maria Isabel Fernández San Martín, María Rodríguez Barragán, Victòria Feijóo, Blanca De Gispert, Joan De Montserrat Moreno, Ana Clavería Fontán

USR - Barcelona ICS, 08024 Barcelona, Spain. E-mail: duniabel@gmail.com

Keywords: Social determinants of Health (Mesh), Mental Health (Mesh), Electronic health records (Mesh), Big data (Mesh).

Background:

The association between Social Determinants of Health (DSS) and mental pathology prevalence and incidence has been extensively studied. However, we currently find less evidence on the impact of DSS on people with established mental health disorders.

Research questions:

Do the DSS impact on patients with diagnosis of anxiety, depression, and severe mental disorders in terms of hospital admissions, mortality, and sick leaves?

Method:

Retrospective longitudinal observational study combining Clinical Electronic History (CEH) of Catalonia, obtained from the Information System for the Development of Primary Care Research (SIDIAP), and socio-economic indicators of the National Institute of Statistics (INE). Adults with active episodes of mental pathology in the CEH and visited in Primary Care (PC) between the years 2014-2018 will be included and followed up until December 2023. The approximate N will be 1740000. The total number of hospital admissions, deaths, and sick leaves by associated causes will be determined as dependent variables. For the statistical analysis of hospital morbidity and all-cause mortality, a Cox regression model will be conducted, where the dependent variable will be time to event (hospital admission or death). For the study of sick leaves, a multiple linear regression model will be used, where the dependent variable will be the number of days off work during the follow-up period. In the established statistical models, the DSS will be the independent variable adjusted by age, sex, and comorbidity.

Results:

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Conclusions:

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Points for discussion:

Importance of electronic health records and big databases to study social determinants of health and mental health.

Opportunity to detect sociodemographic and economic factors that influence the population with mental health problems in terms of mortality, use of the healthcare system, and work disabilities.

Possibility of detection of areas with vulnerable populations, adjustment of political decisions, and prioritization of social and healthcare interventions.

Poster / Finished study**Multimodal Assessment of Social Anxiety Disorder among International Students**

Csongor István Szepesi, László Róbert Kolozsvári

University of Debrecen, 4032 Debrecen, Hungary. E-mail: szepesi.csongor@gmail.com

Keywords: Social Anxiety Disorder, Eye-tracking**Background:**

Social Anxiety Disorder (SAD) presently stands as the third most prevalent psychiatric disorder. Its impact is far-reaching, exerting adverse effects on various domains of life and diminishing overall mood and well-being.

Research questions:

The study was conducted at the University of Debrecen in Hungary by the Mental Health Research group. In the study we examined Social Anxiety Disorder (SAD) through the utilization of multiple measures and experimental paradigms.

Method:

Participants were categorized using the Liebowitz Social Anxiety Scale with a threshold of 30 points. The Facial Test assessed emotional facial recognition, with the Face Reader 8 software and eye-tracking technology was used to examine visual attention biases during emotion identification. The Social Cognitions Questionnaire was administered to investigate the relationship between biases and SAD.

Results:

Results revealed no gender-based differences in SAD, but Asian participants scored significantly higher on the anxiety scale compared to non-Asians, challenging assumptions about lower Asian social anxiety scores and highlighting cultural influences.

Emotion recognition showed no significant differences between SAD and control groups. Gaze pattern analysis revealed that females focused more on eyes, aligning with gender-based emotion recognition differences.

Contrary to previous findings individuals with higher social phobia scores did not show hypervigilance toward threatening stimuli but exhibited avoidance towards them, including delayed gaze, fewer and shorter fixations, and reduced gazes directed at the eyes.

Both the SAD and the control group exhibited maladaptive schemas related to performance and visible signs of anxiety. Men and Asian participants showed higher belief in these schemas.

Conclusions:

Our results are challenging assumptions about the low susceptibility of SAD in men and Asian populations. SAD, the third most prevalent psychiatric disorder, is given little attention in the general practice. We hope our study is going to bring light to this problem, and in the future provide general practitioners with innovative tools for diagnosis.

Points for discussion:

Cultural Differences in Social Anxiety Disorder (SAD)

Gaze Patterns and Emotional Recognition in SAD

Gender Differences in Social Anxiety Disorder (SAD)

Poster / Finished study**The Impact of Volunteering on Mental Health – an Evidence-Based Review**

Patrícia Tuna, Sofia Almeida, Catarina Carvalho, Tiago Neto

Health Center of Valongo, Porto, Portugal, 4440-452 Valongo, Portugal. E-mail: patriciaift@hotmail.com

Keywords: Mental Health, Anxiety, Depression, Volunteer

Background:

Mental health problems are very common in Portugal and represent a significant proportion of health-seeking contacts in primary health care, which appears to be the first line in the approach of that group of pathologies. Herein, it is important to create initiatives that promote the well-being and social integration of patients with mental health problems.

Research questions:

This work aims to review the impact of volunteering on mental health of adult population.

Method:

A research for systematic reviews, randomized clinical trials and observational studies, published in the last 10 years, was carried out in the Pubmed, Cochrane and DARE databases, using the terms MeSH (“Mental Health” OR “Anxiety” OR “Depression”) AND “Volunteer”. The inclusion criteria were defined according to the PICO model: P - Cognitively healthy adults; I - Carry out volunteering; C - Do not volunteer; O - Impact on mental health. The Strength of Recommendation Taxonomy (SORT) scale was used to assign the strength of recommendation.

Results:

Of the 672 articles obtained in the research, the vast majority were excluded for not meeting the inclusion criteria, with 17 articles being selected (1 systematic review, 8 cross-sectional observational studies and 8 retrospective observational studies). All the selected articles demonstrated a positive impact of volunteering on mental health, namely in the reduction of depressive symptoms.

Conclusions:

The articles included are heterogeneous, in the characteristics of the samples, in the questionnaires applied and in the type/duration of volunteering. The majority of populations are aged ≥ 50 years and it is not clear which duration of volunteering is the most effective. However, the results obtained were consistent, pointing to a positive impact of volunteering on mental health, essentially in the elderly, with a level B recommendation, according to the SORT scale.

Points for discussion:

The impact of volunteering on the improvement of mental health.

Volunteering as a complementary therapy for mental illness.

Primary health care and its articulation with the social sector as promoters of more health gains.

Poster / Almost finished study**Values and preferences of patients with severe mental illness with regard to smoking cessation: results from a systematic review**

Kristien Coteur, Laura Tops, Geertruida Bekkering, Linan Zeng, Bert Aertgeerts, Nicolas Delvaux, Thomas Agoritsas, Mieke Vermandere

KU Leuven, 3000 Leuven, Belgium. E-mail: kristien.coteur@kuleuven.be

Keywords: smoking cessation, primary care, mental health, patient-centered care, systematic review

Background:

Smoking rates among people with severe mental illness (SMI) are twice to thrice as high as in the general population, with more heavy smokers. Tobacco-related conditions, such as cardiovascular and respiratory disease, are also the leading cause of mortality in this patient group. Smoking cessation is thus a key component in protecting their physical health and reducing mortality rates. Regardless of motivation, quit rates in this vulnerable population are lower than in general population. More effort may be needed to obtain long-term sustainability of intervention effects. As there are currently no guidelines on smoking cessation among people with SMI, we aim to inform the development of such guidelines by researching patients' preferences.

Research questions:

What are the values and preferences for smoking cessation interventions among adult patients with SMI?

Method:

A systematic literature review. We searched MEDLINE via Pubmed, Embase, Web of Science, CINAHL and Scopus. The sample included adult (18 years or older), current or past smokers with SMI. SMI was defined as presenting a diagnosis of schizophrenia, bipolar or mood disorder, including major depressive disorder, or post-traumatic stress disorder. Peer-reviewed publications of any research design that discussed values and preferences concerning smoking cessation interventions were included. Double-blind procedures are used for screening and data extraction. Quantitative data is analysed descriptively. Qualitative data is synthesised with the Best Fit Framework method.

Results:

From 11,853 articles, 59 studies were included. Most (n=28) were qualitative studies, quantitatively descriptive studies (n=18), or mixed-method studies (n=8). Preliminary, it seems that social factors and proactive engagement by professionals are important. We will present the final results at the meeting in May.

Conclusions:

This review is the first study to map values and preferences of patients with SMI concerning smoking cessation interventions. Its results will inform practitioners to efficiently implement evidence-based interventions for smoking cessation in a population with SMI.

Points for discussion:

Which misconceptions live among health care professionals about patients' willingness and ability to stop smoking?

How to address the gap in quality of health care for people with (severe) mental illness?

How can we improve the integration of physical and mental health care in primary care?

Poster / Finished study**An after-hours telemedicine urgent care service may not improve access to care for underserved populations**

Jonathan Brill, Anthony D. Heymann, Galia Zacay

Meuhedet Health Services, Tel Aviv, Israel. E-mail: brillj@gmail.com

Keywords: Telemedicine, After-Hours Telehealth, Remote Emergency Care, Healthcare Disparities

Background:

After-hours telemedicine services for emergency care are thought to offer a solution for patients who live at a distance from traditional face-to-face emergency services.

Research questions:

This study evaluates such a service in a Health Maintenance Organization. We analyzed its patients' demographic and clinical characteristics and outcomes of these encounters, focusing on the differences between central and peripheral populations.

Method:

In this cross-sectional database study, we collected data regarding the encounter and patient characteristics, including prescriptions, referrals for further evaluation in a traditional emergency department (ED), and the distance from a traditional ED. Other outcome measures included healthcare utilization after the encounter such as primary care physician encounters, additional telemedicine encounters, ED visits, and hospitalization.

Results:

45,411 patient visits were analyzed. Medication was prescribed in 25% of the encounters, and a referral to an ED was given in 22%. 17.7% of the patients visited an ED within 24 hours of the index encounter. 64.8% of patients visited a PCP in the following 30 days. No further care was needed in 32.4% of the encounters. In multivariable logistic regression, the odds of using the service were lower for low SES groups and inhabitants of the periphery than the central areas. A weak reverse correlation was observed in Jewish sectors regarding distance from traditional ED, while no correlation was found in the Arab sector.

Conclusions:

It is commonly believed that telemedicine overcomes geographical barriers. The results of this research do not support this hypothesis.

