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Egprn: Diagnosis and prevention of cancer in general practice

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EGPRN



Diagnosis and prevention of cancer in general practice

Abstracts from the EGPRN meeting in Antwerp, Belgium, 13-16 May 2004

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Presentation 1 - Theme paper, Preliminary results

Which patients do German GP's find difficult?

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Background: Some features of patients seem to evoke negative feelings in nearly every doctor; other characteristics reduce only some physicians' wellbeing. It is generally accepted that the doctor contributes to the problem, which should correctly be named the 'difficult doctor-patient relationship' instead of the 'difficult patient'. Several studies investigated the size and the kind of this problem using surveys, but only one Israeli qualitative study goes into depth.
Objectives: To explore the characteristics of patients German GPs consider as difficult and the way the GPs handle these patients. To understand what the GPs consider their own contribution.
Method: We interviewed 23 GPs using both, one to one interviews (n=8) to allow sensitive topics to emerge and focus groups (n=2) to stimulate discussion and find contradictions. Two investigators developed the coding system after independent stepwise analysis of the data.
Results: The focus of this presentation is on what makes the patient difficult for the doctor. Six categories have been identified, which will be explained in the presentation:
- Refusal
- Inadequate requirements
- Disturbed communication
- Deviant health beliefs
- Personal characteristics of the patients
- Disturbance of the workflow in the practice and of private life

Conclusions: The results differ strongly from those of the Study of Steinmetz and Tabenkin, probably due to both, the way the German doctor presented the problem and the way the German researchers looked at it.
Relevance to EGPRN: Cultural differences play an important role in the doctor patient relationship. Research from English speaking countries often dominates the literature in General Practice. The applicability of these results to other countries may be limited.

Presentation 2 - Theme paper, An ongoing study/work in progress

Cultural differences in understanding medical risk reduction. A comparison between the UK and Germany

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Background: Medical risk reduction is widely accepted as the key concept in rational decision making concerning preventive treatment. In contrast to this a recent qualitative study from Great Britain using a 'clinical scenario' and semi-structured interviews found that 'Most participants, including health professionals, found the concept difficult to grasp (...)' (Lewis et al., *BMJ* 2003;327:841-5).
Objective: How do German GPs and lay people deal with the concept of medical risk reduction in a concrete preventive treatment decision? Is there a cultural difference between the UK and Germany in this respect?
Methods: We used the same 'clinical scenario' and prefixed interview questions as Lewis and his colleagues did. We interviewed a similar sample of GPs (3men/3women), receptionists (4w) and lay people (6m/6w) who were recruited similarly as in the British study. The interviews were audiotaped and analysed qualitatively by two GPs using a qualitative content analysis approach focussing on the categories found by Lewis et al. As different results appeared in the German interviews, the British researchers were asked to re-check their data about these aspects to validate the differences found.
Results: As in the UK, also in Germany, many participants did not use the concept of medical risk reduction in a really rational or consistent way. All categories found by Lewis et al. also appeared similarly in the German interviews, except one: 'Cost for society' was often mentioned spontaneously as an important factor in deciding about preventive treatment by the British participants, not so by the German participants. Another important difference we found was the complete and explicit 'refusal of the concept' in several German interviews - but in no British interview.
Conclusion: In both countries there was a difficulty in understanding the concept of medical risk reduction, whereas only in Germany some people explicitly rejected this concept. In the UK people were generally more aware of cost for society then in Germany.
Relevance for EGPRN: EGPRN might be a good intercultural platform to discuss the results. Perhaps we could even make it a starting point for similar studies in other countries.

Presentation 3 - Theme paper, Results of a project which is finished

Morphine: a European study of prescription rules and GP's attitudes in chronic pain and cancer pain

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Background: Morphine is known to be highly effective as a painkiller and is of proven use in cancer pain. Side effects and fears about dependence and abuse can be a reason why general practitioners often fail to prescribe morphine either in cancer and/or in chronic non-cancer pain. Legal issues and rules governing prescription can be an additional difficulty.

Aim: To determine:
1. General practitioners' attitudes when prescribing morphine to treat cancer and non- cancer chronic pain.
2. Morphine prescription rules in European countries

Methods: Sample: All the EGPRN national representatives were approached, and where necessary (ie because the representative was not available) an additional GP from that country in current medical practice.
Data collection was undertaken by the author as a ten minutes semi structured interview during the EGPRN meeting in Avignon (May 2002) and completed in Bled (October 2002).

Results:
- 36 GPs from 26 different European countries were interviewed.
- 18 of the 36 GP interviewed had not received any training on pain or on painkillers.
- In Romania and Cyprus, GPs were not allowed to prescribe morphine. In Bulgaria GPs were only permitted to renew an existing morphine prescription.
- 32 out of 36 GPs interviewed had already prescribed morphine for cancer pain. 27 initiated the prescription.
- 22 out of 36 had already prescribed morphine for chronic pain, of which 15 had initiated a prescription.
- In 19 out of 22 morphine prescriptions for chronic pain were for musculo-skeletal pain.
- Fear of side effects and of dependence was the main reasons why GP's didn't prescribe morphine in chronic pain

Conclusion: Only two European countries out of 26 do not allow their GPs to prescribe morphine. Musculo-skeletal indications were the main indication for morphine prescription for chronic pain. Morphine prescription rules seem to be quite homogeneous within European countries.
The mean dose of prescribed morphine was not studied, and further study is needed on morphine efficacy in non-cancer pain.

Relevance to the EGPRN: As this study was carried out during an EGPRN meeting, the results should be of considerable interest to the members.

Presentation 4 - Theme paper, Results of a project which is finished

What do people believe? Health culture in Turkey

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Background: The idea of taking into consideration cultural differences in medical practice is not new but it is a neglected area. It has significant importance especially in developing countries that transfer almost all their medical knowledge from developed countries. Understanding people may help not only for better practice but also to assess the worldwide validity and relevance of basic principles.

Objective: The aim of this study is to find out common health beliefs of people, which are frequently encountered by primary care physicians.

Method: Eight family physicians evaluated items about health beliefs which were collected by five of them during regular patient consultations under two headings. These were if they ever had a patient with a fixed belief, and how often they encounter these. Items which were mentioned by at least three physicians are included. A questionnaire was administered to 431 patients and their companions in out patient clinics of a university hospital, state hospital and primary care centers in Izmir on two specific days. Results were assessed in SPSS 10 for Windows. The Pearson χ^2 test was used for statistical analyses.

Results: 44.3% believed that obesity may be due to nervousness, 25.5%, women loose one tooth during each pregnancy, 10.9%, cancer is a contagious disease, 48.0%, antibiotics reduce the high temperature, 86.8%, air circulation causes some diseases, 54.5% blood pressure rises with age, 76.6%, intramuscularly injection is more effective than pills, 73.1%, doctors have to say what to do, patients have to do what doctors say, 40.4% it is not necessary to go to doctor when one is not sick, 63.6% said that they don't like to use medicine. There were statistically significant difference in many beliefs according to which health-center they attend, education level, and hometown of the participants.

Conclusions: Cultural differences may not change the main principles of patient-doctor relationship but it varies the implementation of these principles that affect the success of Family Medicine/General Practice.

Relevance to EGPRN: Recognizing different cultural profiles in health may help better practice in European countries especially in compliance problems in chronic diseases and relevant patient education.

Presentation 5 - Theme paper, Results of a project which is finished

Pregnancy and ethnical cultural differences in General Practices in the district of Plovdiv, Bulgaria

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Background: The healthcare of pregnant women and young children are priorities in the National Healthcare Strategy of Bulgaria. With respect to the health disparities of minorities it is of utmost importance to pay specific attention to the health behavior of the minority communities and to the improvement of their health status.

Aim/Objectives: The goal of this survey is to study the influence of cultural models on the health behavior of pregnant women in different ethnic communities.

Method: Retrospective content analysis of medical records of 2 randomly selected group general practices from two regions with different population structure (ethnic Bulgarians and gypsies) in the district Plovdiv was conducted. The study reviewed the medical records of 507 gypsy women and 510 Bulgarian women selected according to the condition that the whole duration of their pregnancy was within the study period January 2002 to December 2003.

Results: The average age of the studied women was 29±3 for the ethnic Bulgarians and 21±for the gypsies. 56% (290) of the ethnic Bulgarian women had university degree, 83% (419) of the gypsies had only primary education and none had a university degree. In 58% (292) ethnic Bulgarians and in 34% (170) gypsies the pregnancy was fist registered in the General Practices before the 12-th gestation week. During the study period 75.5% (383) of the gypsies and 3.9% (20) of the ethnic Bulgarians had visited the GPs only once for pregnancy monitoring. The average number of pregnancy monitoring consultations was 9.6 in the ethnic Bulgarians and 3.3 in the gypsies.

Conclusions/Discussion: The study revealed that the ethnic Bulgarian women had higher degrees of education, there was difference in the average age in the two groups. Most important - there was significant difference in the average number of general practice consultations for pregnancy monitoring in the two groups. The gypsy women rarely visited the GPs and had inadequate health behavior.

Relevance to EGPRN?: The healthcare disparities and the differences in health behavior are among the main problems concerning ethnic minorities in many countries. Revealing the influence of cultural model of Bulgarian gypsies on their health behavior might help GPs in other countries in their work with similar populations.

Presentation 6 - Theme paper

What should be the role of family physicians towards designer drugs consumption?

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Background: Consumption of drugs is increasing among teenagers, especially the use of marijuana and designer drugs. The latter drugs are usually taken in parties in weekends. Teenagers are rarely conscious of the risk that these substances represent.
Aim: To describe the prevalence and the attitudes of young people towards the consumption of designer drugs (DD).
Methods: Designed as a survey, a self-administered and anonymous questionnaire was offered for answering to young patients aged between 18 and 30 who came to a Primary Health Centre during 6 months. Main measures analysed were age, sex, education and job. Age when they start to consume 18.2 (CI 95%: 17.6-18.8). The way to take them and their opinions about DD.
Results: 405 questionnaires were evaluated (response rate 88%), 58% females. Mean age 25 (CI 95% 24.6-25.4). Education level: 15% Primary Education, 54% Secondary Education, 31% Technical Pre-graduate Studies. 66% are working, 12% are studying and 20% both. 34% had been asked by GPs about DD (64% not uncomfortable when they were asked). In favour of being asked about consumption 92%; Agree that prevention is a task for GP's 85%, Want to be informed of risk 95%; 96% think DD are harmful; 79% will refuse if someone offers DD.
Prevalence: 19.5% (12% to their taste, 6% sometimes, 1% monthly, 0.5% weekly).
Consumers: Age when they start to consume 18.2 (CI 95% 17.6-18.8). Statistical differences between sex (males/females 27% vs 14%, p <0.001) and education level (p=0.015). Consumption at bar or disco (53%). 88% could give them up (96% without any kind of help). 48% think that GP's could help them to give up.
Conclusions: Considerable prevalence (1 in 5 has consumed at least once) GP 's history taking should improve, although young people's attitudes towards GP's intervention are good. They believe that DD are harmful, but they could give up easily if they wanted to.
Relevance for EGPRN: The consumption of DD is spreading, especially between teenagers that are not conscious of the risk of taking DD (for itself or for starting other addictions). EGPRN is a good place to discuss about the role of GP's prevention and how to improve education in good habits (especially focussed on adolescents).
Key words: designer drugs, primary care, and young people.

