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RESEARCH NETWORK

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WONCA Region Europe - ESGP/FM

87th Meeting

of the

European General Practice Research Network
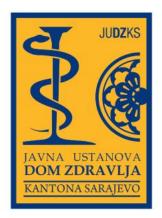
Programme Book

4 - 7 October 2018

Sarajevo - Bosnia and Herzegovina

www.egprn.org

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87th Meeting of the European General Practice Research Network
Sarajevo - Bosnia and Herzegovina, 4 - 7 October 2018

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Table Of Contents

"The role of the informal caregivers (family members) in chronic disease management."

Family doctors proudly state that one of their characteristics is the orientation to the individual, his/her family, and their community. We ask: is this true? Are family doctors in their daily practice oriented this way? If we look at the most frequently published research or even the recommended research topics from the top authorities in family medicine, we find that we mostly research diseases.

Caregivers have a great significance for people with chronic diseases. They provide them with emotional support, help them take their medication regularly and properly, arrange medical exams, advocate for them and represent them in front of the third parties and institutions, buy groceries and prepare meals, and provide help in all other daily activities. They often respond to patient's bizarre statements or requests. They help achieve the attainable and ordinary life goals of the sick.

Caregiving can have its impact on the informal carers: increased stress, fatigue, anxiety, sadness, feeling of emptiness, sleep disturbance, lack of concentration, poor appetite, neglect of health, abuse of alcohol and other substances, more frequent thoughts of death, loss of satisfaction and interest in previously important things including sex, high prevalence of depression, hypertension, cardiovascular disease, and diabetes. Finally, carers have a higher mortality rate than those of the same age who do not take care of the sick people.

With the better insight into the effects of caregiving on carers and the sick, the family doctors could better coordinate care, help in the prevention of negative effects and stimulate the increase of positive effects of caregiving on carers. The results of this research would enable the inclusion of specific knowledge and skills in undergraduate and postgraduate curricula, as well as in the content of continuing professional development for family doctors.

Bosnia and Herzegovina is situated in the western Balkan Peninsula of Europe. The larger region of Bosnia occupies the northern and central parts of the country, and Herzegovina occupies the south and southwest.

The land has often felt the influences of stronger regional powers that have vied for control over it, and these influences have helped to create Bosnia and Herzegovina's characteristically rich ethnic and religious mix. Islam, Orthodox Christianity, and Roman Catholicism are all present, with the three faiths generally corresponding to three major ethnic groups: Bosniaks, Serbs, and Croats, respectively.

Sarajevo, the capital of Bosnia and Herzegovina, is a multicultural hub with an exciting social life. Performances, concerts and exhibitions are happening all over the city of Sarajevo in theatres, galleries, and cinemas. The Sarajevo Film Festival Sarajevo has become one of the most significant cinematic events in the region. Numerous other cultural events are also organized, such as the Sarajevo Winter Festival, Sarajevo Jazz Festival, and Baščaršija Nights among others.

We welcome all participants in our beloved city and hope that they will enjoy in a high quality EGPRN meeting and take a walk through, experience a vivid life of Sarajevo.

Host Organising Committee

- Zaim Jatić
- Sandra Peštić Kreitmayer
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Programme