Points for discussion:

The impact of socioeconomic status on the use of telemedicine services.

Cultural, social, or infrastructural factors that might influence differences in interaction with telemedicine services.

Impact of telemedicine on emergency department and primary care visits.

Poster / Ongoing study with preliminary results**Attitudes and Opinions of Family Medicine Residents Towards the System of Palliative Care in Croatia**

Ema Slapnicar, Marion Tomicic

Health Centre of Split – Dalmatia County; University of Split, School of Medicine, 21000 Split, Croatia. E-mail: eslapnicar@gmail.com

Keywords: family medicine residents, palliative care, Croatia**Background:**

Palliative care is characterised by comprehensive approach to patients who suffer from incurable diseases, aiming to improve their quality of life through alleviation of pain and suffering and prevention of complications. Primary palliative care is provided by family medicine specialist in cooperation with the multidisciplinary team and the patient's family.

Research questions:

1. To determine the attitudes and opinions of family medicine residents towards the system of palliative care in Croatia.
2. Whether there is connection between length of service and expressed positive attitudes towards palliative care.

Method:

The data was collected using a survey questionnaire in Google Forms application. Questionnaire comprised eight sociodemographic questions and a five-point Likert scale that contained 15 statements about residents' opinions, attitudes and knowledge of palliative care system in Croatia. Participants were first-year family medicine residents. Total number of 95 respondents participated in the study (59% of all first-year family medicine residents in Croatia).

Results:

Family medicine residents do not feel sufficiently competent in counselling patients in matters of palliative care. Only 11% of respondents attended additional education in field of palliative care. Just 17% of respondents expressed familiarity with the National Program for the Development of Palliative Care in Croatia. Only 21% of respondents claim that they feel confident when they need to inform patient about possibilities that palliative care offers. The length of service of the respondents did not have a statistically significant effect (p value=0.0614) on the attitudes and opinions of residents towards palliative care, as well as their additional education.

Conclusions:

Although in recent years there has been progress in the organization and implementation of palliative care in Croatia, it is not yet at the desired level of development. The first step in improving the quality of palliative care is the education of all members of healthcare team who provide basic palliative care.

Points for discussion:

How to achieve useful education of family medicine residents in matters of palliative care?

Poster / Finished study**Does primary caregiver burden measurement hides a patient?**

Aida Puia, Vlad Dascal, Ionela Scridonesi, Bianca Olivia Cojan Minzat, Ioana Cinpoeru, Rodica Sorina Pop

University of Medicine and Pharmacy Iuliu Hatieganu Cluj-Napoca, Romania, 400613 CLUJ NAPOCA, Romania. E-mail: draidapuia@gmail.com

Keywords: caregiver, burden, quality of life, hidden patient

Background:

The primary caregiver is the person who is close to the patient with a progressive chronic disease in the palliative care stage, unpaid, and actively involved in their care. Caregiving burden is a difficult 'syndrome' to assess, with multiple responsibilities ultimately causing physical, and psycho-emotional distress and affecting their social life.

Research questions:

The main objective of the study is to assess the quality of life of the primary caregiver by measuring the burden of caregiving and assessing their depression and anxiety.

Method:

The research enrolled caregivers over the age of 18 who gave written consent to participate in the research. The evaluation of the subjects was performed monthly for 3 months using the following instruments: Burden Scale for Family, Hospital Anxiety and Depression Scale, and MOS-SF36.

The difference between the mean values of the two variables was analyzed by the chi-square test for independent samples. The Mann-Whitney U test and the Kruskal-Wallis test were used to highlight differences between two and three or more variables, respectively.

Results:

The burden of care increased statistically significantly during the three months, being significantly higher in the group of those who cared for patients with non-oncological conditions ($p=0.01$). They perceive more strongly the deterioration of their health, the reduction of time for themselves, the standard of living, and the abandonment of plans.

Primary caregivers of cancer patients experience anxiety that increases significantly as the disease progresses ($p=0.03$)

Depression and anxiety are significantly correlated with the degree of burden ($p=0.001$).

Pain and decreased vitality are present in caregivers of both subgroups.

Social life is similarly affected regardless of the pathology.

Conclusions:

The main caregiver represents a hidden patient who gradually turns into a real patient prone to somatic and mental ailments.

Assessing caregiver burden can detect decreased quality of life and early symptoms of depression and anxiety.

Points for discussion:

Early signs of burden and the significance of them.

How to communicate with the caregiver to discover the hidden signs of the burden.

Poster / Almost finished study**Home Care Delivered by GPs in Modena (Italy): A Descriptive Study with an Exploratory Analysis of its Determinants and Outcomes**

Alice Serafini, Lucia Palandri, Giulia Ugolini, Silvia Riccomi, Davide Fornaciari, Lucia Leonelli, Elisa Stefani, Irene Bruschi, Maria Stella Padula, Elena Righi, Anna Franzelli, Chiara Salvia, Sara Fantini

University of Modena and Reggio Emilia, 41121 Modena, Italy. E-mail: alice.serafini@hotmail.it

Keywords: Home Care; House Call; Home Based Healthcare; Descriptive study;

Background:

The rise in life expectancy, disabilities, and the number of elderly individuals living alone poses a challenge for healthcare services, particularly for General Practitioners (GPs), as an increasing number of patients require Home Care (HC). There are rumors circulating among the population that suggest "GPs no longer make house calls," while Italian GPs perceive an escalating workload for HC. Currently, there is no existing study in Italy describing the HC activities of GPs and their perceptions.

Research questions:

How is HC organized and delivered in the Province of Modena, and how many home visits do GPs perform each year? What are the determinants influencing the HC activity of GPs?

Method:

We conducted a retrospective descriptive study using a survey directed to all GPs in Modena Province (Italy). The study was led by GPs-investigators in collaboration with the Local Health Authority and the University Department of Public Health. Collected variables included GP characteristics (socio-demographic factors, GP experience, practice organization, level of deprivation in the neighborhood, and workload), volume and type of HC delivered (number and type of home visits performed in the previous year), and GP's performance indicators (hospitalization rates in the medical area, avoidable emergency department access).

Results:

Eighty-four GPs voluntarily participated in the study, representing 21% of all GPs in the province of Modena. Participants exhibited variability in age, gender, GP work experience, work setting, and volumes of HC delivered, presenting a highly diverse sample. Descriptive analysis and association models describing the relationship between exposure variables are ongoing and will be presented during the meeting. The first model will delineate the determinants, including GP characteristics and organization (explanatory variables), influencing the volume and type of HC delivered (outcome) while, the second model will elucidate the associations between the HC delivered (exposure variable) and GP's performance indicators (outcome).

Points for discussion:

Is there variability among the number of home visits performed by GPs in different European countries?

Poster / Published**Incidence of sexual violence among recently arrived asylum-seeking women in France: a retrospective cohort study**

Jérémy Khouani, Maeva Jegou

Department of General Practice, Aix Marseille University, Marseille, France, Marseille, France. E-mail: jeremy.khouani@univ-amu.fr

Keywords: Asylum seeker, sexual violence, host country**Background:**

The prevention of sexual violence (SV) occurring shortly after arrival in host countries towards female asylum seekers requires knowledge about its incidence. There was no data on the SV suffered by asylum seekers in host countries.

Research questions:

What is the incidence of SV suffered in France during the past year by recently arrived asylum seekers?

Method:

We conducted a retrospective cohort study using a life-event survey of asylum-seeking females who had been registered in southern France by the Office for Immigration for more than one year but less than two. The primary outcome was the occurrence of SV during the past year, weighted by the deviation in age and geographical origin of our sample from all females registered. The nature of SV was noted, and associated factors were explored by a logistic regression model.

Results:

Between October 1, 2021, and March 31, 2022, 273 females were included. Eighty-four females experienced SV during the past year of living in France (26.3% weighted [95% CI, 24–28.8]), 17 of whom were raped (4.8% weighted [95% CI, 3.7–6.1]). Being a victim of SV prior to arrival in France (202, 75.7%) was associated with the occurrence of SV after arrival (OR = 4.6 [95% CI, 1.8–11.3]). Lack of support for accommodation was associated with sexual assault (OR = 2.6 [95% CI, 1.3–5.1]).

Conclusions:

The months following their arrival in a European host country seem to be a period of high exposure to SV with a notable role of reception conditions. Compared to data drawn from the extant literature, our findings indicate that female AS are exposed to SV more frequently than the general population of French women. Our findings provide valuable information for making public policies to prevent the occurrence of SV among asylum-seeking females in European host countries and to detect them if they could not be prevented.

Points for discussion:

How can GPs use these results to adapt their practices?

What are the primary care solutions?

Poster / Finished study**Strategies for seeking care in the host country among asylum-seeking women who have been victims of sexual violence: A French qualitative study**

Maeva Jego Sablier, Jérémy Khouani

Aix-Marseille Université, 13005 Marseille, France. E-mail: maeva.jego@univ-amu.fr

Keywords: asylum seekers, sexual violences, qualitative research, primary care**Background:**

Asylum-seeking women (ASW) are highly exposed to sexual violence (SV). INCIDAVI is a French study which found a past year incidence of 26% for postarrival sexual violence (SV) among asylum-seeking women (ASW). It reported that fewer than 1 out of 10 victims consulted a healthcare professional when SV occurred.

Research questions:

These findings raise the question of how ASW who have been victims of SV get involved in care. We aimed to explore strategies for seeking care in the host country among this population.

Method:

This qualitative phase of INCIDAVI was based on a grounded theory approach. Semistructured interviews were conducted between February 1, 2022, and July 29, 2022. The interviews explored the women's history of SV, the conditions under which women talk about SV and the perceived consequences of care. We performed an inductive analysis using NVivo® 14 software.

Results:

Twenty interviews were conducted (data saturation on the 18th interview). All had been victims of SV, in France and/or before France. Of these, 4 had been victims of rape in France, 14 of other types of SV in France, and 17 of SV before France. Life paths of ASW were traversed by SV which influence their health and safety behaviour and can re-expose them to SV. Talking about SV was a rare and strategic choice focused on seeking protection. When appropriate care was used, it was perceived as beneficial and leads to a change in the perception of a possible recovery.

Conclusions:

The failure of ASW to seek care for SV is shaped by the fact that SV is initially perceived as ordinary. A proactive attitude on the part of carers towards detecting such violence leads to positive experiences of care, which in turn influence women's initial perceptions of SV, enabling them to envisage health recovery.