Presentation 7 - Theme paper, An ongoing study/work in progress, Preliminary Results

Knowledge and opinions of young Moroccan males about sexually transmitted diseases and their prevention

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Background: Information and education are essential to prevent infectious diseases, and the case of Sexually Transmitted Diseases (STDs) is not an exception. All educational procedures must start from a careful analysis of the needs and the knowledge deficits, and furthermore we must know previous beliefs and opinions of people who will be the target of our intervention. This is maybe a harder task when the subjects come from a different culture.
Aim of the study: To highlight the knowledge and opinions about STDs and their prevention among some young male immigrants coming from different areas of Morocco in order to plan specific educational interventions.
Methods: A case of urethritis occurred in a 18 y.o. Moroccan man. This gave us the opportunity to discuss with the patient and his family about these topics. During some informal discussions we used the patient and his brothers as 'key informants' to get general information and better knowledge of popular terms. Then we performed a formal focus group with these subjects. Two further focus groups were hold among other young Moroccan males.
Results: Participants could identify the main diseases in which sexual transmission is involved:
- AIDS, well but only generically known, and perceived as distant and vague.
- Urethritis-type syndromes, which appear to be quite frequent in this population.
- Syphilis and other STDs which start from ulcerations or lymphadenopaties, less known.

We focused the discussion on the causes of these diseases and we could record some traditional convictions about the role of physical agents (cold) or of the menstrual phase of the partner while the correct concept of the infection remained still not defined. These points of view could have some influence on neglect of preventive measures.
Relevance to EGPRN: We think that we have to improve our knowledge of different cultures of immigrants in order to provide better health education and care, that's why we must exchange this type of observations.

Presentation 8 - Theme paper

Substantial use of primary health care by prison inmates: epidemiology and hypotheses

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Background: The prison inmates' demand for primary health care is substantial : they consult a GP three times more than a demographically equivalent population. However, health care use in prison is limited by the GP's availability and consultations become therefore short routine encounters.
Objectives: To describe the use of primary care services by an inmate population in order to understand the great number of demands and therefore to plan the services according to the specific needs of these patients.
Methods: This retrospective cohort study was based on a random sample of inmates' medical records. The medical records (n=513) were drawn from the population of detainees released from all Belgian prisons in 2002. The prevalence of health problems at the admission and the reasons for encounter during the last year in prison were coded using the International Classification of Primary Care. Data were analysed using the SPSS software.
Results: The data on 182 patient-years (3655 reasons for encounter) were analysed. Inmates consulted the GP 17 times a year on average (IC95%:15-19.4). The most common reasons for encounter were administrative procedures (18%) followed by psychological (13.1%), respiratory (12.9%), digestive (12.5%), musculoskeletal (12%) and skin problems (7.7%). Psychological reasons for encounter (n=481) involved mainly (71%) feeling anxious, sleep disturbance and prescription of psychoactive drugs. Many other encounters concerned common problems which usually do not require any physician's intervention.
Discussion: A demographically equivalent population consult their GP

3.78 times a year on average. The most likely explanations for the substantial use of primary care in prison are a poor health status (many similarities were noted between health problems at the admission and reasons for encounter during the prison term), lack of access to informal health services, prison rules (many consultations for administrative procedures) and mental health problems related to the difficulties of life in prison.
Relevance to EGPRN: This research gives an original and strong illustration of the social context influence on the use of health care. We hope to arouse an exchange with other European researchers who have done a similar work in social deprived environments.

Presentation 9 - Theme paper

Beliefs and attitudes of Ethiopian immigrants to Israel regarding uvulectomy

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Background: Uvulectomy, while seldom performed in Western countries, is a common traditional health practice in Africa. However, complications may result in severe hemorrhage, infections, including the possible transmission of hepatitis and HIV, and occasional mortality. In 1991, 15,000 Ethiopian immigrants were airlifted to Israel in 'Operation Solomon'. In a survey of 265 of these immigrants receiving medical care in our family practice in Jerusalem, 65 percent were found to have undergone uvulectomy.
Objective: To examine the beliefs and attitudes of adult Ethiopian immigrants regarding uvulectomy.
Methods: Using a structured questionnaire, a consecutive sample of 91 adult Ethiopians were interviewed.
Results: Reasons for performing the procedure included the belief that the uvula can swell, block the pharynx, cause children to have difficulty swallowing and obstruct the respiratory tract. In Ethiopia, uvulectomy was usually performed by the local traditional healer before the age of one. Little use was made of drugs including anaesthetics before the operation. Thirty-four percent of the interviewees mentioned the use of herbal preparations after the operation, for the prevention of bleeding. Twenty-four percent had heard of other people who had post-operative complications, while 8 percent had heard of deaths following the procedure. One year after their arrival in Israel, 28 percent believed that uvulectomy remained an essential procedure; however, they would prefer it to be carried out by a professional. Thirty-six percent felt there was no need to perform uvulectomy in Israel since they perceived modern medicine to be more effective. The remainder were undecided.
Conclusions: Although most children survive the complications of uvulectomy, considerable morbidity and occasional mortality may occur. Understanding patient's beliefs and attitudes can help in health education, including the discontinuation of practices that the profession considers to be deleterious.
Relevance to EGPRN: A large number of Africans, as well as persons from other continents, reside abroad as refugees, immigrants or students. Beneficial discussion is expected, drawing on the experience of EGPRN colleagues caring for immigrant populations.

Presentation 10 - Theme paper, Results of a project which is finished

Diabetes and Ramadan: The perception of diabetic Muslims on GP care during Ramadan

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Background: Like other practicing Muslims, those with diabetes want to participate in fasting during the month of Ramadan. Because of the potential hazards involved good advice and supervision of the General Practitioner (GP) is of great importance. Literature on this topic is scarce.
Objectives: How are the knowledge and attitude of diabetic Moroccans towards participating in the Ramadan? How do these patients view the role of the GP?
Methods: All Moroccan type 2 diabetics from two general practices in the Dutch city of Utrecht were sent a letter about the study (in Arabic and Dutch) on behalf of their GP. After this they were contacted in person. The structure questionnaire, taken in their homes, covered matters of knowledge, attitude and supervision.
Results: There were 40 diabetic Moroccans in the 2 Dutch practices. They all received the letter and 18 consented to participate. Patients are knowledgeable about what the Islam says about fasting and diabetes. They all fast during Ramadan, and only 11 out of 18 patients would stop fasting were their health in danger. Three-fourths of the patients value the GP's professionalism over whether he or she is a Muslim or has sufficient knowledge about the Islam; for one quarter this is not the case. Half of the respondents experienced hypoglycemia (subjectively). As yet the GP plays no role of significance: there is no supervision before or during the Ramadan. It is important to emphasize that this is according to the patients of only 2 GPs.
Conclusions: All the diabetic Moroccans that were interviewed wanted to fast during the entire month of Ramadan, despite the problems some of them experienced. The respondents knew what the Islam says about fasting and diabetes. They received no specific supervision from their GP for dealing with fasting. Therefore the knowledge and attitude of GPs should be studied. Besides, research on the metabolic consequences of the eating pattern during Ramadan should be done.
Relevance to EGPRN: As the number of diabetic Muslim patients in Europe is steadily increasing, advising these patients during Ramadan is becoming increasingly important. It is important to share our knowledge on this topic, as well as our experience with appropriate research methods for studying ethnic minorities.

Presentation 11 - Theme paper

What are the personal experiences and sexual practices of 'pregnant' men?

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Introduction: Work done on sexuality during pregnancy mainly concentrates on women, the objective of this study is to explore the experiences and sexual practices of men.
Methods and means: For a period of 2 months (August and September 2002) at Saint Nazaire Hospital's Maternity Unit, all the fathers whose partners had given birth, were asked to complete a questionnaire (with the consent of their partner and with strict confidentiality and anonymity). This questionnaire comprised 4 categories, namely, sociological characteristics, perception, dreams or fantasies and sexual practices and experience. The data was analysed by the EPI INFO 6 software and was manually processed for open-ended questions.
Results: 116 couples were contacted, 109 fathers took part and 109 questionnaires were able to be used in the study. 58 fathers said they were believers (56 Catholics). 56 fathers said they thought their sexual activity had become less frequent during pregnancy, 22 said they had discovered

new positions, 67 said they had stopped sexual activity: 23 said this was through fear of hurting the mother or the child and 10 through fear of subsequent medical consequences. These fears came from a lack of information (33%) or from stories heard from friends (11%). 38 fathers dreamt of making love to another woman, 4 dreamt of homosexuality and 12 fathers had these thoughts for the first time. 107 fathers were active in fondling before pregnancy and 103 during that period, 85 masturbated their partner before and 60 during, 85 fathers had carried out cunnilingus before and 48 during, 64 had done fellatio before and 45 during, whilst 15 had done sodomy before pregnancy and 9 during that period. 29 couples discovered new positions and 82 abandoned some sex positions through the pregnancy. 8 fathers experienced problems of premature ejaculation, 8 had problems of impotence and 15 saw problems relating to orgasm. 5 fathers reported a negative effect on their sexuality due to seeing the ultrasound, 16 said that this negative effect was due to foetal movements and 34 said that it was caused by the changes undergone by their partner's body. 17 fathers considered themselves to be dissatisfied with their sexuality during this period. In our study, religion had no influence on sexual practice. Fathers with no previous children were less afraid of causing a miscarriage ($p=0.01$), were not as worried about the discomfort of positions and had fewer problems with premature ejaculation ($p=0.04$), when the pregnancy was unwanted, intercourse stopped earlier ($p=0.005$). Satisfaction was greater when intercourse took place in the third trimester ($p=0.006$), when replacement sexual practices were introduced ($p<0.05$), when the two partners' libidos were synchronised in the second trimester ($p=0.002$) and synchronised in the third trimester ($p=0.006$).

Discussion: The 94% response rate shows the interest aroused by this study in spite of the fact that the subject encroaches on a very intimate domain. The decline of the influence of religion on sexual practices, is continuing, as in our study, these practices were in no way modified by the religious context. The influence of unfounded fears on the habits and personal experience of sexuality, leads us to consider the important role we have in taking these apprehensions into account. We need to ensure that we get across our knowledge in order to allow couples who are going through this period to live their sexuality to the full.