Thursday, 04th October 2018

09:00 - 11:00	**EGPRN Collaborative Study Group Meeting - HEFESTOS Study** Location: Hall 2C
09:00 - 10:30	**EGPRN Collaborative Study Group Meeting - PIPE Study** Location: Hall 3C
09:30 - 12:30	**EGPRN Executive Board Meeting** Only for Members of the Executive Board Location: Hall 11D
09:30 - 12:00	**Pre-Conference Workshop: Writing for Publication – Meet the Editors for Tips and Tricks!** Speakers: Jelle Stoffers, Hans Thulesius Location: Hall 1C Registration required. Please see https://meeting.egprn.org/page/pre-conference-workshops-9
10:30 - 13:00	**EGPRN Research using Electronic Records in General Practice / Family Medicine Interest Group Meeting** Location: Hall 3C This session of the Research using Electronic Records in GP/FM Interest Group (RER-GP) shall focus on the setting up of a network of networks. We propose to document groups of family doctors who regularly collect data from electronic records collected during usual care, and set the stage for collaborative research projects in future. We shall discuss the impact of data protection regulations and patient rights on such research. We shall also discuss plans to make online tools available to improve data coding in electronic records, for clinical purposes and also for research. The ultimate aim is to perform high-quality research using electronic records in GP/FM, and to support the development of decision support systems for diagnosis in primary care through quality data collection and analysis. 10.30: Opening of the meeting and introductions. 10.40: Jean K Soler "The need for an international family practice data collection network – past, present and future" 11.10: René Stüssgen: "Patient control over the use of EHR data for research" 11.40: Panel discussion 12.00: Close
11:00 - 13:00	**EGPRN Collaborative Study Group Meeting - Googling in the Waiting Room** Location: Hall 2C
13:00 - 14:00	**Lunch** Price not included in conference fee.
14:00 - 16:00	**Collaborative Projects Meeting - Family Violence** Location: Hall 2C Joint EGPRN and EUROPREV Study. First meeting. All delegates interested in this topic are welcome to join this meeting.
14:00 - 16:45	**EGPRN Council Meeting** Only for EGPRN Executive Board and EGPRN Council members. Location: Hall 3C
14:00 - 16:30	**Pre-Conference Workshop: Writing for Publication – Meet the Editors for Tips and Tricks!: Beyond the Basics.** Speakers: Jelle Stoffers Location: Hall 1C

Registration required. Please see https://meeting.egprn.org/page/pre-conference-workshops-9

16:00 - 18:00	**EGPRN Collaborative Study Groups Meeting - Jean Yves Le Reste (Multiple Projects)** Location: Hall 2C
16:45 - 17:30	**EGPRN Committee Meetings and Working Groups** - EGPRN Research Strategy Committee - Hall 1C - EGPRN PR & Communication Committee - Hall 4C - EGPRN Educational Committee - Hall 3C
17:30 - 18:30	**EGPRN Collaborative Study Group Meeting - LESS Study** Location: Hall 3C
18:00 - 18:30	**EGPRN RSC, PR and Education Chairs meeting with Vasco da Gama** Location: Hall 2C
19:30 - 21:30	**Welcome Reception and Opening Cocktail.** *For all participants of this EGPRN meeting who are present in Sarajevo at this time.* **Location:** Hall 4C **Opening:** TBD

Friday, 05th October 2018

08:00 - 08:30	**Registration** Location: In front of conference rooms.

08:30 - 08:45	**Opening of the Meeting by EGPRN Chairperson Prof. Mehmet Ungan** Location: Hall 3C

08:45 - 09:00	**Welcome by Local Host** Location: Hall 3C

09:00 - 09:40	**International Keynote Lecture** Speaker: Anthony Heymann Theme: Research on the role of the informal caregivers in chronic disease management Chair: Mehmet Ungan Location: Hall 3C

09:40 - 11:10	**Plenary Session - Theme Papers** Chair: Mehmet Ungan Location: Hall 3C **Presentations:** • Caring for the carers - Marylou Murray (p. 23) • Chronic disease management, as seen by sick persons, informal and professional caregivers: a qualitative study - Marc Vanmeerbeek (p. 24) • Unmet Needs and Burnout in Informal Caregivers of Patients with Chronic Cardiovascular Diseases - Donata Kurpas (p. 25)

11:10 - 11:40	**BLUE DOT Coffee Break** Location: Hall 5C Terrace

11:10 - 11:40	**Coffee Break** Location: Hall 5C

11:40 - 13:10	**Parallel Session A - Theme Papers** Chair: Kristin Hendrix Location: Hall 3C **Presentations:** • Evaluation of the Relation Between the Personality Traits and the Health Perception of the Caregivers of Home Dependant Patients - Pemra C. Unalan (p. 26) • Screening of substance-related and addictive disorders according to outpatients narratives. - Maxime Pautrat (p. 27) • "Clinical Knowledge that Primary Care Givers should have in Chronic Diseases"- Determined through assesment of patient consultations in palliative clinic. - Tevfik Tanju Yilmazer (p. 28)