Points for discussion:

Our qualitative phase of the INCIDAVI project give us a better understanding of how ASW victims of SV get involved in care and why so few have sought help from carers

Carers should take a proactive approach, provide a safe space to talk and consider social situation and intercultural aspects.

Positive experiences of care help to change patients' perceptions of SV, from trivialisation to real violence, for which care contributes to recovery.

Theme Paper / Almost finished study**B-type natriuretic peptide (BNP) on discharge as marker of mortality on patients presenting HF with reduced Ejection Fraction (HFrEF) for two years follow-up.**

Cristian Gabriel Bejan, Ioana Camelia Teleanu, Ioana Veronica Grajdeanu, Elena Valentina Vacarel, Ana Maria Alexandra Stanescu

"Carol Davila" University of Medicine and Pharmacy, Bucharest, Romania, 060564 Bucharest, Romania. E-mail: alexandra.stanescu@umfcd.ro

Keywords: NT-proBNP on discharge, HFpEF, mortality, utility in family medicine

Background:

Heart failure affects 1-2% of the Western population. It is imperative to recognize the importance of the biomarker NT-pro BNP in diagnosing heart failure. By utilizing NT-proBNP as a surrogate marker, the diagnosis and management of this condition can be significantly improved. However, it is essential to conduct further research on large population groups to integrate Nt-proBNP values into programs for family doctors. This integration will not only assist in monitoring symptomatic patients but will also improve the triage methods.

Research questions:

By determining NT pro-BNP in symptomatic patients (dyspnea and edema), can new cases of HF be diagnosed in primary care?

Does NT pro-BNP monitoring in patients with HF prevent premature death in such patients?

Method:

We performed a prospective 2-year follow-up study of heart failure patients with low ejection fractions in which we determined NT proBNP as a surrogate marker of death risk. We analyzed a group of 96 patients presenting heart failure with reduced ejection fraction using Cox regression that NT-proBNP on admission and discharge predicts mortality during a year's follow-up period.

Results:

We determined that the NT pro-BNP threshold value on discharge is 8700pg/ml (75,9% sensibility and 68.7% specificity), where mortality risk rises by 4.6 times 95% CI (2-10.8) p 0.001. As predictors of raising NT pro-BNP on discharge >8700pg/ml found that without angiotensin-converting enzyme inhibitors (ACEi) treatment (OR 3.4, p 0.008), systolic blood pressure on admission \leq 120mmHg (OR 3.4, p 0.009), hemoglobin on admission \leq 11.7g/dL (OR 3.2, p 0.007 and age >82 years old (OR 4.7, p 0.002).

Conclusions:

The NT pro-BNP threshold value on the discharge of 8700pg/ml will raise mortality risk by 4.6 times in patients with HFpEF in the next two years. We consider that monitoring of patients with heart failure is necessary to avoid the risk of death or hospitalization.

Points for discussion:

Monitoring of NT pro-BNP in primary care to avoid the risk of death

Can we use NT pro-BNP values for the diagnosis of heart failure?

Possibilities and limitations

Theme Paper / Finished study**DXA prescription: in Italy, the age of 65 is enough for guidelines, but just a minor criterion for reimbursement law. Which might be the effect on clinical practice?**

Andrea Virga, Sonia Zenari, Giulio Rigon, Francesco Del Zotti, Giovanni Merlino

SIMG Palermo, C.S.FIMMG Verona, NetAudit Group, 90141 Palermo, Italy. E-mail: andreavirga92@gmail.com

Keywords: DXA, Densitometry, BMD, Osteoporosis, EBM, Healthcare Policy, Audit

Background:

Detecting BMD is necessary to define fracture risk in postmenopausal women and consequently treat the high-risk ones.

Italian SIOMMMS guideline, in line with USPSTF recommendations, states that age ≥ 65 years is a sufficient criterion for prescribing at least one DXA scan.

In the Italian Law, the "Essential Levels of Assistance" (LEAs) define the specific conditions for a fully reimbursed DXA: age ≥ 65 years is just a minor criterion among other 30 elements.

Research questions:

Considering the proportion of DXA prescriptions by primary care physicians in all women aged ≥ 65 years: are GPs following the Italian SIOMMMS Consensus, despite discordant and complex reimbursement criteria?

Method:

Audit process with SQL queries, anonymization of data, and analysis performed by 29 Italian GPs from the "NetAudit" group.

The number of DXA prescriptions recorded in the Electronic Clinical Record was collected among women aged ≥ 65 years.

Results:

DXA was requested in 3015/6091 (49.5%) women aged ≥ 65 years.

The GP with the least amount had 6%, the one with the most had 83%.

Median was 52%, Coefficient of Variability was 42%.

Conclusions:

Only half of the women aged 65 years and older had a DXA prescribed following the SIOMMMS Guideline, that agrees with USPSTF guideline.

A poor result, considering a target of at least 70% according to audit standards.

Probably, both the complexity of the LEAs and the fact that the age criterion is minor, thus not sufficient to have the DXA reimbursed, have contributed greatly to the low number of prescriptions.

Points for discussion:

How can GPs decide between a clear single criterion (age ≥ 65) and a complex regulation for reimbursement (LEAs), if they conflict?

How to avoid prescriptive omission with the risk of lawsuits from patients or overprescribing the exam by not following administrative authority?

How to communicate this contradiction to decision makers?

Theme Paper / Finished study**Evaluation of the role of experience in the accuracy of "Gut feelings" among general practitioners in clinical decision-making**

Yasmine Zaouche, Karim Tazrouts, Matthieu Schuers, Marie Barais

université de bretagne occidentale, departement universitaire de médecine générale, 29238 brest cedex 3, France. E-mail: marie.barais@gmail.com

Keywords: Gut Feelings, decision making, experience, general practice

Background:

The Gut Feelings is a known concept among general practitioners (GP). Its diagnostic value and role in the prevention of error have been shown in multiple studies. It raised from the interaction of the practitioner's knowledge and his experience. Nevertheless, the role of the experience is not well established.

Research questions:

The aim of this study was to evaluate the role of experience on the Gut Feeling's accuracy among GPs.

Method:

"EGFGP study" was a quantitative, transversal and multicentric study. Experienced GPs and trainees on their first year of internship were asked to fill in the GFQ questionnaire after reading 12 case vignettes. Theses case vignettes were the same as those used in the construct validation of the GFQ. The primary endpoint was the GFQ score evaluation error for each case vignette between the two groups. The secondary endpoint was the care procedure (?) proposed by the participant for each case vignette.

Results:

130 trainees and 58 GPs completed the program, representing 2256 questionnaires. The analysis revealed no statistically significant difference of the GFQ response scores between the two groups ($p=0.14$). There was no statistically significant difference of the care procedure proposed by the participants for each case vignette ($p=0.15$)

Conclusions:

The role of experience in the accuracy of the Gut Feelings has not been shown in this study. The main limitation is that the number of subjects required was not reached, resulting in a lack of statistical power.

Points for discussion:

how do you think your gut feelings is or was constructed?

What is the role of your experience in your gut feelings?

Theme Paper / Finished study**Frailty and its association with long-term mortality among community-dwelling older adults aged 75 years and over**

Maor Lewis, Galia Zacay, Anthony Heymann, Dan Justo

Meuhedet Health Services, Tel aviv, Israel. E-mail: maorlew@gmail.com

Keywords: Community-dwelling, Cumulative deficit, Frailty, Mortality, Older adults.

Background:

The prevalence of frailty in a population of community-dwelling older adults and its association with long-term mortality has not been previously studied in Israel in a large scale.

Research questions:

We sought to demonstrate the potential utility of a frailty index in a large database of community-dwelling older adults aged 75 years and over in Israel by studying the prevalence of frailty and its association with long-term mortality in this population.

Method:

A retrospective cohort study using a large Israeli Health Maintenance Organization database. The prevalence of frailty and its association with all-cause mortality were studied among older adults aged 75 years and over who were followed for 2-8 years. The Frailty index was calculated using the cumulative deficit method including 28 chronic diseases and age-related health deficits.

Results:

The cohort included 43,737 community-dwelling older adults: median age was 77 years (IQR 75-82 years); 19,300 (44.1%) patients were males; most patients were non-orthodox Jews (n=35,515, 81.2%). Overall, 19,396 (44.3%) older adults were frail: 12,260 (28.0%) mildly frail, 5,533 (12.7%) moderately frail, and 1,603 (3.7%) severely frail. Overall, 15,064 (34.4%) older adults died during the follow-up period: 4,782 (39.0%) mildly frail, 3,016 (54.5%) moderately frail, and 1,080 (67.4%) severely frail. Cox regression analysis showed that mortality was associated with severe frailty (HR 2.63, 95%CI 2.45-2.80), moderate frailty (HR 2.05, 95%CI 1.96-2.14), and mild frailty (HR 1.45, 95%CI 1.39-1.51), controlled for age, gender, and population sector. In patients aged 90 years and over there were no longer differences in cumulative survival between patients with moderate and severe frailty (p=0.408).

Conclusions:

Frailty is common among the population of community-dwelling Israeli older adults aged 75 years and over and associated with long-term mortality across frailty levels. Among older patients aged 90 years and over there are no longer differences in cumulative survival between patients with moderate and severe frailty.

Points for discussion:

The utility of frailty scores in primary care

Different methods for the evaluation of frailty

Is there an age limit for the utility of frailty scores?

Web Based Research Course Presentation / Study Proposal / Idea

Integrating Lifestyle Medicine Approaches to Decrease Premenstrual Syndrome (PMS) Symptoms: A Comprehensive Intervention

Duygu Ayhan Başer

Hacettepe University Faculty of Medicine, Department of Family Medicine, Ankara Turkey, 06080 ankara, Türkiye. E-mail: dr.duyguayhan@gmail.com

Keywords: motivation, lifestyle medicine, behavioural changes

Background:

Premenstrual Syndrome (PMS) is a prevalent condition affecting a significant number of women during their reproductive years. Traditional approaches to managing PMS have often included pharmacological interventions, such as nonsteroidal anti-inflammatory drugs (NSAIDs) and hormonal therapies. However, these approaches may not be universally effective and can be associated with side effects. In recent years, there has been a growing recognition of the role that lifestyle factors play in influencing hormonal balance and overall well-being. Lifestyle medicine, which involves adopting evidence-based lifestyle changes to prevent, manage, and sometimes even reverse chronic diseases, has shown promise in various health conditions. However, its application to premenstrual syndrome has not been extensively explored. With this study, we aim to explore the nutrition, physical activity, sleep hygiene, stress management, and behavioral modifications influence on PMS symptoms.