Presentation 12 - Freestanding paper, Results of a project which is finished

Systematic review of technology-assisted medical interpretation: overcoming language barriers in a multicultural/multilingual general practice consultations

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Background: Europe is multicultural and multilingual, with a very large influx of immigrants and asylum seekers from all over the world. Many new immigrants have limited proficiency in the official languages of their country of destination, and provision of effective language services in primary health care services is vital in order to ensure equity of access to health care for such culturally and linguistically diverse populations. Traditional face-to-face interpreting has many disadvantages in general practice, and innovative technologies such as telephone and videoconferencing interpretation offer potentially cost-effective opportunities to bridge language barriers.
Aims and objectives: To systematically review published and unpublished research on technology-assisted medical interpretation programmes, in order to determine: A) the range of such services available B) methodologies used to assess effectiveness and costs C) the effectiveness of such programmes and their relevance to the EU setting.
Method: A search of medical literature databases was carried out together with a Google search, to identify studies on the use of either telephone interpretation or videoconferenced medical interpretation. All identified papers were evaluated in terms of their validity and reliability before being included in the review.
Results: Sixteen studies were identified, of which 7 were excluded. Of the 9 studies satisfying the inclusion criteria, 8 were published in peer-reviewed medical journals, and one was available as a report on the web. Two evaluated videoconferenced medical interpretation, and five evaluated telephone interpretation. Key outcome measures included visit length, quality and accuracy of interpretation, patient, doctor and interpreter satisfaction, accessibility and cost. The results indicated that telephone interpretation could be cost-effective for less common languages, while videoconferencing was associated with higher levels of satisfaction amongst interpreters and better understanding by them of patient body language. Remote simultaneous interpretation compared favorably with proximate consecutive interpretation.
Discussion: Technology-assisted language services appear to have an potentially important place in providing improved access to effective health care within the EU, but few properly designed studies have been conducted to determine their feasibility and cost-effectiveness.
Relevance to EGPRN: This study addresses language barriers as a key cultural element in limiting doctor-patient communication in Europe, and offers evidence-based insights into the role of technology-assisted interpretation services in solving this problem.

Presentation 13 - Freestanding paper, An ongoing study/work in progress, Results of a project which is finished

Meta-ethnography as a tool for multilingual qualitative data synthesis in primary care

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Background: Methods for synthesising data from primary studies that use experimental and quasi-experimental methods are well developed. The synthesis of primary studies that use a non-experimental design, such as interviews, focus group discussions and participant observation, is less developed.
Procedures for undertaking systematic reviews of different types of evidence, and methods for synthesising qualitative research are being created.
Meta-ethnography attempts to summarise and synthesise the findings of qualitative studies.
Aim/Objectives: To summarise and synthesise the data of focus group discussions in 7 European countries on obstacles to adherence to treatment recommendations in people with type 2 diabetes.
Method: A qualitative study addressing questions about adherence to treatment recommendations in type 2 diabetes patients has been undertaken in 7 European countries (Eurobstacle-project). After coding and analysis, the researchers met to act as an expert panel to aggregate the data. Meta-ethnography has been applied to construct interpretations and to reveal the relationships between data from the different studies.
Results: Most striking is the similarity between the codes from the different countries. The perceived obstacles to adherence are almost the

same and are situated in the fields of knowledge, communication and therapy. The health care system did not seem to influence these obstacles in an important way.
Conclusions/Discussion: In the case of this study, meta-ethnography could easily be carried out because of the homogeneity of the individual studies. The most important obstacle was the multi-lingual framework of the research. Every code and every theme had to be translated and the meaning of the translated concept needed to be cross checked. However, we have shown that meta-ethnography is a feasible tool in the process of summarising multi-lingual qualitative data in primary care.
Relevance to EGPRN: The synthesis of research is a new and challenging task for researchers. Meta-analyses and systematic reviews are becoming generally accepted as valid methods for the synthesis of RCTs. Many research questions can only be addressed by qualitative, non-experimental, designs. This sounds very familiar to general practice: new challenges, but also new methods to be implemented. New horizons to be explored!

Presentation 14 - One-slide/five minutes

Does patient feedback improve the consultation skills of registrars for general practice?

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Background: The current Dutch three-year curriculum for general practice appears insufficient to help registrars to increase their interpersonal skills. The outcome of skill is too low, although all departments of general practice spend much time and effort. One reason might be that trainees need tools to test the effects of their behaviour and management (including education) in actual practice, on the recipients of care. Feedback from patients can be an important means to improve communication. Instruments for self-directed learning fit in well with the revised Dutch curriculum.
Aim: To evaluate the effects on learning of a previously developed and validated patient feedback form for registrars (Greco).
Method: Randomised controlled trial with 100 registrars, and 5,000 patients. All randomly selected 50 intervention-registrars are asked to obtain feedback from 50 consecutive patients. To obtain feedback from patients, practice assistants hand out the Doctors Interpersonal Skills Questionnaire (DISQ) after consultations with registrars. In the intervention practices, the results are immediately fed back to the registrar and entered into the computerised medical information system. In the control practices, the results are fed back at the end of the term. Outcomes are: total Interpersonal Skills Index (ISI), percentage of patients who complete forms, registrar impact form (whether the registrars have gained better understanding of the interpersonal skills, what actions they performed, areas in which they need to improve, Greco et al, 2001), and learning style (Vermunt). In a sub sample of consultations for each registrar, we aim to evaluate effects on interpersonal skills from the observers' perspective. Each registrar is asked to videotape two random consultations before and after the intervention, and these are assessed by their GP supervisor with the MAAS score (Ram et al.).
Results: The project is in a fund-raising stage. When the results are promising, the scale will be implemented as an instrument for self-directed learning in consultation skills in general practice, for both registrars and GPs.
Discussion: Is more culturally specific qualitative work necessary before the start of this trial? The DISQ might be too culturally (and setting) specific for a Dutch GP setting.

Presentation 15 - One-slide/five minutes, An ongoing study/work in progress

Lay concepts on cardiovascular risk factors

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Background: Metabolic Syndrome (MBS), a cluster of cardiovascular risk factors, is an increasing life-style related health problem in industrialized countries including Finland. The main strategies in its management should be prevention and non-pharmacological interventions at primary care level. Psychosocial and cultural factors influence health and illness behavior. Health providers should be aware of popular illness understanding (knowledge, attitudes, conceptions, values, meanings and beliefs) in order to appropriately apply evidence based clinical practice in their daily work. Consequently, beneficiaries (patients) become empowered to take more responsibilities over their health and hence act more rationally in medical help seeking. In the long run, this also helps health authorities to cut increasing public health care spending.
Aim: To reveal and compare the popular (lay) and professional concepts concerning cardiovascular risk factors and especially MBS in order to develop appropriate strategies for prevention and management of these health problems.
Method: Adult citizens with cardiovascular risk factors from selected age cohorts (5-year interval) between the ages of 16 and 64 years in Lapinlahti municipality (8000 inhabitants) will be interviewed at household level. General practitioners and nurses of the respective primary health care centre will be interviewed in their institutions. Interviews of 50 selected citizens with MBS-risk factors, all the practicing 7 primary health care physicians and another 7 primary health care nurses will provide the required information. Two researchers will analyse the transcripts of the tape-recorded interviews.
Status 31.1.2004: The project forms basis for a PhD-study. Initial planning including literature search has been done. Contacts with the study site have been established. Funding process is well on the way.
Perspectives: Based on the results of the study, local primary health care level interventions will be planned for development of prevention and management of MBS. We invite fellow researchers for an international continuation of the project.
Relevance to EGPRN: We would appreciate input from the EGPRN meeting for refinement of the theoretical and methodological approach of our study.

Presentation 16 - One-slide/five minutes, An ongoing study/work in progress

What influences general practitioners' concepts of diseases?

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Background (IDEA): Patients have lay-theories about their diseases which emerge from biographical experience as well as family and cultural traditions. It is known that in order to achieve good doctor-patient-communication and improve patient outcome, the GP needs to integrate these concepts of the patient into the consultation. The GP should find overlapping areas of the patient's and the doctor's concepts of disease. The latter is widely seen as the biomedical concept of disease, but very little is known about the true nature and origins of GPs' concepts of

diseases. Our hypothesis is that these concepts do not only develop from medical education and experiences gained through working as a GP; biographical experience, family tradition and cultural matters have an underestimated influence on the development of GPs' attitudes and concepts of a disease.
Aim: To identify concepts GPs have of diseases regarding the five conditions: schizophrenia, leg ulcers, acute cough, headache and abdominal aortic aneurysm.
Methods: Secondary analysis of narrative interviews with GPs conducted in various different projects. Each set of around 20 interviews for each disease is first analysed by teams of 3 to 4 scientists of both genders and various professions (GPs, psychiatrist and sociologist) using Grounded Theory in a collaborative project of a Dep. of General Practice and a Dep. of Health Sociology. The results will then be brought together for an overall analysis.
There have not been any results or conclusions yet, since the project is in an early status of parallel analyses of the 5 diseases.
Relevance to EGPRN: Patient-doctor-communication is an important part of patient centred General Practice. This research is taking a unique view on one component of this communication: the GP herself or himself. The multinational character of EGPRN provides the adequate forum to discuss this project.
What do we hope to get out of the presentation? Can the audience contribute to the ideas presented? Are there aspects which can be added from the multinational/multicultural background of the EGPRN participants?

Presentation 17 - Theme paper, Results of a project which is finished

Emergencies during the weekends: who consults a general practitioner on duty or an emergency department?

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Background: A growing number of patients consult emergency departments (ED) for common health problems. This entails major financial and organisational consequences. One hypothesis is that patients from low SES are more likely to go to the ED (for example to delay the payment).
Objective: To compare the socio-demographic characteristics, main reason for contact and diagnosis of patients consulting ED and GPs on duty during weekends.
Method: Six hospitals and four GP circles from the same areas collected data on the patients seen during weekends. A standardized questionnaire was completed by the GP or by an interviewer (in the ED). The following items were recorded: age*, gender*, reason for contact*, diagnosis*, family situation, social status, education level, health insurance and nationality [* items available for the patients seen during the night in the hospitals]. The reason for contact and diagnosis were coded using the ICPC classification.
Results: The GPs recorded 1218 patients (241 during the night) and 1309 patients were seen in the ED (227 during the night). The proportion of women and children aged 0-5 years was higher in GP than in ED (56% vs 48%, p <0.001 and 17% vs 11%, p <0.001). In both GP and ED populations, more than 70% lived with their family and more than 90% had a support of their family or friends. A low education level (EL) was more frequent in GP than in ED (25% vs 15%, p<0.001). No difference between both settings was observed in SES and in the proportion of non-health insured patients. The more frequent reasons for contact were similar in GP and ED, i.e. general, respiratory, osteoarticular, digestive and skin. Most diagnoses concerned the osteoarticular chapter (31%) in ED and the respiratory chapter (31%) in GP.
Conclusions: This study highlighted the social profile of patients who consult a GP or an ED during weekends. In our population, the social profile was similar between patients from GP and ED, except for age, gender, and EL.
Relevance to EGPRN: We hope to get out of the presentation exchanges with European researchers who also analysed the profile of patients consulting during out-of-hours periods.