11:40 - 13:10	**Parallel Session B - Freestanding papers (Cancer)** Chair: Shlomo Vinker Location: Hall 4C **Presentations:** • Effectiveness of a multidimensional primary care-based intervention on early identification and resource utilization of palliative care patients: a cluster randomized clinical trial - Joan Llobera (p. 29) • Evaluating cervical cancer screening participation by an ecological index of deprivation according to the location of the general practitioner's office - Thibaut Raginel (p. 30) • How do European Primary Care Practitioners think the speed of diagnosis of cancer in primary care could be improved? A thematic analysis and mapping exercise. - Michael Harris (p. 31)

13:10 - 14:10	**EGPRN Educational Committee Lunch Workshop: "Harnessing the patient voice to improve quality and safety of care: patient and public engagement in research"** Chair: Ana Luisa Neves, Michael Harris Location: Hall 3C Patient and public involvement (PPI) is defined as "research being carried out 'with' or 'by' members of the public rather than 'to', 'about' or 'for' them". By 'public', most definitions mean patients, potential patients, carers and people who use health and social care services. PPIE is about harnessing the patient voice, making sure the right research is done and challenging wasteful or unnecessary research, suggesting different research questions or priorities, raising the profile of particular diseases or symptoms - and, most importantly, helping medical researchers understand what outcomes matter most to patients. With the advent of the new technologies, patients are more and more engaged on their healthcare, and start taking an active role in the definition of research priorities that can better contribute to the quality and safety of the care that they receive. Therefore, the development of strategies to improve patient involvement have emerged as a key priority in medical research. In this workshop we will revisit examples of public engagement in research, and explore practical opportunities and challenges of involving patients in research. We will also discuss the implications of the new policies on patient involvement on publishing activities, using the example of BMJ that from 2018 onwards requires a PPI statement for all its submissions.
13:10 - 14:10	**Lunch**
14:10 - 16:10	**Parallel Session C - Theme Papers** Chair: Thomas Frese Location: Hall 3C **Presentations:** • Influence of thrombolytic therapy when it comes to the whole functioning of patients and satisfaction with recovery after stroke - Sanja Kecman Prodan (p. 32) • Quality of primary cares what does multimorbid patients and their caregiver are waiting for? - Jeremy Derriennic (p. 33) • The Applications of "Point of Care Ultrasonography" (PoC-US) in Family Medicine: an experimental FOCUS (Focused Cardiac UltraSound) Screening or Basic Cardiac Ultrasound for non-cardiologists known under the acronyms of: Rapid Cardiac Assessment(RCA) - Mihai Iacob (p. 34) • The Interactive Role of the Informal Caregivers - Olimpia Maria Varva (p. 35)
14:10 - 16:10	**Parallel Session D - Freestanding Papers (Scales/Definitions)** Chair: Sven Streit Location: Hall 4C **Presentations:** • In 2018, what is the definition of the concept of vulnerability in medical literature of high level of evidence? A systematic review - Delphine Le Goff (p. 36) • Pain scales in primary case: only five are reliable, shall you use the other ones? - Sophie Lalande (p. 37) • Patient control over the use of EHR data for research: opt-out or opt-in? - René Stüssgen (p. 38)
16:10 - 16:30	**Coffee Break** Location: Hall 5C
16:30 - 18:00	**Parallel Session E - Freestanding Papers (Depression/Anxiety)** Chair: Davorina Petek Location: Hall 3C **Presentations:** • Diagnostic accuracy of the Hopkins Symptom Checklist 25 (Spanish version) for the diagnosis of depression in primary care - María Rodríguez Barragán (p. 39) • Methodology to implement the laugh therapy in primary care centre. - Patricia Lago López

(p. 40)
- The Association of Nicotine Dependence with Depression and Anxiety - Ayşe Özge Altın (p. 41)

16:30 - 18:00	**Parallel Session F - Special Methodology Session**
	Chair: Jean Karl Soler
	Location: Hall 4C
	Presentations:
	    • Clinical Significance of the Maxillary Frenulum - Aviezer Gabbay (p. 42)
	    • Impact of supporting programs for children having a parent with cancer - Maite Vandooren (p. 43)
	    • Pilot Study of Facilitation of Body Surface Examination with a Digital Microscope - Sody Naimer (p. 44)

18:00 - 18:10	**Summary of the day** Speaker: Anthony Heymann Chair: Mehmet Ungan Location: Hall 3C
18:10 - 19:15	**Practice Visits in and around Sarajevo**
18:15 - 20:15	**EGPRN Collaborative Study Groups Meeting - Örenäs Study** Location: To be announced.