Research questions:

How does the implementation of lifestyle medicine interventions impact the alleviation of premenstrual syndrome (PMS) symptoms among affected individuals?

To what extent is the proposed lifestyle medicine intervention effective in reducing the severity of premenstrual syndrome (PMS) symptoms, as assessed through pre and post-intervention evaluations?

Method:

This research will employ a prospective, interventional study design. The study will consist of a comprehensive lifestyle medicine program tailored to individuals experiencing PMS in primary care conditions, with assessments conducted before and after the intervention. Participants will be recruited through collaboration with healthcare providers, community outreach programs, clinics, and online platforms. Inclusion criteria will include individuals aged 18-45 years experiencing moderate to severe PMS symptoms. Participants will be screened for underlying medical conditions that might influence PMS symptoms.

Results:

Our study is currently in the planning stage.

Conclusions:

After analyzing the results of the study, it is aimed to make criticism about the effect of nutrition, physical activity, sleep hygiene, stress management, and behavioral modifications on PMS symptoms.

Points for discussion:

Are there any specific behavioral habits or lifestyle type that influencing PMS?

What should be the inclusion and exclusion criterias of the participants?

Web Based Research Course Presentation / Ongoing study no results yet**MAGIC QI : Management of Atrial Fibrillation in General Practice and Integrated Care Quality Improvement**

Sarah Mcerlean

ICGP, A63W5C8 Greystones, Ireland. E-mail: sarah.mcerlean@ucd.ie

Keywords: Atrial Fibrillation, Chronic Disease, Quality, Audit, Primary Care**Background:**

Worldwide, atrial fibrillation (AF) is the most common sustained cardiac arrhythmia in adults and poses a significant burden to patients, physicians and healthcare systems. We know that adherence to guideline-directed therapy can improve outcomes in AF and yet there are wide variations in compliance to these guidelines.

Guidelines are rarely absorbed organically into clinical practice sufficiently enough to create a meaningful change. Additional QI interventions are often needed. We have collaborated with MedVault - an IT company, to create an electronic audit tool. This audit tool will provide a summary of care in the form of a colour-coded excel spreadsheet.

Creating an audit summary and highlighting performance metrics in an understandable way will eliminate the need for tedious, time-consuming analysis for busy practising GPs.

Research questions:

The aim of this study is to evaluate the feasibility of using an electronic audit tool for audit and quality improvement in general practice.

The objectives are to:

1. Audit AF care and provide feedback to participating practices.
2. Interview participating GPs to establish the feasibility of using the dashboard.
3. Compile an aggregate report which can be used to benchmark care in Irish general practice to international guidelines.

Method:

1. Information evening for GPs
2. Informed consent
3. Participating GPs can run the audit tool in their practices
4. The audit tool will provide patient-level data to individual GP practices.
5. GPs to use highlighted information to improve patient care.
6. Undertake re-audit
7. The research team will be provided with de-identified aggregate data report.
8. The GPs will then be contacted for a short usability survey in summer 2024

Results:

This project is in the recruitment stage and so no results are available at this time.

Conclusions:

We hope to conclude that this tool is feasible and could be used in other chronic diseases.

Points for discussion:

Use of electronic tools to manage data and data interpretation

Management of chronic disease

Web Based Research Course Presentation / Study Proposal / Idea**Nicotine addiction severity-based evaluation of ferritin, vitamin B12, and folic acid levels among female smokers: A two-year retrospective study**

Melike Mercan Başpınar, Dersu Taş

University of Health Sciences, Gaziosmanpaşa Training and Research Hospital, Department of Family Medicine, 34255 ISTANBUL, Türkiye. E-mail: drmelikemercan@gmail.com

Keywords: Addiction, smoking, vitamin, ferritin, nicotine dependence

Background:

Anemia due to iron deficiency is more common in women than in men and smoking-induced hypoxia result in impairment of hematological parameters, ferritin, and transferrin saturation. Additionally, smoking is known to cause macrocytosis mainly by altering the levels of Vitamin B12 and folic acid.

Research questions:

The overall aim of this project is to improve our knowledge of the difference in haematological alterations based on nicotine addiction severity among women. Does smoking severity lead to differences in ferritin, vitamin B12, folic acid levels, Hb, Hct, MCV, and transferrin saturation?

Method:

A retrospective study collecting data from the smoking cessation clinic of Gaziosmanpaşa Training and Research Hospital in Istanbul, Turkey, including two years follow-up between 2022 and 2024. The severity of smoking will be categorized based on the Heaviness of Smoking Index (HSI) as scoring 0-2: low addiction, 3-4: moderate addiction, and 5-6: high addiction. Males, subjects with chronic diseases, and those taking medications for anemia, or use of B12, folic acid, multivitamin supplements will be excluded from the study. F test for comparison of ferritin, vitamin B12, folic acid levels between low, moderate, high addiction groups will be used. The Ethics Committee will be approved. A p-value of less than 0.05 will be considered statistically significant.

Results:

Our study may show us haematological alterations unexpected for heavy smoking versus others among female smokers.

Conclusions:

Since smoking may cause and also mask deficiencies of some vitamins or minerals, smokers will be advised to first commit to lifestyle changes such as quitting smoking rather than taking any drug or supplements.

Points for discussion:

What should heavy smoking information make us think about when evaluating anemia or vitamin deficiency in women?

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Web Based Research Course Presentation / Ongoing study no results yet**Promoting Smoking Cessation in Patients with Chronic Obstructive Pulmonary Disease - a Multicentre Community Intervention Project**

Mariana Trindade, Ana Simões, João Marcelino, Margarida Carmo, Margarida Capitão, Letícia Furtado, Ana Completo

USF Coimbra Norte, 3020-171 Coimbra, Portugal. E-mail: marianac.trindade@hotmail.com

Keywords: COPD; smoking cessation; health intervention; health literacy

Background:

Chronic Obstructive Pulmonary Disease (COPD) is a disease characterised by chronic respiratory symptoms and airflow limitation due to airway and/or alveolar abnormalities, with persistent and progressive airflow obstruction. The global prevalence is 10.3%. In Portugal, in 2019, the prevalence was 1.55% in Primary Health Care. COPD is one of the three leading causes of death worldwide. Approximately 40% of people with COPD continue to smoke despite knowing they have the disease and this behaviour has a negative impact on the prognosis and progression of the disease. Smoking cessation (SC) has the greatest capacity to influence the natural history of COPD. With dedicated resources and time, long-term success rates of up to 25% can be achieved.

Research questions:

In order to motivate patients diagnosed with COPD and active smoking habits to quit smoking, an intervention project is proposed. The aim is to assess motivation and the change in smoking cessation (SC) rates in this population after the intervention, comparing the results in two health care units.

Method:

- Type of study: Community intervention project;
- Target population: patients from two family health units diagnosed with COPD plus active smoking habits.
- Intervention: education sessions on the importance of smoking cessation for COPD patients, with an assessment of the motivation for smoking cessation (SC) of each participant using the Richmond test before and after the sessions, to determine the effectiveness of the intervention. Subsequently, each patient will be called for a first SC appointment, with the Richmond test being completed again in the end.
- Questionnaire completed in person (Richmond Test and Fagerström Test).
- Variables: gender, age, geographical location of the Family Health Units, active smoking habits; having attended a SC appointment in the last year, degree of motivation for SC and degree of tobacco dependence before and after interventions.

Results:

On going study.

Points for discussion:

The objective collection of data on tobacco consumption and consultation related to smoking in patients with COPD makes it possible to make a diagnosis of the situation.

We could identify the need for long-term intervention, with the realisation of a continuous quality improvement project, monitoring the degree of motivation for SC and addiction in patients with COPD and active smoking habits, as well as monitoring the variation in the rate of smoking cessation in this population.

Since tobacco dependence is a chronic disease, clinicians must recognise that relapse is common and reflects the chronic nature of dependence and addiction, and does not represent a failure on the part of the patient or the doctor.

Web Based Research Course Presentation / Study Proposal / Idea**Supportive Care Meetings with Gynecooncological Cancer Patients**

Gökçe Işcan, Serhan Can Işcan

Suleyman Demirel University School of Medicine, 32100 Merkez, Türkiye. E-mail: dr_gokcedilek@yahoo.com

Keywords: cancer, supportive care, gynecooncology**Background:**

Unaddressed supportive care needs have been demonstrated to decrease the quality of life of individuals with cancer, particularly those with gynecological cancer. Supportive care is a patient-focused method of providing necessary services for individuals affected by cancer. It addresses their physical, psychological, spiritual, sexual, social, practical, and informational needs throughout the several stages of cancer, including pre-diagnosis, diagnosis, treatment, and survivorship. Eighty-five percent of gynecological cancer cases worldwide are found in low- and middle-income countries (LMIC). The survival rate in low- and middle-income countries (LMIC) is below 40%, but the survival rate in high-resource countries has exceeded 70%. As understood from these instructions, LMIC must detect and improve supportive care needs.

Research questions:

1. Recognizing patient requirements, acting quickly.
2. Meetings help cancer patients and their families feel less lonely.
3. To recognize caregiver needs and respond quickly to aid.

Method:

The study will involve individuals who have been diagnosed and initiated therapy at Isparta City Hospital Gynecooncology outpatient clinic within the past 3 months-one year. These patients will be selected randomly and listed for participation. The cancer patients participating in the study will be assessed using the eortc-qlq-c30 scale, Cancer Needs Questionnaire short-form, and Generalized Anxiety Disorder-7 (GAD-7). The caregivers, on the other hand, will be given the supportive care needs survey partners&caregivers, Health Literacy Scale-Short Form, and Generalized Anxiety Disorder-7 (GAD-7). Subsequently, a monthly meeting will be conducted both in person and online with our established support team, comprising a gynecologist, medical oncologist, dietitian, psychiatrist, social worker, nurse, and family physician. Following a period of 6 months, the identical scales will be utilized once more. Consequently, there are plans to assess the extent to which these support services contribute to anxiety and requirements.