Presentation 18 - Freestanding paper An ongoing study/work in progress

Correlation between subjective symptoms and lung function in general practice patients with obstructive airway disease

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Background: The aim of our Asthma project is to assess the quality of GPs' care for patients with asthma or COPD. Therefore we plan to validate quality measurements for pharmacotherapy with regard to patient outcomes. Since no standardised agreement on how to define outcomes of GPs' patients with obstructive airway diseases exists, we want to establish an instrument for the measurement of the patients' current health status. The St. Georges Respiratory Questionnaire (SGRQ) allows assessment of the patient's (subjective) health status. It is used for clinical and scientific purposes in the field of lung diseases. In this study we want to investigate, whether the SGRQ is an appropriate questionnaire to evaluate the health status of patients with asthma and COPD in general practices.
Objective: To investigate, whether the SGRQ scores of patients with obstructive airway diseases in general practices correlate with the patients FEV1 and occurrence of adverse events, e.g. frequency of exacerbations or hospitalisations.
Methods: Patients with asthma and COPD were identified using electronic medical records from 45 general practices. 350 patients were randomised for further investigation. The patients were asked to fill out the SGRQ and a questionnaire on recent medical history. In addition, each patient underwent spirometry. The scores of the SGRQ of each individual patient will be correlated with the patients FEV_1 and with adverse events in the medical history, e.g. number of exacerbations and hospitalisations within the last 12 months.
Results: By May 2004 we will have analysed the data of about 350 patients with asthma and COPD from 45 general practices.
Conclusions: Our hope is, that the SGRQ can be used as a proxy for patients' asthma or COPD related health status and well-being. We could then use this instrument for further studies in the field of obstructive airway diseases in general practice.
Relevance to EGPRN: At the EGPRN we would like to discuss with the other EGPRN participants, whether the correlation between the SGRQ scores on one hand, and the FEV1 and adverse events on the other hand, indicates the SGRQ is a valid patient outcome measure.

Presentation 19 - Freestanding paper, Results of a project which is finished

The International Study of Burnout in European Family Doctors

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Background: Burnout is a reaction to chronic, job-related stress. It is estimated that between 30-40% of physicians suffer from burnout at a level sufficient to affect their personal or professional performance. As far as we can tell no one has yet documented rates of burnout in general practice in any other European Countries.
Objectives: The aim of this study is to quantify burnout in European FPs/GPs (Family Doctors/General Practitioners), and try to identify factors that predict burnout in the study population.
Method: Randomly selected FPs/GPs from participant countries have been asked to participate in this study. The randomisation and sample selection process has been co-ordinated by a key FP/GP in each country, selected from the participants of the Gdansk (Poland) EGPRW meeting, or their delegates. Participating doctors have been asked to complete a questionnaire that has two parts, and which has been piloted successfully and validated. Part one is a self-report questionnaire with questions about demographic information, working tenure, training, workload, remuneration, job satisfaction, alcohol consumption, smoking, use of psychoactive medication and sick leave. Part two is the Maslach Burnout Inventory, Human Services Survey this is a conceptualisation of burnout as a syndrome characterized by three dimensions: emotional exhaustion (EE), depersonalisation (DP) and decreased sense of personal accomplishment (PA). The data are being collected and will be analysed using various statistical methods to show the prevalence of burnout. We shall use logistic regression analysis to try to identify factors that predict burnout in the study population.
Results (Expected): The data from 10 countries have been collected and analysed, and presented at EGPRN Verona. Data from 15 studies in 14 European countries are expected by the meeting in Antwerp. The variation in the burnout rate across Europe will be discussed and factors that have an impact on it will be analysed by using various statistical methods, including logistic regression analysis. The low response rate (around 50%) and its impact on the interpretation of this study will be discussed. A pre-conference meeting has been organised in Antwerp to discuss the final results and analysis, and to prepare the text for final publication. The outcomes of this workshop will also be presented.
Conclusions: This study has been conceived, planned, organised, executed and analysed via presentations at five EGPRN meetings, and has been funded by both the EGPRN and the ESGP/FM. The final product will be showcased in Antwerp. The phenomenon of elevated prevalence of burnout in GPs has now been confirmed, and will be explored in Antwerp.
Relevance to EGPRN: Determination of most common determinants of burnout will support appropriate points of intervention and prevention strategies to fight this mental health problem. Our European study has several implications on national policies, and policy makers may find the study's findings interesting. The process of executing this project under the EGPRN wings is a good example for participants interested in such international studies.

Presentation 20 - Freestanding paper

Why general practitioners decline to participe in a primary health care research projects

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Background: Studies in general practice are often hampered by low response rates. The MedViP study is a quality assessment project based on electronic patient records (EPR).
Aim: To elicit German general practitioners' (GPs) motives for not participating in the MedViP project or primary care research in general.
Methods: All local GPs had been invited to participate in the MedViP study. Those who had declined participation (n=136, 30%) or had not responded (n=134, 29%), received a short questionnaire (11 items) regarding their attitudes towards primary care research and their specific objections to the current study. The overall response rate was 37% (n=100), with non-participants accounting for the vast majority (n=79, 58%). Qualitative interviews were conducted in a subset of 21 volunteering GPs.
Results: Among GPs responding to the postal questionnaire, 91% considered general practice research to be important, but more than half stated that they were not previously involved in any research project (58%) or would not do so in the near future (56%). Time pressure was the one predominant reason for non-participation indicated on the questionnaires. However, about 50% categorically refused to contribute anonymized EPRs for research purposes, to engage in recruiting own patients or to allow research staff to examine study patients on the practice premises. The interviews yielded concerns about potential misuse of EPR data, fear of being subject to control, doubts about the compatibility of research and patient care As further important topics, lack of recognition and 'having a voice' in the research process were also raised.
Conclusion: We identified several barriers to health care research involving GPs in Germany. While time constraints are a central issue, motivation may be enhanced by improving the exchange between researchers and community-based GPs, and by finding solutions for safe and problem-free export of computerized data. We finally have to accept that some doctors do not participate in research as a matter of principle.

Presentation 21 - Freestanding paper

Evaluation of a disease management program for patients with coronary heart disease in Germany

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Background: Coronary Heart Disease (CHD) is one of the most serious cardiac health problems in Europe. Fragmentation and discontinuity of care are deficits in service for patients leading to sub optimal treatment results. Disease Management Programs (DMP) are offering a structured health service. Germany has just started a nation-wide DMP for patients with CHD. It is unknown whether this intervention improves the care for patients with CHD in Germany.
Objectives: To evaluate the effects of a DMP for patients with CHD on morbidity and mortality, quality outcomes (such as: measuring of relevant parameter), and intermediate outcomes (such as: risk profile).
Intervention: Structured treatment program using: evidence based guidelines, structured teaching and treatment programmes for patients, individual feedback for the doctor and recall system for the patients.
Method: Naturalistic cluster-randomised controlled trial with 110 practices and 2200 patients in two regions of Germany. Intention-to-treat-analysis. Further details about the study design will be discussed at the meeting.
Expected results: International studies showed strong effects of DMP on process parameters and risk indicators (such as: blood pressure control, aspirin use, non-smoking). We expect a significant increase especially on target outcomes in the intervention group compared to usual care.
Relevance to EGPRN: As there are a great number of different

approaches of DMP and National Service Frameworks under study in Europe, we expect a stimulating discussion. We hope that different experiences in evaluation of structured care programs can lead to improved and more comparable evaluation designs.

Presentation 22 - Poster, Results of a project which is finished

The relationship of medical students and patients with type 2 diabetes to sweets in their diet

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Background: The Slovenian part of the Eurobstacle study shows that diet restriction can sometimes cause a lot of difficulties to patients with type 2 diabetes. We decided to focus on sweets — a typical restriction for patients with diabetes.
Objectives: To gain detailed understanding of patients' relation to their diet and sweets in it, to determine students' views on this matter, to gain additional information and new ideas and to observe students' attitudes to restriction in the diet of patients with diabetes.
Method: We carried out five patient (Eurobstacle) and one student focus group discussions, which were audio-recorded, transcribed and analysed in accordance with the principles of 'qualitative content analysis' (double coding, checking the consistency of coding, consultation with expert in qualitative research). We analysed the parts of the Eurobstacle discussions where patients were talking about sweets. Finally we compared the results from both analyses.
Results: In each group we found four different themes that influence the relation to sweets in the diet of patient with type 2 diabetes.
For patients these were: 1. the relationship between patient and surroundings, 2. patient's relation to herself or himself, 3. patients' experience and opinion about sweets, 4. education.
For students these were: 1. students' view of diabetes diet, 2. students' identifying with patients, 3. communication, 4. knowledge. Finally, the end we searched for common codes and put them into five groups: the relationship between the patient and their surroundings, diet, 'cheating', change of lifestyle, discipline and others.
Conclusions: Family and society support is very important for good compliance with diet, but patients sometimes don't want to burden them with it. Most patients desire to eat sweets and feel guilty when they 'cheat'. However, to avoid 'cheating' they say you need a lot of discipline, iron will, you have to avoid watching TV, amuse yourself with work and keep food out of sight. Education is inevitable. Students put themselves into role of patients and doctors. They can feel the burden of life without sweets and think communication between the doctor and the patient is most important to improve compliance with diet.
Relevance to EGPRN: The study gives us opportunity to get better insight into the problem of sweets in the diet of patients with type 2 diabetes. It would be interesting to carry out a quantitative research on this subject.