Saturday, 06th October 2018

08:30 - 09:10	**National Keynote Lecture** Speaker: Zaim Jatic Theme: Family Medicine in Bosnia and Herzegovina Chair: Davorina Petek Location: Hall 3C

09:10 - 10:40 **Parallel Session G - Freestanding Papers (Miscellaneous)**
Chair: Claire Collins
Location: Hall 3C
Presentations:
- An international case-vignette study to assess general practitioners' willingness to deprescribe (LESS) - Katharina Tabea Jungo (p. 45)
- Diagnostic coding of chronic diseases in Irish general practice - Ivana Pericin (p. 46)
- Improving Health Care Management in Primary Care for Homeless People: A Literature Review - Jego Maeva (p. 47)

09:10 - 10:40 **Parallel Session H - Freestanding papers (Doctor's opinion/heatlth)**
Chair: Péter Torzsa
Location: Hall 4C
Presentations:
- Physicians' self-treatment: status, attitudes and possible alternatives. - Galia Zacay (p. 48)
- The Quality of Vaccine Storage: a Cross-Sectional Study in Primary Care Practices (the Keep Cool Study) - Anika Thielmann (p. 49)
- What Hungarian medical students think about Family Medicine as a speciality? Is it a career choice? - András Mohos (p. 50)

10:40 - 11:00 **Coffee Break**
Location: Hall 5C

11:00 - 13:00 **Parallel Session I - Freestanding papers (Prevention)**
Chair: Miguel-Angel Muñoz Pérez
Location: Hall 3C
Presentations:
- A cross-sectional comparison of levels of modifiable chronic disease risk factors among patients with an enduring mental illness and the general population - James Larkin (p. 51)
- The Uses and Opinions of Smokers Regarding Electronic Cigarettes in Primary Care: Cross-Sectional Study - Sema Kılıç (p. 52)
- Time and feasibility of prevention for children in primary care - Isabelle Ettori-Ajasse (p. 53)
- You can't enable all of the people all of the time: a mixed methods study of patient enablement in general practice - Teresa Pawlikowska (p. 54)

11:00 - 13:00 **Parallel Session J - One Slide/Five Minutes Presentations / Ask the expert session**
Chair: Ferdinando Petrazzuoli
Location: Hall 4C
Presentations:
- Do more 'risk literate' GPs apply better Shared Decision Making? A study protocol using standardized patients. - Gilles Henrard (p. 55)
- Are your patients on polypharmacy willing to deprescribe? A suggestion for an international comparative study - Sven Streit (p. 56)
- Cardiovascular prevention. SPICES project: cluster RCT protocol for the French setting. - Michele Odorico (p. 57)
- Defining feasibility of Primary care strategies to disclose, counsel and provide access to advocacy on family violence. - Claire Collins (p. 58)
- Effectiveness of walks+ for obesity patients with mild Obstructive Sleep Apnea in general practice - Ana Clavería (p. 59)

- Exploring methods to alleviate the burden of informal caregivers in dementia care: a survey on intermediate care in Europe - Clarisse Dibao (p. 60)
- Informal Caregiver Resilience to the Partner's Advanced Cancer Diagnosis: A Longitudinal Study. - Sophie Opsomer (p. 61)
- Is poorly controlled Diabetes Mellitus in adults correlated to undiagnosed attention deficit disorder? - Ilana Lauf (p. 62)
- Obstructive sleep apnoea in a family practice setting - Andrej Pangerc (p. 63)
- The role of family medicine doctor and community when you have "not going situation" with family - Melida Hasanagic (p. 64)
- What lung cancer patients with comorbidity tell us about interprofessional collaborative care across service sectors – a qualitative interview study - Jasmin Bossert (p. 65)

13:00 - 14:00	**Lunch**
13:00 - 14:00	**Research Café!**

Location: Hall 3C
Do you have any questions about research that you are doing or would like to do?
Ask the EGPRN's experts at the lunchtime *"Research Café"!*
Participants can bring their lunch.