Results:

This is a proposal idea. No results.

Conclusions:

No Conclusions yet.

Points for discussion:

Will you provide any further questionnaires?

What changes would you suggest in terms of the design of the study?

Web Based Research Course Presentation / Ongoing study no results yet**Translation, Cultural Adaptation and Validation of the “IPDAS Minimal Criteria v4.0 (2013) instrument” for the Portuguese language.**

Micaela Gregório, Andreia Teixeira, Carlos Martins

#H4A Primary Health Care Research Network, Porto, Portugal. E-mail: micaelagregorio96@gmail.com

Background:

Decision aids are instruments created to support patients' decisions and to provide evidence-based information to patients, helping to include their preferences and values in the decision-making process. However, most of these instruments are in the English language, meaning that most of the world's population may not have access to them. Therefore, it is important to invest in making these tools available in other languages, by translating and cultural adapting them to be used in different populations. Despite the Portuguese language being the sixth most spoken in the world, there is a lack not only of adapted and validated decision aids in Portuguese, but also of criteria that can evaluate the existing decision aids that are used in this population. This study aim to translate and validate the cultural adaptation of the “IPDAS Minimal Criteria v4.0 (2013) instrument” to the Portuguese language.

Research questions:

Is the Portuguese version of the “IPDAS Minimal Criteria v4.0 (2013) instrument” valid and reliable?

Method:

After obtaining permission by the IPDAS Steering Committee, we will proceed the translation and cultural adaptation of the “IPDAS Minimal Criteria v4.0 (2013) instrument”, including forward and back translations, discussed and revised within a multidisciplinary committee. We will also perform the Pre-test of the translated instrument to evaluate the criteria clarity, using a dichotomous scale (clear/unclear) and calculation of percent agreement, and the content validity of the instrument, using Content validity index at the item level and at the scale level and modified multi-rater kappa statistic.

Conclusions:

The research team hopes to produce a translated and culturally adapted Portuguese version of the instrument.

Points for discussion:

Barriers of use of decision aids in clinical practice

Further assessment of validity and psychometric measures

Theme Paper / Finished study**Assessment of the Attitudes of Health Professionals Regarding the Promotion of a Healthy Lifestyle in the Community**

Rabia Muberra Badur Bey, Pemra Cobek Unalan

Marmara University Faculty of Medicine, 34899 PENDİK, Türkiye. E-mail: rabiamuberra@gmail.com

Keywords: Health promoting Lifestyle Profile, HPLP-2, residents, students of nutrition and diet undergraduate program, training, practice-based education.

Background:

Training on healthy lifestyle behaviors is limited in the training process of most healthcare workers. Although healthcare professionals give healthy lifestyle advice to their patients or individuals, they do not apply these behaviors sufficiently to their own lives.

Research questions:

What are the health attitudes of healthcare professionals who are expected to develop a healthy lifestyle in their community?

Method:

The study was conducted between February-October 2023 as a cross-sectional descriptive study. A cluster type sampling method was used to include 304 participants who were the first and the last year residents of the Family Medicine, Public Health, Internal Medicine and Cardiology departments and the undergraduate students in the Nutrition&Dietetics Faculty. Participants were administered the Health Promoting Lifestyle Profile-2 (HPLP-2) scale, consisting of 52 questions, and the Participant Assessment Form determining sociodemographic characteristics.

Results:

The mean age of the 156 participating students and 148 physicians in the study is 24.4 ± 4.5 . The mean of the HPLP-2 total score was 125.91 ± 20.6 and the highest sub-dimensions score was for interpersonal relationships (2.80 ± 0.52), while the lowest score is for physical activity (2.05 ± 0.58). In our study, students, those in their final year of education, and those encountering health-promoting practices were found to have significantly higher total scores on HPLP-2 ($p < 0.05$). Regular exercise, adequate fluid intake, abstaining from energy drinks, satisfaction with the department, and willingly starting the department were found to have a statistically significant effect on healthy lifestyle behaviors.

Conclusions:

The health professionals in the disciplines receiving health education and aiming to improve healthy lifestyle behaviors to their patients or applicants during their practices have a moderate level of attitudes relating self-healthy lifestyle behaviors. As the duration of training increases, individuals' health behaviors promote. So amplifying learning and focusing on practice, throughout the training should be effective in improving healthy lifestyle attitudes of the health professionals.

Points for discussion:

Why do Nutrition and Dietetic Faculty final year undergraduate students' have significantly higher total scores than medical school residents?

How does receiving health education reflect on one's own life?

What are the reasons why doctors' health behaviors are inadequate compared to other health professionals?

Theme Paper / Finished study**Facilitators and Inhibitors of Adapted Physical Activity Practice in Patients with Chronic Disease in Brussels – A Mixed-Methods Study**

Youness Kamel

Maison Médicale Medi-yen, 1080 Bruxelles, Belgium. E-mail: ykamel90@gmail.com

Keywords: Adapted Physical Activity, Chronic diseases,**Background:**

Chronic diseases (CDs) remain a major global public health issue. In Belgium, CDs represent 90% of the social burden of diseases, mainly due to the functional limitations they induce. Adapted Physical Activity (APA) plays a key role as a primary, secondary, tertiary, and quaternary prevention method in individuals with CDs. APA prescription aims to reduce complications, slow down loss of autonomy, and improve the quality of life for patients. Studies on factors influencing APA practice are limited. Our study aims to address these gaps, especially in the Belgian context, by identifying motivating factors and barriers to physical activity among individuals with chronic diseases.

Research questions:

What are the facilitators and Inhibitors of APA Practice in Patients with Chronic Disease?

What are the benefits of APA in patients with Chronic Disease?

Method:

Qualitative data collection was conducted through three focus groups. A total of 23 patients, aged 18 and above, with non-decompensated chronic diseases, followed by healthcare personnel at MEDI-YEN medical center, and engaging in physical activity, were included in the study. Mental and physical health scores were assessed using the SF-12 questionnaire.

Results:

Factors supporting APA revolve around four main axes: improvement in health (mental and physical), enhancement of quality of life (autonomy, better sleep), socio-economic factors (social support). Conversely, obstacles such as exercise-related pain, transient perception of physical activity effects, lack of support from the surroundings, environmental and geographical factors (seasons, distance) were identified as significant barriers to physical exercise.

Conclusions:

Our study contributes to a better understanding of the facilitators and barriers to promoting adapted physical activity within this specific population, paving the way for more tailored and effective health initiatives. It emphasizes the need to adopt diverse, culturally sensitive, financially accessible health promotion programs that integrate gender dimensions, as well as the physical and mental health of patients with chronic diseases.

Theme Paper / Almost finished study**Measuring psychological distress in cancer patients in general practice**

Mária Markó-Kucsera, Aida Edina Ali, Zsuzsanna Máté, Edit Paulik

University of Szeged Szent-Györgyi Albert Medical School, 6771 Szeged, Hungary. E-mail: marko-kucsera.maria@med.u-szeged.hu

Keywords: cancer, distress

Background:

Healthcare practitioners generally focus on medical treatment of cancer patients, although their mental support is of paramount importance for the success of therapy. The widely used measures of anxiety and depression in oncology patients do not provide adequate insight into the subjective health status of patients.

Research questions:

This study aimed to assess the cancer-specific distress and the association between the psychological distress and the demographic and medical variables of patients.

Method:

A cross-sectional study was delivered in two oncological wards in the Southern Great Plain, Hungary. Altogether 210 patients completed the self-reported questionnaire including the Hungarian adaptation of the Questionnaire on Stress in Cancer Patients (QSC-R23). The participation was voluntary and anonymous. IBM SPSS 28.0 software was used for the statistical procedure. The associations were analysed by univariate and multivariate tests.

Results:

The most common cancer in men was colorectal tumour and breast tumour in women. On the base of the mean stress scores of the 23 items, the biggest stressors were fatigue (mean (M): 1.94;), fear of disease progression (M: 1.91) and sleeping problems (M:1.70). The score for sleeping problems was significantly higher in females than in males ($p=0.008$). Significantly higher score was found among patients with low education in connection with the information given by doctors ($p<0.040$). The highest total distress score was observed in breast cancer patients ($p<0.009$).

Conclusions:

Cancer patients need intensive supportive psychosocial care. The use of this cancer-specific questionnaire provides a more accurate insight into patients' everyday experiences, improve the level of confidence and increase therapeutic efficacy in both primary and specialist routine care. The widespread use of this measurement tool in the primary care practice would be of great importance, since it is particularly relevant that each patient in need of support should be identified correctly and in a timely manner.

Points for discussion:

How can we use the results of this research to improve mental health support systems for cancer patients?

How can we reduce the negative impact of the inadequate doctor-patient communications?

How can we encourage primary care doctors and nurses to assess the mental health of cancer patients at regular intervals?

Theme Paper / Finished study**Ukrainian refugees healthcare resource utilization in Israel**

Limor Adler, Eugene Merzon, Bar Cohen, Pavlo Kolesnyk, Shlomo Vinker

Family Medicine, Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel, 7935100 Sde Yoav, Israel. E-mail: adler_l@mac.org.il

Keywords: Ukrainian refugees, healthcare resource utilization, primary care

Background:

Since February 2022, when the Russians invaded Ukraine and started the Russia-Ukraine war, many Ukrainians left their homes in search of safety. Israel accepted more than 14,000 Ukrainian refugees.

Research questions:

The aim of this study was to evaluate healthcare resource utilization of Ukrainian refugees and compare it to matched Israeli individuals.

Method:

In this retrospective cohort study we extracted all files from the electronic medical records of Leumit Healthcare Services (LHS). LHS insures all Ukrainian refugees 60 years or older. We then matched for each Ukrainian refugee, Israeli individuals based on age, sex and country of origin (individuals who were born in the former Soviet Union). We compared healthcare resource utilization with Poisson regression for count variables.