Presentation 23 - Poster, An ongoing Study/work in progress

The relevance of anthropology to medical practice: comparative studies of illness behaviour in rural Crete

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Background: Over the years, the Department of Social Medicine, University of Crete and the Department of Cultural and Social Studies, University of Leiden, The Netherlands, have developed a successful bilateral agreement under the ERASMUS/SOCRATES Programme of the European Union. Since 1987, exchange of students and staff has led to applied research where concepts and theories from Medical Anthropology have been tailored to medical practice in rural Crete. Until now, Dutch post-graduate students have focused on the operationalization of medical-social theory into community-oriented general practice in the field.
Objective: The aim of this study is to review the reports and theses, which were produced by Dutch doctoral students of Medical Anthropology and to assess their content and explore the keys issues identified, in order to further study and analyse the illness behaviour of the rural population in Crete.
Method: 10 reports were produced during the study period and all were reviewed. A pre-tested assessment form was used and several items were recorded, including setting, research subject, sample and sampling, tools, main methods and techniques, as well as the significant results and key messages. All fieldwork training studies were based on the multivariate model of transcultural health care utilisation that has been introduced and jointly developed by L.J. Slikkerveer.
Results: The majority of field training studies (n=9) were carried out in the rural area of the Spili Health Centre over a period of 3 months time. Five of the studies concentrated on the local use of Cretan herbs for various medical purposes, the key informants' opinions, the local people's indigenous knowledge, practice and beliefs, and as well as the primary care practitioners' views. The methods applied in the majority of the studies employed complementary qualitative and quantitative approach, with analysis of tape-recorded interviews. The most commonly used tools were interviews, questionnaires and household surveys. Almost all reports concluded that a pluralistic medical system is still operational in rural Crete, although there is a high disappearing rate of the indigenous medical knowledge.
Conclusions: General practitioners and other primary health staff serving the rural population of Crete could learn from the applied transcultural health care utilisation model in Crete and use this knowledge in improving their clinical effectiveness and communication skills. Moreover, the model also provides crucial information for future health care planning in the research area.
Relevance to EGPRN: Participants will certainly take a keen interest in the results of the ongoing linkage between medical anthropology and general practice and consider and discuss research methods in exploring the often 'invisible' determinants of health and illness behaviour at the community level. It is proposed to take a follow-up international study, based on the lessons learned from previous long-term joint research efforts.

Presentation 24 - Poster, Preliminary Results

Comparison of trait anxiety and future occupational anxiety of final year medical students

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Background: Final year medical students with just a few months left to their future career face a number of stressors. In Turkey, doctors who do not want to work in primary care have to sit an examination for specialization which is an additional stressor in their lives.
Objective: The aim of this study was to examine the correlation between trait anxiety level of final year students and potential future stressful events.
Method: The trait anxiety scale from State Trait Anxiety Inventory (STAI) and a questionnaire containing 18 possible stressful events about

future career were completed by 45 of 55 final year students at Dokuz Eylül University Medical Faculty in the last month of their medical training. The questionnaire consisted of two areas; medical competence, job satisfaction and working conditions. Results were analysed in SPSS 10 for Windows, and Pearson correlation tests and independent-sample t-tests were used for statistical analyses.
Results: 70% of the students had moderate trait anxiety. There was a statistically significant correlation (r=0.474, p=0.001) between the mean scores of the STAI (43.8±7.93) and the scores on the questionnaire (52.6±15.87). The respondents ranked the stressful events in the following order: being unsuccessful in entrance examination for specialisation, (4.00±1.33), inadequate preparation for certain specialization examinations (3.91±1.32), not being able to work as a specialist in their professional life (3.71±1.48). There were positive correlations between STAI and the following stressful events: inadvertently harming patients, misdiagnosis, managing emergency patients, incompetence in clinical skills, unemployment, incompetence in prescribing drugs (p<0.005).
Conclusions: The responses of the medical students indicated anxiety about having to work as a practitioner in primary care, and incompetence in medical subjects. This is partly due to problems of primary care settings in Turkey and partly to a lack of community based medical education and limited family medicine residency programs.
Relevance to EGPRN: The relevance of medical education to medical practice is still on the agenda of European countries.

Presentation 25 - Poster, An ongoing Study/work in progress

Supporting and undermining factors in general practitioners' work — Views of general practitioners and municipal administrators

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Background: In spite of the generally satisfactory number of physicians in Finland (1/269 inhabitants), there is shortage of general practitioners (GPs) in Finnish public primary health care centres, and many physicians who have worked for many years in health centres have now left their posts. A similar phenomenon is seen internationally and medical students are no longer so interested in a career as a GP.
Aim: To understand more deeply as well as to describe factors that have an influence on why some physicians leave and others are content with their post in public primary health care.
Method: We will use qualitative semi-structured interviews with GPs and administrators. The interviews will be carried out by a GP researcher and a medical sociologist in six health centres in Eastern and Central Finland. Sampling will be made purposively to find maximal variation. The preliminary interview scheme has been developed on the basis of a questionnaire survey of physicians working in health centres (n=2419) in year 2002. We expect that interviewing 40 GPs and 40 administrators will produce saturation of data. Three researchers will be used to code and categorize transcripts of tape-recorded interviews independently. We will use QSR NUD*IST 6 software package to facilitate handling of the data.
Status: Data collection is currently ongoing. Preliminary results will be presented.
Relevance to EGPRN: This study is expected to identify practical measures for recruitment and retention of GPs in public primary health care. As the lack of doctors in public primary care is a common problem in Europe, other participants of the conference may be interested in our study. We hope to get feedback from colleagues and to discuss issues relating to qualitative study methodology.

Presentation 26 - Poster

Impact of difficult living conditions and social circumstances on psychological well being and perceptions of health

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Background: In Antwerp there is a project called 'Access to health care' which is organised by 'Médecins sans Frontières'. The aim of the project is to provide medical and social consultations for people who do not have ready access to the health care system in Belgium. These patients are mainly asylum seekers, illegal immigrants, homeless people and persons with financial difficulties. They often face difficult living conditions and adverse social circumstances.
Objectives: To determine the impact of difficult living conditions and adverse social circumstances on the psychological well being and perception of health in these patients, and to identify ways to improve their quality of life.
Method and material: A random sample of twenty patients was interviewed by one of the doctors. We used standard questionnaires to interview the patients namely: the General Health Questionnaire (GHQ), the Lubben Social Network Scale (LSNS) and the Living Conditions Rating Scale (LCRS). At the end of every interview we asked one open question: 'What is the most difficult problem you're facing at this moment?'
Results: The majority of the respondents (17/20) were found to suffer from fear and insomnia. (GHQ) The LSNS responses showed that the majority of the respondents (14/20) were socially isolated or faced a high risk of being isolated. In response to the open question, the respondents mentioned various problems, all of which related to their illegal status. e.g. no access to health care, financial and language problems.
Conclusions: We were unable to determine whether difficult living conditions have an impact on psychological well being or the perception of health. Fear and insomnia were clearly a problem, having an impact on both psychological well being and perception of health. GPs should be aware of the importance of a good referral system to the various mental health care services. It is clear that the lack of a social network influences psychological well being and perceptions of health. Offering patients possibilities to develop their social network may therefore be of considerable help in enabling them to deal with their difficult and stressful situations.
Relevance to EGPRW: To create awareness among general practitioners. Asylum seekers and illegal immigrants are not just 'difficult' patients due to cultural differences and language barriers, but people who are living in stressful situations.

Presentation 27 - Poster, An ongoing study/work in progress

Prediction of future episodes of depression in primary medical care: evaluation of a risk factor profile

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Background: Depression is one of the most common mental disorders. There is an urgent need for the development of preventive strategies. However, before such strategies can be widely developed, a valid method of quantifying the future risk of episodes of depression in primary care settings is required. Depression is multi-factorial in origin and estimating

the overall risk across a range of risk factors is fundamental to prevention. Unlike cardiovascular diseases, there are no reliable and valid methods of risk estimation for future episodes of depression.
Aims: The recognition of specific, modifiable risk factors will be used to develop a multi-factor risk score for the onset and maintenance of episodes of depression among primary care attenders. This score will have the potential to be used in general practice as a predictive tool for depressive episodes.
Methodology: The longitudinal study will be conducted with GP attenders. Consecutive attenders aged 18-75 will be recruited from urban and rural general practices. The other European countries involved in the project are Estonia, the Netherlands, Portugal, Spain and UK. The attenders will be followed up at 6 and 12 months after baseline assessment. Assessing both depression and risk factors at each wave will allow us to advance our understanding of the ways in which these affect one another over time. The depression scale of the CIDI will be used to record depression at the three time-points. The self-report questionnaire was chosen following a comprehensive review of the depression literature, and will be administered at baseline and at 6 months.
Research progress: Two training days were held in September 2003, and the test-retest reliability for a non-standardised subset of the risk factor questionnaire was completed by the end of October 2003.
Relevance for EGPRW: There is no greater challenge for public mental health than the reduction of the prevalence of depression. This task is recognised as a priority for health in the 21st century.

Presentation 29 - Poster, Results of a project which is finished

Perceptions of health and illness in Bulgaria: a survey in a primary care office

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Background: The health reform programme in Bulgaria has placed the general practitioner in a central role in primary health care. This has led to a redirection of primary care, and has brought GPs and their patients into a new relationship. Patients are expected increasingly to recognize their personal responsibilities for adopting a healthy life-style and for seeking medical assistance in a timely fashion.
Aim: The aim of the study was to gain better insight into how the patients perceive their health/illness status, whether they are concerned and feel responsible for their health, and whether they follow the instructions of their family doctors during the process of treatment.
Patients and methods: A questionnaire was distributed among 200 randomly chosen adult patients (age >18) registered with a GP-office. The items of Interest were analysed for the whole group, as well as for the three age groups: 19-41 yrs, 41-65 yrs, and 65+ yrs
Results: 33% of the patients stated that they visited their doctor as soon as they felt unwell, and were actively involved during the process of treatment. 46% sought medical assistance after they had tried to treat themselves following advice from a pharmacist. 21% were not concerned about their health, and had to be encouraged by their relatives to visit the doctor. 20% of patients who visited their GP and received advice and a prescription did not follow them. Patients from the 19-40 yrs age groups were active in the process of treatment, and were more concerned about their health than patients in the other two age groups. Patients at ages 41-65 yrs were slightly involved and concerned for their health. Patients aged 65+ yrs were more demanding and less responsible for their health, and 41% did not strictly obey the advice of their doctors.
Conclusions: There are inappropriate perceptions of health as a result of the previous health system in Bulgaria, where the patients perceived health as something for which others should provide care.
Relevance to EGPRN: A better understanding of patients' attitudes to health care services and their perceptions of health and illness are of critical importance to general practitioners.

Presentation 31 - Poster, Results of a project which is finished

Domiciliary parenteral therapy in the treatment of acute low back pain: is it really an obsolete and uncomfortable method?