14:00 - 15:30	**Poster Session 1**

Co-ordinator: Tiny van Merode
Chair: Tuomas Koskela
Location: Hall 3C
Presentations:

- Differences in frequency and forms of violence among nurses and physicians in Primary Health Care - Natasa Trifunovic (p. 66)
- Forms and frequency of sanctions in primary health care in Macedonia - Marija Zafirovska (p. 67)
- Frequency and form of controls over primary health care physicians in Slovenia - Aleksandar Zafirovski (p. 68)
- What do GPs think about gifts from patients? A qualitative study of doctors in Latvia - Ilze Skuja (p. 69)

14:00 - 15:30	**Poster Session 2**

Co-ordinator: Tiny van Merode
Chair: Ayse Caylan
Location: Hall 3C
Presentations:

- Developing "Primary Care Patients' Aspects for Shared Decision Making Questionnaire" - Genco Gorgu (p. 70)
- Family caregivers of patients with dementia, impact factors of burden - Suzana Savić (p. 71)
- Identifying the concerns of informal caregivers in a palliative care unit - A qualitative study - Canan Tuz (p. 72)
- The impact of family members caring on health of caregivers - Kosana Stanetić (p. 73)
- The situation of informal caregivers of patients receiving or not receiving Long-term Home Nursing Care in Poland - Ludmila Marcinowicz (p. 74)

14:00 - 15:30	**Poster Session 3**

Co-ordinator: Tiny van Merode
Chair: Radost Assenova
Location: Hall 4C
Presentations:

- Effectiveness of a biopsychosocial multidisciplinary intervention by fear avoidance beliefs in workers with sub-acute low back pain: Cluster randomized trial - Romina Raczy Mas (p. 75)
- Management of patients with diabetes and severe mental illness (SMI) compared to those

without SMI. - Maria Isabel Fernandez San Martin (p. 76)
- Pan European Study on Mental Health in Primary Care and the Community - Ian Walton (p. 77)
- The expansion of the Zarit scale use through the scientific literature analysis - Lorraine Galland (p. 78)
- Walk a Mile in My Shoes - Lisa Hill (p. 79)

14:00 - 15:30	**Poster Session 4** Co-ordinator: Tiny van Merode Chair: Durdica Kasuba Lazic Location: Hall 4C **Presentations:** • Association of daily sleepiness with chronic diseases in family medicine patients in Bosnia and Herzegovina - Zaim Jatić (p. 80) • Cardiovascular Risk Reduction in Patients with Coronary Heart Disease - Olivera Batic-Mujanovic (p. 81) • Factors related to smoking cessation success in smoking cessation outpatient clinics - Nurefşan Dalgıç (p. 82) • Quality of diabetes care in Family medicine in Bosnia and Herzegovina: possible or not? - Larisa Gavran (p. 83) • Relationship between Women's Attitude of Family Planning and Parity in Primary Care - Vildan Mevsim (p. 84)
15:30 - 16:00	**Coffee Break** Location: Hall 5C
16:00 - 17:00	**Parallel Session K - Freestanding papers (Miscellaneous)** Chair: Kathryn Hoffmann Location: Hall 3C **Presentations:** • Undergraduate students' adoption of a new extra-curricular GP teaching project (LeiKA) - Anne-Kathrin Geier (p. 85) • VdGM SIG Research: What makes us do research? A collaborative multi-network project proposal - Alice Serafini (p. 86)
16:00 - 17:00	**Parallel Session L - Online Research Course presentations** Chair: Ferdinando Petrazzuoli, Shlomo Vinker, Mehmet Ungan Location: Hall 4C
17:00 - 17:10	**Summary of the day** Speaker: Zaim Jatic Chair: Mehmet Ungan Location: Hall 3C
17:10 - 17:30	**Chairperson's Report by EGPRN Chair: Prof. Dr. Mehmet Ungan** Location: Hall 3C
17:30 - 17:45	**Presentation of the Poster-Prize for the best poster presented** by Tiny van Merode, Chair PR & Communication Committee. Location: Hall 3C
17:45 - 17:55	**Introduction to the next EGPRN meeting** Location: Hall 3C
17:55 - 18:00	**Closing** Closing of Scientific Conference Location: Hall 3C