Results:

Among the refugee group, the mean age was 71.4 (\pm 7.095) and the majority were females (77.37%). Compared to their matched controls, the refugees were much less likely to have mail and video visits to the doctor (IRR = 0.457 and 0.329, respectively, p-value=0.00), and somewhat less likely to have a phone or regular visit (IRR = 0.838 and 0.888, respectively, p-value=0.00). Across all but one specialty recorded in this study, refugees were less likely to have a consultation with a specialist (urogynecology, endocrinology, gastroenterology, general surgery, orthopedic surgery, dermatology, ophthalmology, neurology and psychiatry; IRR=0.800, 0.485, 0.529, 0.542, 0.607, 0.352, 0.592, 0.716, 0.315, p-value=0.00). The only exception is a consultation with a cardiologist (IRR=1.209, p-value=0.011). Additionally, refugees had fewer emergency room visits (IRR=0.424, p-value=0.00), fewer hospitalizations (IRR=0.545, p-value=0.00), shorter hospitalizations on average (IRR=0.488, p-value=0.00), fewer referrals for dialysis (IRR=0.164, p-value=0.00) and for surgery (IRR=0.614, p-value=0.00).

Conclusions:

Ukrainian refugees have fewer visits to primary care consultations, emergency department visits and hospitalizations. To better understand the reasons for these findings, another research with a different study design should be conducted.

Points for discussion:

Ukrainian refugees have lower rates of usage of healthcare resource utilization.

Theme Paper / Finished study**Identification of barriers and needs in the discontinuation of benzodiazepine receptor agonists in elderly patients of a community in the Alentejo region (Portugal) – a qualitative study**

Tiago De Barros Mendes, Ana Luísa Neves, Paula Broeiro-Gonçalves, Marta Nazha

ULS Alentejo Central, 7000-757 Évora, Portugal. E-mail: tiagobsmendes@gmail.com

Keywords: • Benzodiazepines • Deprescription • Geriatrics • Qualitative Research

Background:

The predictors of successful discontinuation of benzodiazepine agonist receptors (BZRA) in elderly patients are not well known due to lack of research on the subject, and it is appointed the need for further investigation, with more focus from the patients' point of view.

No previous studies were identified that have been carried out in Portugal on this subject.

Research questions:

To identify the barriers and facilitators in the discontinuation of BZRA from the perceptions of elderly patients under prolonged prescription of BZRA, belonging to the same rural community.

To recognize potential intervention targets directed at patients, in order to reduce the prevalence of elderly patients under prolonged prescription of BZRA.

Method:

A set of fifteen semi-structured interviews with patients under prolonged prescription of BZRA was carried. Content analysis was done by the main researcher and a reviewer in order to identify original emerging themes for the two underlying domains.

Results:

Four themes were identified as barriers to discontinuation of BZRA: (1) patient characteristics, (2) clinical factors, (3) medication-related factors, and (4) context and external factors.

Seven themes were identified as facilitators to discontinuation of BZRA: (1) motivation, (2) patients' knowledge, (3) perception of BZRA insufficiency, (4) access to written information, (5) access to alternatives, (6) time for decision making, and (7) attitudes of health professionals.

Conclusions:

The findings highlight the challenging nature of BZRA discontinuation and the range of barriers and facilitators that impact patients' behaviour towards this purpose.

Points for discussion:

Elderly patient's point of view has been seldom studied in the context of discontinuation of benzodiazepine agonist receptors (BZRA)

Understanding patient's perspectives on the needs and difficulties towards this discontinuation may help for the development of interventions aimed at this purpose

Theme Paper / Finished study**Interprofessional collaboration in the home care setting: Perspectives of people receiving home care, relatives, nurses, general practitioners, and therapists. Results of a qualitative analysis**

Uta Sekanina, Britta Tetzlaff, Ana Mazur, Tilmann Huckle, Anja Kühn, Richard Dano, Carolin Höcklmann, Katrin Balzer, Sascha Köpke, Martin Scherer, Eva Hummers, Christiane Müller

University Medical Center Goettingen, 37073 Göttingen, Germany. E-mail: Uta.sekanina@med.uni-goettingen.de

Keywords: interprofessional relations, home healthcare, family, health professions

Background:

About one million people are in need healthcare at home in Germany. This is a mostly complex endeavour because interprofessional collaboration is often challenging. This might have a negative impact on patient safety.

Research questions:

How do people receiving home care (PRHC), relatives, registered nurses from home care services, general practitioners (GP) and therapists (occupational-, physio-, speech therapists) perceive interprofessional collaboration in the home care setting?

Method:

Semi-structured interviews were conducted with 20 PRHC and 21 relatives. Additionally, we performed nine monoprofessional focus groups involving nurses of home care services (n=17), GP (n=14), and therapists (n=21). Data were analysed by qualitative content analysis.

Results:

Three main categories evolved: a) "perception of interprofessional collaboration", b) "means of communication", and c) "barriers and facilitators". a) PRHC and relatives often perceive little to no interprofessional collaboration and take over a significant part of the organisational coordination and information exchange. Interprofessional collaboration in steady care situations does exist at times and mostly concerns coordination tasks. Contact and information exchange are rare. However, interprofessional personal encounters are sporadic. Fixed agreements and permanent contact persons are not standard but increase with the complexity of the healthcare situation. Joint collaborations are often perceived as highly beneficial. b) Means of communications such as telephone, fax, or E-mail are used differently and are often considered tedious and time-consuming. In general, no interprofessional formal written or electronic documentation system exists. c) Personal acquaintance and mutual trust are beneficial, while a lack of mutual availability, limited time, and inadequate compensation hinder interprofessional collaboration.

Conclusions:

Interprofessional collaboration in home care occurs irregularly, and coordination often remains with PRHC or relatives. While this individual care setup may work relatively straightforwardly in care situations of low complexity, it becomes vulnerable to disruptions with increasing complexity. Close interactions, joint collaboration, and fixed means of communication might improve healthcare at home.

Points for discussion:

How does interprofessional collaboration in the home care setting work in your country?

Which (digital) shared documentation system do you use in managing complex healthcare situations between professionals at home?

How do you involve persons receiving home care and relatives in the interprofessional home care process?

Theme Paper / Almost finished study**Virtual Clinical Placements – Using technology to overcome challenges and enhance medical education. International project proposal.**

Pavlo Kolesnyk, Francis Ugwu, Helena Manzulych, Ivanna Palok, Vlad Vlad Lazaryk, Louie Garnett, Alex Harding, Gideon Shimshon, Hutan Ashrafian, Sham Agashi

Uzhgorod National University, Medical Faculty #2, Family medicine and outpatient care department, 388000 Uzhgorod, Ukraine. E-mail: dr.kolesnyk@gmail.com

Keywords: medical education, virtual placement, family medicine, general practice, blended learning

Background:

Across the world there is a need to train more family doctors. The WHO estimates that there is a shortfall of over 1 million doctors worldwide and this is expected to rise. The lack of doctors is felt acutely in Ukraine, during war. A major limiting factor in training doctors is access to high-quality clinical learning opportunities, such as clinical placements in General Practice.

Research questions:

To evaluate the effectiveness of virtual clinical placements in medical education.

Method:

Medical students complete a 2 week clinical teaching programme based on common family medicine cases. The standard programme uses OSCE-based teaching involving simulated patients.

Virtual clinical placement using smart glasses will be tested in addition to the standard teaching

Students are assigned to one of three groups, each being taught the same content.

Additionally to the standard teaching, Group A are taught using VIRTUAL PATIENT CONSULTATIONS. They then work IN-PERSON with a facilitator.

Additionally to the standard teaching Group B are taught using VIRTUAL PATIENT CONSULTATIONS. They then work with a facilitator ONLINE.

Only the standard OCSE-based teaching will be used in Group C(control).

Results:

Pending.

Access to virtual clinical placements can provide high-quality clinical learning opportunities. Quantitative analysis will assess the effectiveness of this mode of teaching and in-person and online facilitation will be compared.

Written and practical assessments are completed at the beginning and end of the module to evaluate the changes in the students' knowledge, skills and attitudes. A post-module questionnaire is used to assess perceptions of the different modes of teaching

Conclusions:

The intended value of this work is to provide evidence-based guidance on how clinical education within General Practice can be enhanced, and how the limitations of accessibility and capacity can be mitigated using technology.

Points for discussion:

Does offline facilitation during debrief give better teaching results than online?

Any other examples of using technology in pedagogy and evidence of it'e effectiveness?

EGPRN Fellowship Presentation / Study Proposal / Idea

Clinicians' perspectives on routine screening for intimate partner violence in pregnant patients during antenatal care: a research protocol from the EGPRN Fellows

Hüsna Sarıca Çevik, Sherihane Bensemmane, Michael Harris

Ankara University Faculty of Medicine, 06230 Ankara, Türkiye. E-mail: saricahusna@gmail.com

Keywords: Antenatal care, intimate partner violence, pregnancy, screening, violence against women

Background:

One in three women experiences physical and/or sexual violence in their lifetime. Studies suggest that intimate partner violence (IPV) increases during pregnancy, with 5% of women experiencing abuse in Europe during pregnancy. Timely IPV screening and intervention are important to reduce risks and improve outcomes. While IPV screening is not recommended in all settings, it quadruples the chance of IPV detection when performed during antenatal consultations. There are, however, conflicting reports on the effects of routine IPV screening and interventions on pregnancy and birth outcomes in pregnant women. This could result in clinicians' attitudes, beliefs and knowledge hindering the use of IPV screening and referral to specialised services.

Research questions:

What do clinicians who give antenatal care think about routinely screening their pregnant patients for IPV?

Method:

This study will use an online questionnaire with both closed and open-ended questions and will be informed by a literature review. The study will be conducted in Belgium, England and Turkey.

Results:

The EGPRN Fellows will present their study protocol, with a particular focus on discussion of the methodological aspects learned during the EGPRN Fellowship.

Conclusions:

The study results will allow us to understand how clinicians providing antenatal care services (family doctors/general practitioners, obstetricians, midwives, etc.) in three different European countries believe that their roles regarding IPV screening can be improved, the barriers and facilitators they encounter, and it will help us understand how to improve and standardise IPV screening. We expect the findings to be relevant in other European settings.

Points for discussion:

Are there routine IPV screening practices during pregnancy in other European countries, and if so, by which clinicians?

What are the main challenges you experience in screening for, diagnosing and managing IPV?

Are EGPRN colleagues from other countries interested in collaborating on this project?