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Background: The management of acute low back pain very often does not match the guideline recommendations and management varies a lot among general practitioners.
In Italy, parenteral therapy is commonly and widely used in the treatment of acute episode of low back pain. Therapy mainly consists of non-steroidal anti-inflammatory drugs (NSAID) given by intramuscular injection.
Very often patients prefer intramuscular injections rather than oral therapy. This type of attitude of both Italian GPs and patients might seem obsolete and uncomfortable but it is changing very slowly over the years. On the other hand, patients seem to recovery more rapidly with injections and the working days lost seem to be fewer. Furthermore, the adverse side effects of this method are very rare and of little importance.
Objectives: We want to find out more about this approach to treating low back pain by NSAID injection and try to clarify whether this is an obsolete attitude of Italian GPs and patients, or whether this method does have some advantages.
Method: A prospective study is being conducted among 10 Italian GPs and their patients. A survey is being conducted among patients affected by acute low back pain: patients are free to decide on oral or intramuscularly therapy, but they have to explain the reasons behind their decision. Data are being collected and stored by a computerized system. These characteristics of the patients are being investigated: age, sex, cultural level, number of acute episode. Other features investigated are the length of therapy and the rapidity of recovery.
Results: The study is still in progress. Preliminary results show that patients often consider intramuscular injections a safe and effective therapy with fewer gastrointestinal adverse side effects. Our preliminary outcomes confirm the patients' belief.
Conclusions: We do not know whether our outcomes are influenced by a 'thaumaturgical' effect of the 'injection' or if parenteral therapy does have some advantages.
Relevance to EGPRN: Trials that compare parenteral therapy with oral therapy in General Practice are very rare. Our results show that parenteral therapy does have some advantages. Other studies in different countries should be performed to clarify the matter.

Presentation 32 - Poster, An ongoing study/work in progress

Cooperation between general practitioners, physiotherapists and specialists caring for patients with low-back pain in Germany

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Background: Without gatekeeping cooperation between general practitioners and specialists is unstructured in Germany and the role of physiotherapists is under debate. We are lacking data about these topics.
Objectives: To examine attitudes and performance of general practitioners and their patients, from two different regions, concerning treatment and care of low-back pain and their strategies for use of secondary care, imaging techniques and physiotherapy.
Method: In the regions of Göttingen and Marburg we carried out a cluster-randomised trial in 117 General practices: 43 controls, 36 with implementation of a guideline for the management of low-back pain and 38 with additional training of practice nurses. At the beginning and end of the educational phase, we asked GPs about their attitude concerning diagnosis and cooperation in this field. Each practice was asked to recruit 16 patients presenting with low back pain. Four weeks, 6 and 12 months after inclusion, patients are or will be asked about diagnostic and therapeutic procedures as well as outcome.
Results: GPs ranked imaging procedures and cooperation with subgroups of specialists as being of low importance. They use different strategies with respect to cause and duration of low-back pain. Cooperation with physiotherapists and interdisciplinary groups was different in both regions, mainly due to differences in accessibility. The run in phase is nearly finished. During the meeting, we will be able to present data of early follow-up.
Conclusions: The attitudes of GPs about management of low-back pain is close to guideline recommendations, but the reality seems to be different and depending on local accessibility and traditions. We had problems recruiting enough practices and patients for this study.
Relevance to EGPRN: Impact of health-care system and educational activities is under debate. Problems with study design should be discussed as well as strategies to ameliorate cooperation with specialists and physiotherapists, as we are planning a follow-up study about management by physiotherapists and cooperation.

Presentation 33 - Poster, Preliminary Results

Deaths from mushroom consuming in Anatolia and the responsibility of general practitioners

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Background: Mushrooms are valuable product because of their aroma, tastes and contents. It may be difficult to distinguish between natural, wild, mushrooms (NMs) which are poisonous from non toxic varieties. Some poisonous NMs can cause deaths. Despite this risk, NM has an important place in the national diet in Turkey, as in many countries of the world.
Objectives: The aim of the study is evaluation of mushroom poisonings (MPs) in our region we serve.
Method: The cases who presented to Osmangazi University Hospital Emergency Department (ED) and diagnosed as MP between January, 1991 - December, 2003 were evaluated for gender, age, presenting month, city, first noticed symptoms, vital signs, laboratory findings, hospitalization period, complications and mortality.
Results: 256 cases were enrolled in the study. 143 cases were female (55.9%). The mean age was 33.74 (SD: 21.46). The most common presenting month was June with 111 cases (43.4%). Among all MP cases 245 (95.7%) cases were suffered from NMs, the others were from cultivated mushrooms. The most common first noticed symptoms were from gastrointestinal system (GIS) (145 cases, 56.6%). Twenty seven cases (10.5%) presented to first level health centers, 168 (65.6%) of them to the second level when the first symptoms started. Only 61 (23.8%) cases presented the OGUMF Hospital directly. 195 (76.2%) cases were admitted to the hospital and 56 (21.9%) cases were observed in the ED observation unit, and the others (5 cases) transferred to other hospitals. Hospitalization period was between 0-59 days, mean: 3.32 (SD:5.12). Eleven patients (4.3%) died from poisoning. Nine of the fatal cases (81.8%) were from a city, Kutahya, ($p<0.001$). Most of the fatal cases (72.7%) were admitted in to the other hospitals between 1-5 days period and were discharged.
Conclusion: MPs have importance in the community health in our region and delayed presentation have a role in mortal cases.
Relevance to EGPRN: All health workers, especially general practitioners, have education responsibility to public about not consuming NMs. And, education of health personnel working in the first and second level health centers about treatment measures and transfer of the cases who eat NM in high risk region is important to decrease mortalities.

Presentation 34 - Poster

A population based research on cardiovascular risk factors in Verona, Italy

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Background: The epidemiological data about the cardiovascular risk factors are well known and in great amount. There is anyway the need to have national an local data, because dietary habits, but also genetics, vary from region to region, determining differences in prevalence. In Italy the data are good but in a poor amount. So we start from the bottom, from the general practitioners, who in Italy have direct contact with the most part of population.
Aim: The evaluation of the cardiovascular risk factors outline of the entire population of local health unit of Verona.
Methods: We chose a random sample of 3600 subjects among the citizens enrolled in the local health unit lists (136.000) of general practitioners. The citizens were of both sex, aged from 35 to 74. Each general practitioner had to collect historical, clinical and biochemical data. The Cv risk was calculated following the algorythm of Framingham Study.
Results: 3144 citizens were screened by 170 general practitioner. 39.2% were hypertensives, 25.5% were hypercholesterolemics, 22.7% were smokers, 12.8% were obeses, 5.6% were diabetics. Following the Framingham algorithm, 8.6% of the whole population were at high risk for CV diseases.
Discussion and Conclusion: Data are in part similar to those of other studies in part are different. In particular the number of citizens with high risk pattern is impressive if compared and extended to the whole population. General practitioners confirm also in Italy their unreplaceable role in screening and in prevention of diseases.

Presentation 35 - Poster, An ongoing study/work in progress, Preliminary Results

A shift from deficit orientated functional evaluation towards comprehensive geriatric assessment?

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Background: In Belgium a cultural adaptation of Katz's 'Index of ADL' plays an important role in the legal requirements for inclusion of patients in interdisciplinary collaboration in primary care or for nursing home placement. The use of this evaluation scale is criticized for emphasizing the deficit of the patient's functional status and not offering specific information for a plan of care.
Aim/Objectives: The objective of this study was to explore the possibilities of the Resident Assessment Instrument Minimum Data Set (MDS/RAI) as a method of comprehensive geriatric assessment (CGA) in detecting problem oriented goals for the multidisciplinary plan of care. As part of this evaluation we compared the the outcome of the evaluations performed with the Belgian 'Index of ADL' and the MDS/RAI.
Method: This study is part of a larger prospective study involving a diagnostic procedure and two year of follow up about the quality of primary care for demented patients. MDS/RAI and the 'Belgian Index of ADL' were administered to home care clients and nursing home residents. The Kendall tau b rank correlation coefficient and crosstabulations were used to compare the results of the assessment scales.
Results: Kendall correlation coefficients between the 'Belgian Index of ADL' and the RAI/RUG-groups were weak and negative -0.34 ($p < 0.0001$; $n = 199$; 44 group model) for nursing home residents and -0.34 ($p = 0.0058$; $n = 54$; 23 group model) for home care patients.
Discussion: Nursing home residents who received a satisfactory amount of physical, occupational, speech therapy or nursing revalidation were classified in the highest RUG-III category: 'Rehabilitation'. These results illustrated that rehabilitation was a major issue in the RUG-III classification. Rehabilitation was the objective of the individual plan of care regardless of the level of dependency. The classification into a rehabilitation category was to be considered as a dynamic outcome of the assessment process, indicating that the present status was not to be considered as permanent, but that improvement was the objective.
We hope to get out the presentation at EGPRN: Discussion about acceptance and implementation of CGA in primary care in other countries.

Presentation 36 - Poster, Results of a project which is finished

Health care for visitors in Europe

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Background and Aim: Health care for visitors between European countries is covered by agreements between countries of the EU to offer state-provided immediate health care to visitors. A study is reported here which aimed to address the question of how well this policy works for visitors from the UK to other European countries.
Method: The Access to Health Care in Europe (AHCE) questionnaire was developed for this study. It covered the country being visited, how health care was accessed, the quality of service received, financial costs incurred, social costs incurred and recommendations to other travellers. The AHCE was mailed to 804 people in the UK who had reported in a survey by the journal 'Holiday Which?' that they had used, or tried to use, an E111 and were willing to answer a further questionnaire.
Results: There were 515 (63%) responses. France was the destination most often visited (36%), followed by Spain (28%). A total of 296 (64%) respondents were successful in accessing state health care. 198 (67%) respondents said the quality of care they received was better than the care in the UK. Case studies will be presented demonstrating inconsistencies within countries.
Conclusion: The main finding is that the E111 can be effective in enabling access to state health care. The booklet 'Health Advice for Travellers' provided in the UK, gives adequate and accurate advice on how to do this. Many of the problems encountered by travellers from the UK were due to not knowing the correct way to access health care, although correct information was available in this booklet. However, in some countries it is not simple to obtain health care using an E111.
Relevance to EGPRN: As a follow up to this finding, EGPRN national representatives of EU countries were asked to provide any leaflet from their country, which gives information on how to access health care when visiting the UK. The research question was whether information is correct for visitors to the UK. In general, we found the information was correct but, in many countries, not as easily available as the UK leaflet. The different insurance systems of health care in different countries have a strong influence on whether visitors attempt to use state health care using an E111. Can we recommend any policy on this to the new member countries of the EU?