20:15 - 23:30   **Social Night with Dinner, Dance and Music!**
The social night will be in Hotel Europe. A bus transfer and sightseeing is arranged. The bus will depart Hotel Hollywood at 18:30. The dinner program is scheduled to start at 20:15.

A return bus is also scheduled back to Hotel Hollywood.

Sunday, 07th October 2018

09:00 - 12:30   **EGPRN Executive Board Meeting**
                  Only for Members of the Executive Board
                  Location: Hall 11D

Pre-conference Workshop (Morning)

Writing for Publication – Meet the Editors for Tips and Tricks! (Module A)

Thursday, October 4th, 9:30 - 12:00

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

If you are interested in "writing for publication", you are invited to join their workshop.

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

Aim & Audience: In this workshop, we aim at providing participants with information about preparing manuscripts for medical journals. **Our intended audience are authors interested in research or medical writing, who have little or no previous experience in publishing.** Authors with intermediate experience - i.e. having published a few papers - are invited to join the afternoon session (Module B). Highly experienced authors are welcome to join this workshop to share their experiences.

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

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

Pre-Conference Workshop (Afternoon)

Writing for Publication – Meet the Editors for Tips and Tricks!: Beyond the Basics. (Module B)

Thursday, October 4th, 14:00 - 16:30

- Jelle Stoffers, Dept. of Family Medicine, Maastricht University, Maastricht, The Netherlands; jelle.stoffers@maastrichtuniversity.nl
Jelle Stoffers is the Editor-in-Chief of the European Journal of General Practice (EJGP), the official scientific journal of Wonca Europe.

If you are interested in "writing for publication", and have already published a few papers, you are invited to join this workshop. (If you have hardly any experience in writing and publishing, please have a look at the morning workshop, 'Module A').

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

Aim & Audience: In this workshop, we aim at providing participants with information about preparing manuscripts for medical journals. **Our intended audience are authors interested in research or medical writing, who have some experience in writing and publishing their work, i.e. having published a few papers.** (Authors with little or no previous experience in publishing are referred to the morning workshop, Module A). Highly experienced authors are welcome to join this workshop to share their experiences.

Methods: The workshop has the format of a highly interactive session. It focuses on the preparation and submission of research papers. You should be familiar with basic topics like the typical structure, language and presentation of research papers. We address issues like: What does an appropriate Cover Letter look like? How to write an adequate Abstract? What is an informative Title? How to choose the right journal? How to deal with reviewers? Other topics are the (dis)advantages of open access journals, authorship and potential conflicts of interest, or the organisation of your writing project. In addition, details of the peer review process are explained. Any other topics participants are interested in, can be discussed as well. Participants are invited to send an email with examples of challenges they were/are faced with to jelle.stoffers@maastrichtuniversity.nl before 23 September.

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

International Keynote Lecture

Research on the role of the informal caregivers in chronic disease management

Anthony Heymann

University Tel Aviv

Informal Caregivers are a critical part of the social support structure for patients with chronic disease. They are part of the complicated Social Support network of our patients. In this talk I will give an overview of the history of social epidemiology and then zoom in on important studies, the caregiver and then end with a discussion of possible avenues of research.

Social support is considered one of the influential and important factors for performing self-care and for adherence to the treatment. It has been conceptualized as both structural and functional. Structural support reflects social integration; being part of different networks and participating in social relations between individuals. Functional support reflects the transactions between the individuals such as instrumental support and emotional support. Other models will also be explored.