Freestanding Paper / Finished study**Exploration of sexuality in women after sexual violence**

Emeline Padeloup, Chloé Duboc, Mathilde Leblanc

Faculté de Médecine de Tours, 45570 Ouzouer sur Loire, France. E-mail: epadeloup45@gmail.com

Keywords: Sexual violence ; Sexuality ; Women

Background:

In France, 15% of women report having been the victim of at least one sexual assault in their lifetime. The impact of such violence on health in general is well known, but the consequences for sexual health are poorly assessed. We can therefore ask whether such violence has an impact on women's sexuality, and whether taking their sexual health into account would improve their quality of life.

Research questions:

Exploring the sexuality of women victims of sexual violence after the violence.

Method:

Recruitment for this qualitative study followed a maximum variation sample strategy. Six MINI (McGill Illness Narrative Interview)-inspired semi-structured interviews were conducted. They were transcribed and analyzed using a method inspired by grounded theorizing.

Results:

The participants were all vulnerable before the violence. After the violence, they describe a collapse leading to negative cognitions, a loss of body image and relationship difficulties, all of which contribute to the onset of sexual difficulties. To regain a fulfilled sexuality, they all express the need for reconstruction. This is aided by the help of loved ones or professionals. But it can also be hampered by various obstacles, the main one being the lack of approach to sexuality on the part of the professionals we meet.

Conclusions:

These results are in line with the literature on the main sexual difficulties encountered by victims of sexual violence. They highlight the patients' expectation that this subject should be addressed spontaneously by professionals. It would be interesting to know what inhibits professionals from broaching this subject, and whether there are any specific aspects to be taken into account with female victims of sexual violence. This suggests the need to improve knowledge of sexuality among the professionals who meet these women, and raises the question of the need to provide them with more practical tools and training.

Points for discussion:

Include communication about sexuality in the initial training of general practitioners

Inform healthcare professionals of women's expectations that their doctors should broach the subject.

Freestanding Paper / Finished study**Use of primary health care services among patients with severe mental illness**

Maria Moreira, Alexandra Pimentel, Francisca Salgado, Gustavo Santos

Family Health Units of Garcia de Orta, São João do Porto and Serpa Pinto of the Porto Ocidental Health Centre Group; Porto's Community Mental Health Department of the Santo António Hospital, Porto, Portugal. E-mail: mariamoreira9596@outlook.com

Keywords: mental health, severe mental illness, primary health care

Background:

Severe mental illness (SMI) by definition affects the individual's functionality in a prolonged or continuous manner, being associated with high mortality due to organic disease.

Research questions:

This study aims to assess the use of Primary Health Care (PHC) services by patients with SMI, through face-to-face consultations (FC) and non-face-to-face contacts (NFC).

Method:

Cross-sectional analytical study. Population: patients hospitalized in the Community Mental Health Service of Porto, 2019-2021. Exclusions: patients without a General Practitioner (GP); blocked access to the Electronic Health Record; deceased. Data collection from electronic clinical records. Analysis performed in SPSS®, considering an alpha of 5%.

Results:

From the final study population of 181 patients, the majority were hospitalized due to psychosis (50.3%). Some had Diabetes Mellitus (DM 13.3%), Hypertension (HTN 21%), and Obesity/Overweight (O 45.9%). It was found that 53% of the population had one or more NFC, 36% had no FC, 16% had one FC, and 48% had two or more FC. Most of the eligible population did not have updated cancer screenings (55.6%).

Conclusions:

Despite an important percentage of the population having NFC and at least one FC, the majority of the eligible population did not have updated populational screenings. A smaller number of NFC was associated with psychosis. Drug dependence was associated with a smaller number of FC, as this population has known limitations in accessing PHC. On the other hand, a higher number of FC was associated with Depressive/Anxiety Disorder. Regarding the updating of cancer screenings, a positive association was observed with Adjustment Disorder. Patients diagnosed with DM or HTN had a higher number of NFC, FC, and updated cancer screenings, clearly related to the organized follow-up established by their respective integrated care processes.

It is crucial to promote health professionals' literacy regarding the needs of this specific population.

Points for discussion:

Barriers to the use of primary health care services among patients with mental illness

Mental illness stigma among health care professionals

Study limitations

Author Index

Abreu, Ana Jacinta	46	Brill, Jonathan	103
Adiego-Gastón, Lucía	92	Broeiro-Gonçalves, Paula	123
Adler, Limor	51, 54, 83, 98, 122	Bruschi, Irene	95, 106
Aertgeerts, Bert	102	Brutskaya-Stempkovskaya, Elena	54
Agashi, Sham	125	Buczowski, Krzysztof	45
Agoritsas, Thomas	102	Burgers, Jako	85
Aguilar-Latorre, Alejandra	98	Burhan, Hasan	67
Åkesson Lindow, Thomas	67	Busch, Felix	67
Aldakhil, Reham	48	Busneag, Carmen	54
Ali, Aida Edina	121	C. Unalan, Pemra	49, 91
Alma, Manna	76	Calis, Aleyna	80
Almeida Rodrigues, Daniela	78	Calvo-García, Laura	83
Almeida, Carla	96	Camarero-Grados, Loreto	92
Almeida, Sofia	101	Canecki-Varžić, Silvija	31
Alves Ferreira, Joana	66	Capitão, Margarida	116
Alves, Catarina	73	Cardoso, Sónia Morais	73
Amaral, Sandra	58	Carmo, Margarida	116
Arbel, Ronen	41	Carrasco-Ribelles, Lucía Amalia	40
Arcarons Martí, Marta	39	Carvalho, Catarina	101
Ares Blanco, Sara	54	Casaldàliga Solà, Angels	39
Ares-Blanco, Sara	82, 83	Castelo-Jurado, Marta	83
Arregui-Gallego, Beatriz	62	Chacón Docampo, Macarena	98
Ashrafian, Hutan	125	Chlabicz, Sławomir	63
Assenova, Radost	54, 69, 82	Cinpoeru, Ioana	105
Astier Peña, María Pilar	54	Clavería Fontán, Ana	99
Astier-Peña, Pilar	82	Clavería, Ana	69
Aujoulat, Paul	90	Cohen, Bar	51, 122
Ayhan Başer, Duygu	113	Cojan Minzat, Bianca Olivia	105
Badur Bey, Rabia Muberra	119	Colin, Floriane	61
Bakola, Maria	54, 83	Collaborative Group, Eurodata	54, 82
Balzer, Katrin	124	Collaborative Reasearch Team, Insight	29
Baptista, Sofia	68	Colomb, Thibaut	97
Barais, Marie	61, 111	Completo, Ana	116
Baroni, Luciana	95	Correia, Gil	58
Bejan, Cristian Gabriel	109	Coteur, Kristien	102
Bekkering, Geertruida	102	Curral, Guillaume	90
Bel Verge, Dúnia	99	Dalleur, Olivia	75
Benoy, Charles	87	Danieluk, Aleksandra	63
Bensemmane, Sherihane	54, 126	Dano, Richard	124
Bentolilla, Yaara	51	Dascal, Vlad	105
Berenguera, Anna	40	Dayangan, Alisa	93
Berger, Marjolein	76	De Barros Mendes, Tiago	123
Berges, Nadine	80	De Coninck, Leen	60
Biermans, Marion	32	De Gispert, Blanca	99
Bilić-Ćurčić, Ines	31	De Hoyos-Alonso, Maria Del Canto	62
Bischoff, Erik	32	De Montigny, Manon	75
Bjerve Eide, Torunn	35	De Montserrat Moreno, Joan	99
Bleckwenn, Markus	36	Dehnen, Dorothea	80
Blumfelds, Janis	83	Del Cura, Isabel	62
Blumfelds, Jānis	98	Del Zotti, Francesco	110
Bosnić, Zvonimir	31	Dellaniello, Sophie	59
Bothwell, Rachel	70	Delphin Peña, Maryher	54
Breckenkamp, Jürgen	93	Delvaux, Nicolas	102
Bréda, Charlotte	34	Deutsch, Tobias	36
Brededorst, Maren	64	Dias, Daniel	46
Brekke, Mette	45	Dias, Sónia	68
Bresseem, Keno	67	Dibao, Clarisse	53
		Divjak, Asja Ćosić	54
		Dolenc Grošelj, Leja	30
		Dolgos, Szilveszter	42

Domeyer, Philippe-Richard	69, 98	Heymann, Anthony	112
Domeyer, Philippe-Richard J.	54	Heymann, Anthony D.	103
Dossat, Arnaud	61	Höcklmann, Carolin	124
Duarte Ferreira, Bárbara	96	Hoffman, Robert	98
Duboc, Chloé	127	Hoffmann, Kathryn	54
Eilat-Tsanani, Sophia	59	Hohmann, Elena	80
Emin, Ahmet	50	Holtman, Gea	76
Erdogan Cengiz, Cansu	93	Horváth, Nóra	74
Ernst, Pierre	59	Huckle, Tilmann	124
Faherty, Aileen	70	Hummers, Eva	82, 124
Falcão Alves, Catarina	73	Iakyma, Olha	47
Fantini, Sara	106	Ilkov, Oksana	98
Farsang, Csaba	42	İşcan, Gökçe	117
Feijóo, Victória	99	İşcan, Serhan Can	117
Feldhamer, Ilan	41	Israel, Ariel	94
Fenercioğlu, Ayşen	50	Ivanna, Shushman	54
Fernández San Martín, Maria Isabel	99	Ivanova, Nevena	86
Fernandez Segura, Francisco Javier	39	Jacques Aviñó, Constanza	40
Fialho, Mariana	46	Jakobs, Kirsti	32
Firmansyah, Dennis	64	Jandrić-Kočić, Marijana	54
Fitzgerald, Louise	54	Jansen, Patrick	85
Fornaciari, Davide	106	Járai, Zoltán	42
Franco Spinola, Ana Cristina	82	Jego Sablier, Maeva	108
Franzelli, Anna	106	Jego, Maeva	107
Frese, Thomas	36	Jelastopulu, Eleni	83
Fritel, Xavier	37	Justo, Dan	112
Furtado, Letícia	116	Kafadar, Didem	50, 83
Gafaell Iarrondo, Ileana	82	Kamel, Youness	120
Gama, Ana	68	Kamienska, Anna	83
Ganzevoort, Ilse	76	Kamieńska, Anna	63
Garnett, Louie	44, 125	Kautto, Mervi	71
Garrido-Oliveira, Ana	46	Kekk, Zsófia	42
Gastón-Faci, Ana	92	Kersten, Susanne	77, 80
Gefaell, Ileana	54, 62, 83, 98	Kersting, Christine	77, 80
Gil Conde, Margarida	58	Khouani, Jérémy	107, 108
Giraudier, Sophie	97	Kinouani, Shérazade	97
Gjorgjievski, Dragan	54	Kirkoç, Erva	54
Golan-Cohen, Avivit	94	Kirkovski, Aleksandar	54
Gomez Bravo, Raquel	87	Klinge, Kay	36
Gómez Bravo, Raquel	54	Klingenberg, Anja	36
Gómez-Bravo, Raquel	82	Knežević, Snežana	54
Gonçalves, Catarina	73	Kocabas, Pınar	91
González-González, Ana Isabel	64	Kolesnik, Pavlo	47
Gouveia, Carla	83	Kolesnyk, Pavlo	44, 122, 125
Grajdeanu, Ioana Veronica	109	Koller, Ákos	42
Grandes, Gonzalo	28	Kolozsvári, László	81
Green, Ilan	94	Kolozsvári, László Róbert	74, 100
Greenfield, Geva	48	Köpke, Sascha	124
Gregório, Micaela	118	Koppold, Daniela	87
Grol, Sietske	32	Korkmaz, Büsra Çimen	54
Group, Prediaps	28	Koskela, Tuomas	71, 79
Guisado Clavero, Marina	54, 82	Kostić, Milena	54
Haasenritter, Jörg	64	Krzton-Krolewiecka, Anna	54
Hanževački, Miroslav	54	Kühn, Anja	124
Harding, Alex	82, 125	Kujansivu, Kaisa	71
Harris, Michael	45, 98, 126	Kurevija, Tomislav	31
Heleno, Bruno	54, 68	Lako-Futó, Zoltán	83
Herdeiro, Maria Teresa	78	Lammila-Escalera, Elena	48
Herget, Sabine	36	Lavie, Gil	41
Hermesh, Irit	41	Lazaryk, Vlad	44