Presentation 37 - Poster, Preliminary results

Relation between objective health and perceived health of women in a Romanian industrial setting

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Background: A person's own understanding of his or her health may not accord with the appraisal of medical experts, some seriously sick people report no symptoms, while healthy people often do. Based on objective findings, medical professionals might be tempted to ignore patients' reports about their perceived health.
Objective: To investigate the relationship between perceived health and objective health of working women in Romania and to find factors that influence this association.
Method: In a cross sectional study, data were collected among 1856 female employees of a garment factory in Cluj Napoca, Romania. Based on their wish, all women being at work took part in the study. Data on actual health status, working and social conditions were collected during one meeting using a self-administered questionnaire, physical examination and various blood tests. Patient files available in the GP's practice were checked for chronic conditions. Objective health was defined by the absence of any known chronic condition (disease), and perceived health represented self-assessment of own health. Data was processed using Epi-Info 6 and SPSS 9. Influencing factors derived from characteristics of studied population were analysed in terms of means, SD, frequencies. Objective health was compared with perceived health using bivariate and logistic regression analyses.
Results: In 1144 working women, the relation between objective health and perceived health was statistically significant ($p < 0.000$), (OR=4.21, CI 2.9-6.1). However, an important number of women reporting very bad and bad perceived health were 'healthy objectively'. We expect to find that local social conditions and low professional satisfaction will influence objective health.
Conclusions: Despite a strong relationship between objective health and perceived health, there is a group of working women with a discrepancy between 'perceived and 'objective' health.
Relevance for EGPRN: As gatekeepers of a health system, GP's have to deal with self-assessed ill patients. Out of them, working women represent a category that was studied and different reported in many countries. The research presented in this paper is an analysis derived from my PhD research data. I am working on an article and would like to get feedback from an international audience.

Presentation 38 - Poster

Diagnosing urinary tract infections in general practice; do we speak to soon?

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Background: There is no clear-cut recommendation on the best diagnostic strategy for diagnosing urinary tract infections. Despite all efforts to make GPs to work with guidelines, GPs use various diagnostic strategies. To date it is unknown on what criteria the GPs' conclusion is based.
Objective: To study the validity of several diagnostic strategies for urinary tract infection (UTI) and their influence on the final conclusion of the GP. We also compared the reliability of the GP-decision with that of test strategies.
Method: Fresh urine samples of patients with signs/symptoms of a possible UTI were examined in general practice via a nitrite test, a urine sediment and a dipslide. A second dipslide was inoculated and sent to the hospital microbiology laboratory for culture (gold standard). We first calculated sensitivity and specificity of tests performed. GPs were asked to give their conclusion: UTI present or absent. We determined the predictive values of the judgement of the GP and compared these with that of tests performed.
Results: Of the 273 patient episodes included, 62% had a UTI (166 of 268 cultures). The predictive value of the conclusion 'UTI present' was 76%, the predictive value of the conclusion 'UTI absent' was 70%. The GPs' conclusions reach no higher positive predictive value than *any* test combination. GP's decision is often based on the patient's symptoms, dysuria having the highest influence (p=0.02).
Conclusions/Discussion: The predictive value of the GPs' conclusion is unnecessarily low, while the impact of symptoms seems too high. GPs should be encouraged to adhere to guidelines and to follow the recommended diagnostic strategy.
What do you hope to get out the presentation at EGPRN?/Relevance to EGPRN: A discussion would be welcomed on how to get this message across to GPs. The diagnostic management of UTI receives little attention and the problem is seldom recognised, despite the fact that it occurs on a daily basis.

Presentation 39 - Poster

Approaching asthmatic patients in two different rural areas in Greece

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Background: Asthma has increased rapidly in the recent years and its appearance is associated with a large economic and social burden affecting the quality of life.
Objectives: To detect and compare asthmatic patients in two different rural areas, register the environmental conditions, control their therapy compliance (correct use of lung devices) and explore their health perception and quality of life.
Method: 247 randomly selected patients (115 males, 132 females, mean age 67.3 years old, ±13.8) from the peripheral surgery of Perni, in Macedonia, and 81 (45 males, 36 females, mean age 57.7 years old, ±16.2) from the peripheral surgery of Polyanthos (approximately 75% Muslim population), in Thrace, were examined. A survey about demographics, environmental conditions, symptoms of asthma and physical examination was applied, according to the criteria of the European Respiratory Society. Chest X-ray, Peak Expiratory Flow (PEF), pulse, oximetry and complete blood count, were performed. The failure to achieve asthma control was also investigated, and the EuroQol (EQ-D) questionnaire was applied, estimating their quality of life.
Results: 47 (19.0%) of the total sample of Perni and 22 (31.0%) of Polianthos were asthmatics. Differences in oximetry results between the two areas (x2=116.46, p=.032) and the impact of asthma on their quality of life (x2=32.247, p=.004) were significant. Non-environmental differences were detected. Statistical results showed that subjects with allergy symptoms, though under medication, had compliance problems with their dosages (x2=4.560, p=.047) or with lung devices (x2=5.337, p=021). Common skill errors were 'not continuing to inhale slowly after activation of the canister' (73.6%) and 'exhaling before the inhalation' (68.8%). Multiple regression analysis revealed factors affecting PEF, such as gender, age, pathological chest x-ray, and non-compliance resulting from poor doctor-patient communication.
Conclusions: Factors like geographic location, patient's socio-economic status, cultural differences regarding the disease, the lack of patient education, and deficient follow-up can influence asthma. GPs should provide better communication, improved patient education, therapy according to the needs and feedback to achieve asthma's management.
Relevance for EGPRN: Identifying important factors affecting the appearance or the process of asthma, providing guidance, improving compliance with prescribed medication and devices, must be a common approach for all GPs consulting asthmatic patients.

Presentation 40 - Freestanding paper, Results of a project which is finished

Change in GPs' prescribing behaviour for osteoarthritis in the elderly after a national information campaign

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Background: In 2002, the Belgian National Sickness and Invalidity Insurance Institute organized a national information campaign about the rational prescription of non-steroidal anti-inflammatory drugs (NSAID) for osteoarthritis. One element of this campaign was the possibility for general practitioners (GPs) to participate at Local Quality Groups on the subject and to receive personal prescribing feedback about NSAID.
Aim/Objectives: To evaluate the average change in prescribing behaviour for osteoarthritis in the elderly from 2001 to 2003 and to investigate whether this change was different in GPs taking part in the campaign versus those who did not.
Method: In a repeated cross-sectional study (2001 - 2003) with 183 volunteer GPs, well spread throughout the country, data was collected about 7,843 and 7,456 osteoarthritis (OA) patients above 60 years, respectively in 2001 and 2003. For five prescribing indicators, logistic regression random effect models were constructed using MLwiN.
Results: Compared to the reference period (2001), the proportion of OA patients treated with drugs had increased in 2003 (odds ratio [OR] 1.24; 95% confidence interval [CI] 1.14-1.36). This increase was less in GPs who participated in the campaign. The prescribing of NSAID and Paracetamol has respectively decreased (OR 0.85; CI 0.77-0.94) and increased (OR 1.95; CI 1.75-2.17). However, this change did not differ between GPs who participated in the campaign and those who didn't. There was a huge increase in the use of COX-2 inhibitors (OR 2.42; CI 2.09-2.80) but to a lesser extent in GPs that had received personal prescribing feedback. On average, GPs wrote more repeat prescriptions of NSAID in 2003 (OR 1.45; CI 1.28-1.65).
Conclusion/Discussion: Although an observational study with volunteer GPs has its weakness regarding evaluating an intervention, we could assess that there were some changes in prescribing behaviour that were

in line with recommendations. GPs participating in the national campaign seemed to have had a more 'favoured' change in their prescribing behaviour.
Relevance to EGPRN: This study can contribute to the body of research about quality improvement in general practice. The use of observational designs (instead of randomized intervention studies) for this purpose can be debated.

Presentation 41 - Theme paper, An ongoing study/work in progress, Preliminary Results

Quality of pressure ulcer prevention among Flemish home care patients

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Background: It is known that pressure ulcer care is an area where worst practices are more common than best practices. For this reason, in 2002, the Belgian Guidelines for Prevention of Decubitus Ulcers (BGPDU) was published in order to make the evidence available to GPs and home care nurses .
Objectives: To determine the prevalence of pressure ulcers and to evaluate the effectiveness of preventive measures in home care patients.
Method: In a cross-sectional survey of patients of the 'Wit-Gele Kruis van Vlaanderen', nine regional departments were at random selected. Home care nurses filled out a clinical report form for all patients of the selected departments. We registered the Braden scale, risk factors, characteristics of the pressure ulcers and the applied preventive measures, including both materials used and interventions by home care nurses and informal caregivers. BGPDU were used as a gold standard to evaluate the effectiveness of the applied preventive measures.
Results: Data were collected about 2,779 patients between March 3rd and May 15th 2003. Subjects ranged in age from 2 years to 102 years, with a median age of 78 years. According to the Braden scale or the clinical judgment of the nurses or both 26.8% of the patients (744) was at risk to develop pressure ulcers. The prevalence of a pressure ulcer was 6.8% (188).
33 patients (4.4%) received effective preventive measures, 64 patients (8.6%) were administered ineffective measures, 418 patients (56.2%) were administered a mix of effective and ineffective measures, and in 229 patients at risk (30.8%) no preventive measures were taken. For patients with pressure ulcers the proportions were: 4.8% effective measures, 6.4% ineffective measures, 70.2% a mix, 18.6% no prevention.
Discussion: The guidelines are incompletely followed. A broad announcement of the BGPDU to primary health care workers and a consumer friendly translation towards the Belgian population seem necessary.
We hope to get out the presentation at EGPRN: Ideas and discussion about patient education for prevention of pressure ulcers by GPs and nurses.
Keywords: pressure ulcer, home care, quality of health care, guideline adherence

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Presentation 42 - Freestanding paper, Results of a project which is finished

'I think I know what you want': patients' expectations and doctors' perceptions in consultations for sore throat in general practice

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Background: Evidence-based guidelines on antibiotic use exist, but overprescribing remains, adding to the growing microbial resistance. GP's often claim the patient's demand for antibiotics as an important reason for prescribing antibiotics for self-limiting diseases. But, what do patients want and how do they communicate this with their GP?
Objectives: To explore patients' reasons for encounter and GPs' perceptions of these reasons in consultations for acute sore throat and their relation to antibiotic prescribing.
Methods: A random sample of 7 peer review groups in the region of Flanders (Belgium and The Netherlands) was selected to participate in a questionnaire survey. All patients (>12 years) consulting for acute sore throat and their GP were asked to fill out separate questionnaires post-consultation exploring illness perceptions and reasons for encounter. Results were analyzed in total and for each peer group separately. Feedback was given to the participating GP's in a peer review meeting.
Results: A total of 343 consultations with 74 GP's were registered. The average age of the patients was 36.9 years (42.3% men) and of the GP's 47.2 years (80.4% men). A prescription for antibiotics was issued to 40.8% of patients; in only 22.8% a first-choice antibiotic (penicillin). GP's claim to have followed the guideline in 79.4% of all antibiotic prescriptions.
Patients consult their GP mainly for pain relief, information and clinical examination. A desire for antibiotics belongs to the 3 least important reasons for encounter (from a list of 13) and is seldom expressed during the consultation. GP's perceptions of their patient's desires were poorly correlated (gamma-statistic 0.22-0.60). The GP's perception of the patient's wish was significantly related to the outcome of an antibiotic prescription. There is no difference in satisfaction between patients with or without antibiotic prescription.
Conclusion: Communication skills aimed at exploring the patient's expectations during a consultation may assist in reducing antibiotic prescribing for sore throat. The lack of awareness of GP's of their own 'overprescribing' needs further exploration.
Relevance to EGPRN: Implementation of evidence-based guidelines is a concern in many countries and different health care settings. Bringing together experiences from different European countries may encourage the development of effective strategies for implementation and future research.