This literature from the 1960s provided food for thought regarding the effect of social support but did not directly measure social contact and was focused on selected population groups. Small previous studies in the 1960s have shown that good social support leads to better pregnancy outcomes and that married people have lower mortality rates than non-married. Recent studies have shown that this is not because of the obvious confounding factors such as social status before marriage or medical problems such as obesity. Finally in 1979 the landmark Social Network Study showed that social ties and mortality data were closely related even after examination of confounding factors. I will present additional data that describes the Informal Caregiver and even a study showing the biological evidence of chronic stress among caregivers.

Researching this subject needs an interdisciplinary approach. So the first piece of advice is to collaborate! What should we be telling the young physicians and what research needs to be undertaken? The problem remains that social support is difficult to conceptualize and measure. It is not clear what aspect of support affects an individual and at when is the critical point in the illness trajectory. This probably changes between different illnesses, individuals and different social groups and of course may be dependent on the individual's psychological makeup.

There is often the dilemma whether we should encourage database type research or something more qualitative. My feeling is that the subject is too nuanced and complicated for big data and that there is a wealth of opportunity for smaller focused studies. Different diseases may need different approaches. The same disease among different population groups such as the young adult versus the elderly or groups with different cultural background may need different approaches. A priority for future research is to determine not only the types of social support that predict outcome but for whom and under what circumstances. The main message for the young researcher is to form a clear hypothesis regarding both the psycho social and pathological processes which influence specific outcomes. New research must generate actionable information for policy implementation and increase emphasis on establishing causality and interventions.

Local Keynote Lecture

Family Medicine in Bosnia and Herzegovina

Zaim Jatić

Faculty of Medicine University of Sarajevo and Public Institution Health Centre of Sarajevo Canton

Bosnia and Herzegovina, as one of the republics of former Yugoslavia, was a pioneer in the development of the general practice (GP) specialization. The first specialization program was launched in Zagreb (Republic of Croatia) and was very soon established in all six republics. However, the GP specialization based in university clinics was very soon neglected and became unpopular among young physicians.

The term "family medicine" (FM) was first used in 1977 when a family medicine office was opened as part of the University of Sarajevo Medical School program utilizing work methods which we call today the classical FM principles: community-based, long-term patient-physician relationship, defined practice population, work with all ages and all problems, a special training for medical professionals. This program did not have support from the insurance fund and health authorities and discontinued after 14 years.

In that time, the primary health care in Bosnia and Herzegovina was very fragmented with rudimentary general practice. Young and inexperienced medical doctors worked in GP, waiting for a more popular and profitable specialization. There were no established general medicine departments at any of the three medical schools.

Following the war (1992 – 1995), B&H started to develop family medicine with the international financial and expert support. The Health Law was adopted in 1997 defining FM as the backbone of the primary health care. The Queen's University Family Medicine Development Program was the leader in the process of establishing FM departments, specialization, and program of additional training. Parallel to this process, hundreds of FM offices where rebuild and equipped. Unfortunately, there has been no reform of the financing system. Family physicians are mainly paid by the fixed salary.

Today, all six public universities have well-developed FM departments. FM curriculums are well designed with approximately 40–50 hours of theoretical and 160–180 hours of practical teaching. Four-year-long specialization program is community-based and organized in family medicine teaching centres linked with FM departments. Since 2002, hundreds of physicians and nurses have completed the Program of additional training in family medicine.

Keywords: family medicine, development, health reform, specialization

Theme Paper / Finished study

Caring for the carers

Marylou Murray

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Backgroud:
The burgeoning empirical evidence on the antecedents and implications of burnout contrasts starkly with the limited research base for wellbeing in GPs. Understanding how GPs' experience and sustain personal wellbeing can inform and positively impact on the design and implementation of efforts to affect meaningful change in complex health systems.

Research questions:
How do GPs define wellbeing and what do they consider promotes and challenges wellbeing

Method:
In this qualitative study recruitment aimed for maximum variation using convenience and 'snowball' sampling with the assistance of GP volunteers previously identified. Data collection and analysis were concurrent and iterative. Data saturation was deemed to have been achieved following 11 semi-structured interviews with GPs in varied roles. Interviews were audio-taped and transcribed verbatim. Themes were sought in an inductive manner using a semantic rather than latent approach to thematic analysis.