Le Goff, Delphine	61	Naiditch, Nicolas	37
Le Reste, Jean Yves	69, 90	Nazha, Marta	123
Le Reste, Jean-Yves	61	Nemcsik, János	42
Leblanc, Mathilde	127	Nessler, Katarzyna	54
Leon, Maryline	90	Neto, Tiago	101
Leonelli, Lucia	106	Neves, Ana Luisa	29, 82, 84
Leta, Ivanna	47	Neves, Ana Luísa	54, 88, 123
Lev Shalem, Liat	51	Niwińska, Marta Maria	63
Lewis, Maor	112	Nonneman, Annick	60
Li, Edmond	84, 88	O'connor, Paul	70
Lima, Sandra	89	O'malley, Roisin	70
Liñares Mariñas, David	69	Oliver, Senn	54
Lingner, Heidrun	54	Özkaya, Hilal	33
Liubovė, Murauskienė	54	Ozvacic, Zlata	45
López Jiménez, Tomás	40	Pablo, Susana	28
Lopez Rey, Noemi	69	Padula, Maria Stella	106
Lounsbury, Olivia	84, 88	Pais Neto, Carolina	96
Luísa Neves, Ana	48	Palandri, Lucia	95, 106
Lydon, Sinéad	70	Páll, Dénes	42
Mailuhu, Adinda	56	Palok, Ivanna	125
Majeed, Azeem	48	Pandiani, Paola	95
Majnaric, Ljiljana	69	Pangerc, Andrej	30
Mamo, Nick	82	Papageorgiou, Dimitra Iosifina	45
Mäntyselkä, Pekka	79	Parodi, Naldy	54
Manzulych, Helena	125	Pasdeloup, Emeline	127
Marcelino, João	116	Pásztor, Dorottya	42
Markó-Kucsera, Mária	121	Paulik, Edit	121
Maron López, Andrea	39	Pautrat, Maxime	38
Marques-Cruz, Manuel	46	Pavlou, Maria	87
Martí Oltra, Zulema	39	Peñalver-Andrada, Ana	83
Martinez Satorres, Alba	39	Perez Álvarez, Marta	83
Martins, Carlos	118	Perjés, Ábel	54
Massard, Gilbert	87	Perraud, Gabriel	61
Máté, Zsuzsanna	121	Petek Ster, Marija	45
Matias, Catarina	89	Petek Šter, Marija	30
Mazur, Ana	124	Petek, Davorina	54
Mcerlean, Sarah	114	Petrazzuoli, Ferdinando	54
Medina Perucha, Laura	40	Petricek, Goranka	54
Meister, Tatjana	57, 57	Pillay, Dhyaanen	39
Mendes Sobral, João	66	Pimentel, Alexandra	128
Méndez-López, Fátima	92	Pinto, Samuel	66
Mercan Başpınar, Melike	115	Pires Nuñez, Pablo	39
Merlino, Giovanni	110	Ponzel, Nataliia	98
Merzon, Eugene	94, 122	Pop, Rodica Sorina	105
Michalsen, Andreas	87	Prazeres, Filipe	89
Mignot, Stephanie	37	Proença-Portugal, Mafalda	68
Mikkonen, Ulla	79	Puente, Diana	40
Minué Lorenzo, César	83	Puia, Aida	105
Mizrahi Reuveni, Miri	51	Puzhko, Svetlana	64, 93
Molina Cantón, Alba	40	Ramos Del Rio, Lourdes	54
Monteiro, Luís	78	Ramos Del Río, Lourdes	83
Moreira, Maria	128	Ramos, Raquel	58
Morgado, Maria Beatriz	58	Rasic, Veronica	82
Morgan, Simon	49	Razum, Oliver	93
Mortsiefer, Achim	77	Reges, Orna	41
Müller, Angelina	72	Reis Penedo, Carolina	58
Müller, Christiane	124	Rekenyi, Viktor	81
Muth, Christiane	64, 93	Resende Mateus, Ana	52
Mykytchak, Oksana	47	Ribeiro, Mariana	52
Nafziger, Melanie	36	Riccomi, Silvia	106

Richter, Manon	36	Szepesi, Csongor István	100
Righi, Elena	106	Tacke, Theodora	72
Rigon, Giulio	110	Takács, Johanna	42
Ritzen, Mark	87	Tapias-Merino, Ester	62
Rocha, Ana Rita	66	Taş, Dersu	115
Rochford, Andrée	82	Taylor, Carla	49
Rodríguez Barragán, María	99	Tazrouts, Karim	111
Rodríguez-Giralt, Israel	40	Teixeira, Andreia	118
Rogers, Heather L	28	Teleanu, Ioana Camelia	109
Roque, Fátima	78	Tetzlaff, Britta	124
Rosendo, Inês	89	Thaler, Katharina	36
Royano, Veronica	40	Thulesius, Hans	67
Rubio Serrano, Javier	62	Tolvanen, Elina	71
Rusanovska, Olha	47	Tomicic, Marion	104
Şahin, Halim	33	Tomičić, Marion	31
Salgado, Francisca	128	Tops, Laura	102
Salvia, Chiara	106	Torrell, Gemma	40
San Martín Luis, Ana Carmen	83	Torres, Maria Lúcia	73
Sanchez, Alvaro	28	Torzsa, Peter	54
Sanchez, Marta	87	Torzsa, Péter	42
Santiago, Luiz Miguel	83, 89	Toukhsati, Samia	49
Santos, Gustavo	128	Trindade, Mariana	116
Sanz Sanz, Marta	83	Trtica-Majnarić, Ljiljana	31
Sarica Çevik, Hüsna	98, 126	Tuna, Patrícia	101
Sattler, Martin	54	Tusa, Nina	79
Sauer, Stephanie	36	Ugolini, Giulia	106
Scherer, Martin	124	Ugwu, Francis	44, 125
Schneider, Jochen	87	Unalan, Pemra Cobek	119
Schuers, Matthieu	111	Ungan, Mehmet	49
Schürmann, Lara	64, 93	Uusküla, Anneli	57
Schwartz, Lihi	65	Vacarel, Elena Valentina	109
Schweicher, Manon	34	Vaes, Bert	54
Schweizer, Johanna	80	Van Cauwenbergh, Simon	60
Scridonesi, Ionela	105	Van Den Brule-Barnhoorn, Karlijn	32
Seabra, Pedro Miguel	73	Van Der Veen, Adriëlla	76
Segernäs, Anna	54	Van Der Wardt, Veronika	64
Sekanina, Uta	124	Van Durme, Thérèse	75
Sentker, Theresa	54	Van Lieshout, Jan	32
Serafini, Alice	54, 95, 106	Van Royen, Paul	60
Shahar, Arnon	51	Vanhoof, Evelyne	60
Shani, Michal	41	Vermandere, Mieke	102
Shimshon, Gideon	125	Verstraete, Bruno	34
Sich, Yurii	47	Verzhbitsky, Alexandra	43
Simões, Ana	116	Vicente-García, Carmen	92
Simon, Attila	42	Villalobos, María	56
Sipahioğlu, Nurver	50	Vinker, Shlomo	54, 94, 98, 122
Skuja, Ilze	45	Violán Flors, Concepció	40
Slapnicar, Ema	104	Virga, Andrea	110
Smyrnakis, Emmanouil	45	Vlad Lazaryk, Vlad	125
Soares, António	46	Wagon, Jérôme	60
Šojat, Dunja	31	Weißbach, Sabine	80
Sophia Eilat-Tsanani, Sophia	43	Wilmes, Paul	87
Sousa-Pinto, Bernardo	46	Wj Hayhoe, Benedict	48
Sousa, Joana	83	Wolff Sagy, Yael	41
Stanescu, Ana Maria Alexandra	109	Wonca Europe Collaborative Group,	82
Stefani, Elisa	106	Working Party On Policy Advocacy	
Stepanović, Aleksander	83	Yücel Özden, Kamer Billur	98
Streit, Sven	54	Zacay, Galia	103, 112
Suija, Kadri	79	Zafirovska, Marija	83, 98
Suissa, Samy	59	Zafirovski, Aleksandar	83, 98

Zaouche, Yasmine	111
Zenari, Sonia	110
Zeng, Linan	102
Zimmer, Jacques	87
Ильков, Оксана	54