Presentation 43 - Freestanding paper, Results of a project which is finished

Parents' knowledge, attitudes and behaviours about sunning their infants

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Background: Sun exposure in early childhood is particularly important in determining the risk of skin cancer. Still many infants are intentionally exposed to sunlight as a matter of cultural beliefs.
Objective: To determine knowledge, attitudes and behaviour of parents about sunning their infants.
Methods: Parents attending primary care units for their children's routine vaccination during november 2003 were consecutively interviewed for this cross sectional study with a questionnaire investigating beliefs and behaviour about sunlight exposure of infants. Data were analysed via descriptive methods and presented as% or mean +/- SD.
Results: 119 parents/caregivers (age 27.9 ±6.5 years) of 119 babies (age 8.5 ±6.3 months) were interviewed. The sample was representative for the area (total number of births in 2003 358). 93.3% (n=111) of the participants were mothers, most of them housewives (n=97, 81.5%). 50

(42%) participants were primary-, and 69 (58%) were high school graduates. Sunlight was considered beneficial for diaper rash by 7 (5.9%) participants, due to their own or their mother's previous experiences, but the majority (n=92, 77.3%) had 'no idea'. 103 (86.6%) participants believed that sunlight was good for their baby's bone development, whereas 14 (11.8%) had 'no idea'. When asked about jaundice, 86 (72.3%) participants had 'no idea' and 15 (12.6%) claimed sunning infants was good for jaundice. Attitude towards jaundice was mainly 'go to see a doctor' (n=85, 71.4%). While 82.4% (n=98) of participants told to be sunning their babies outside, only 42 (35%) mothers reported to sun their babies behind the window. 48 (40.3%) of these participants had been counselled by medical staff, while 30 (25.2%) participants claimed their information source to be their neighbours. When safe hours for sunning were asked about, among all answers (n=66, 55.5%), 34 (32%) were correct. Only 17 (14.3%) participants reported use of sun protecting lotion for their babies before sunning them. 14 (11.8%) of 17 sunscreen users were using the correct sun protecting factor. 15 (12.6%) participants replied to the question about when to apply sunscreen with 9 (7.6%) correct answers.
Conclusion: Our data show that while intentionally sunning their infants, many parents are exposing their babies to the dangers of sunlight without being aware of it, due to incorrect cultural health beliefs resulting from non-medical sources mostly.
Relevance for EGPRN: Primary prevention of skin cancer should also feature early parental education about how to sun their babies safely.

Presentation 44 - Theme paper

Diabetes education; what difference does it make?

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Background and Aim: Diabetes education is crucial in promoting patients' ability to cope with diabetes and comply with therapeutic measures, thus decreasing the risk of diabetic complications. The aim of this study was to investigate associations of participation in diabetes education courses with a) subjective patient perceptions and b) objective metabolic parameters (postprandial blood glucose: PBG).
Methods: 300 type1 (48% female, age 24.3±9.7 years, diabetes duration (DD) 6.0±5.5 years, PBG 237.4±60.3 mg/dl) and 179 type2 (63.7% female, age 58.7±10.0 years, DD 9.6±5.8 years, PBG 192±63.0 mg/dl) diabetic patient records including reliable data on participation in diabetes education courses were included in this cross-sectional study. Continuous data were compared via student's t-test. Likelihood ratios were computed for non-parametric data via cross tabulation. Linear regression and covariance analyses with interaction terms were used for subgroup analyses with a significance level of 0.05.
Results: Type1 diabetic participants of diabetes education were younger (p <0.001) with lower BMI (p=0.007) and PBG (p= 0.019).Compared to their counterparts without diabetes education, they were 16.3 times (p <0.001) more likely to rate their dietary-, and 4.6 times(p=0.031) more likely to rate their drug therapy compliance as 'very good/good'. Diabetes education accounted for a decrease of 22.3mg/dl (95% CI -36.69 to -7.88) in PBG after adjustment for age and gender.Association of diabetes duration with PBG was stronger among type1 diabetics with no diabetes education (2.8mg/dl increase in PBG per year of diabetes duration in non-participants vs.1.8 mg/dl in participants, p-interaction 0.009). Type 2 diabetic course participants were under better metabolic control (lower PBG p=0.038, BUN p=0.048, creatinine p=0.033, lower prevalence of urinary albumin excrection p=0.005) and 5 times (p=0.026) more likely to rate their dietary compliance as 'very good/good', whereas self rated drug therapy compliance did not differ significantly between type2 diabetic patients with or without diabetes education (LLH 3.4, p=0.065). PBG in type2 diabetic participants was 26.6mg/dl lower (95% CI -46.28 to -6.94) compared to non-participants, independently of age, gender and diabetes duration.
Relevance to EGPRN: Implementation of evidence-based guidelines is a concern in many countries and different health care settings. Bringing together experiences from different European countries may encourage the development of effective strategies for implementation and future research.

Presentation 45 - Freestanding paper, Results of a project which is finished

Assessment of the incidence of venous thromboembolic events and of the ambulatory prophylaxis methods used in general practice in France. ETAPE Study

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Background: Prevention of venous thromboembolitic events (VTE) in hospitalized patients with acute medical conditions is a common and validated practice. As recommendations are based on hospital studies, the VTE incidence in bedridden patients for acute medical disease, treated at home is still to be determinate.
Objectives: To estimate the incidence of clinical deep venous thrombosis (DVT) and the VTE incidence after 21 days of mobility reduction. To describe how GPs decide a prevention of DVT regarding a protocol table based on classical risk factors.
Method: ETAPE is a prospective multicentre epidemiological study, conducted with 2 895 general practitioners drawn from a database of 25 520 GP's. Patients of at least 40 years old, having given his/her written informed consent to participate were consecutively included. Criteria for inclusion were having an acute medical illness leading to at least 48 hours with reduced mobility justifying a home visit.
Results: 17 194 subjects were included and 16 532 (96.1%) were analysed with the following characteristics: median age 71 years, 61% were female and 13% were totally immobilized. The patients had one or more chronic and/or acute medical diseases associated: hypertension, venous insufficiency of lower limbs with varicose veins, serious infectious pathology, acute rheumatologic episode, diabetes. Medical history of included patients was: DVT (14%), cardiac failure (12%), cancer (9%), myocardial infarction and stroke (5%). Among included patients, 2 982 (18%) were considered at major risk. 5 782 (35%) subjects were treated with prophylactic doses of anticoagulant. Median duration of follow-up was 20 days with a median DVT occurrence time of 7 days. 164 DVT were diagnosed out of which 128 were confirmed by ultrasonography or phlebography, that is an incidence of 1% (CI95% 0.84-1.14]. Finally, 182 events were collected with 33 PE, and the incidence of clinical VTE was 1.10% (CI95% 0.94-1.26).
Conclusion: ETAPE shows the reality of a high venous thromboembolic risk population, leading to a 1.1% incidence of events, which is comparable with the rate (range 1.3-3.3%) in orthopaedic surgery.
Relevance to EGPRN: Qualitative data have shown that GP's use also 'non validated' criteria to decide to prescribe a prophylactic anticoagulant treatment. When they do, they are more efficient than when they use classical risk factors only.

Presentation 46 - Freestanding paper, An ongoing study/work in progress

The Four-Dimensional Symptom Questionnaire (4DSQ) as a tool to detect and diagnose anxiety and depressive disorders in patients with a 'nervous breakdown'

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Background: Distressed patients in general practice often describe their problem as a 'nervous breakdown' caused by too much stress. Dutch GPs use an equivalent Dutch word as a diagnosis for this condition when the symptoms are largely non-specific but severe enough to cause social disability, and when there is a direct relationship with major stressors. However, some of these patients actually have severe anxiety and/or depressive symptoms suggesting a DSM-IV defined disorder. The Four-Dimensional Symptom Questionnaire (4DSQ) has been developed to measure four important symptom dimensions, i.e. distress, depression, anxiety and somatization. The Depression and Anxiety scales contain symptoms that are characteristic of depressive and anxiety disorders. The Distress scale contains the non-specific psychological symptoms that are characteristic of 'nervous breakdown'.
Objectives: To demonstrate the value of the 4DSQ as a tool for the detection and diagnosis of anxiety and depressive disorders in 'nervous breakdown' patients.
Method: Seventy GPs in Almere, the Netherlands, recruited patients aged 18 to 60 with a 'nervous breakdown', who had a job and were on sick leave. The patients filled in the 4DSQ and received a standardized psychiatric interview, the Composite International Diagnostic Interview (CIDI), to determine DSM-IV disorders. Logistic regression analysis was used to estimate the probabilities of having an anxiety or depressive disorder depending on the 4DSQ Anxiety and Depression scores.
Results: A total of 306 patients were interviewed, 184 women with a mean age of 38.5 years (SD 9.4) and 112 men with a mean age of 40.8 years (SD 8.8). The 4DSQ was filled in by 294 patients. 156 patients (51%) had a major depression; 106 patients (35%) had an anxiety disorder; 115 patients (38%) had no anxiety disorder or major depression. An Anxiety score <8 indicated a probability of <40% of having an anxiety disorder, which in most cases was a relatively mild generalised anxiety disorder. An Anxiety score of ≥13 indicated a probability of >70% of having an anxiety disorder, that was in most cases a panic or phobic disorder. A Depression score <3 indicated a probability of <40% of having a major depression, that had a mild severity level in most cases. A Depression score ≥6 indicated a probability of >65% of having a major depression, that was moderate or severe in most cases.
Discussion: We recommend the use of two cut-off points for each scale: a low cut-off point with a high sensitivity to exclude an anxiety or depressive disorder (for the time being), and a higher cut-off point with a high specificity to prompt the physician to make a clinical diagnosis according to accepted clinical criteria. Patients scoring in between the cut-off points should be followed up carefully for 2-4 weeks to see how the symptoms develop. By sorting out patients with low, intermediate and high probabilities of having an anxiety or depressive disorder, the 4DSQ enables GPs to target their diagnostic efforts to the appropriate patients.
An English translation of the 4DSQ is available at www.emgo.nl/utilities/4dsq.asp.