Results:
Interviews were conducted across Northern Ireland in rural and urban settings. Participants included 6 female and 5 male GPs; 3 early, 4 mid and 3 late-stage career; 6 partners, 2 sessional and 3 locums. Most had additional roles. Wellbeing was defined in terms of 'thriving not surviving' which emphasized the importance of adaptability and 'being at peace with yourself' which extended beyond absence of anxiety to include stillness and self-acceptance. Challenges included 'fighting the man' (organizations, funding, policy); 'the daily treadmill' (workload/workforce) 'the times we're living in' (change, conflict, complaints) and GPs' personal mental health. Assets at personal (strengths, strategies), interpersonal (friends, family) and team levels (values-based practice, collegiality, culture) were seen as promotive of wellbeing

Conclusions:
Adaptability and stillness are aspects of wellbeing that are of particular relevance to GPs. Barriers identified concur with recognised drivers of burnout. Practice culture may be an important source of mental health promotion for GPs.

Presentation: 05/10/2018 09:40 by Marylou Murray

Theme Paper / Ongoing study with preliminary results

Chronic disease management, as seen by sick persons, informal and professional caregivers: a qualitative study

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Backgroud:
One on four people in Belgium suffer chronic disease. Despite the large number of persons concerned, few data are available on patients' and informal caregivers' social experience, at the time of diagnosis and during long term care.

Research questions:
Do patients, informal and professional caregivers experience the same reality about the chronic condition? As illness and disease represent the way patients and professional experience a single reality, how should informal caregivers be placed?

Method:
Qualitative exploratory study. Semi-structured interviews (n = 23) were performed separately among patients suffering chronic conditions, informal and professional caregivers (triads). GPs (university trainers) recruited the patients upon invitation of the researchers; the patients appointed themselves the informal and the professional caregivers.
The interview guide explored the experience of sickness, its impact on the everyday life, and the care.
Eight chronic conditions were surveyed and analysed. Two researchers conducted a thematic analysis, among the members of a triad, and in a comparative way between the 8 situations.

Results:
The place and role of informal caregivers depended on the pre-existing relationship within the family structure. Some of them tended to act as guarantor of patient's adherence to treatment, which could negatively influence their relation, depending on the patient's acceptance of his/her chronically ill person status. This status was variously accepted by the sick persons, at different points in evolution, and depending on the constraints they faced.
Informal and professional caregivers acted either independently (no integration of informal caregivers in professional care), or in complementary and coordinated ways, or in a competitive manner (part of professional care managed by informal caregivers, possibly at the patient's request).

Conclusions:
Reflecting our limited results, patients' stories of sickness should be considered, along with the pre-existing relational context with informal caregivers. Further research is needed to better integrate informal caregivers' lay expertise.

Presentation: 05/10/2018 09:40 by Marc Vanmeerbeek

Theme Paper / Finished study

Unmet Needs and Burnout in Informal Caregivers of Patients with Chronic Cardiovascular Diseases

Donata Kurpas, Elzbieta Szlenk-Czyczerska, Marika Guzek, Artur Prusaczyk, Dorota Bielska, Anna Lawnik, Piotr Polanski

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Backgroud:

In health care systems with a high level of inequity, the importance of support for informal caregivers of chronically ill people usually remains underestimated. Limitations in both the private and professional spheres combined with the lack of systemic support are the main cause of failure of models of care for chronically ill people in home conditions.

Research questions:

Which sociodemographic variables remain in dependence on unmet needs and the burnout level in informal caregivers of patients with chronic cardiovascular diseases?

Method:

The study included 161 informal caregivers of patients with chronic cardiovascular diseases remaining under the care of primary care district nurses. The study was carried out at the patients' homes. The Modified Short Rating of Camberwell Needs and Maslach Burnout Inventory (MBI) questionnaires were used. The data analysis was based on the Spearman correlation coefficient test.

Results:

The majority of respondents were women (70.2%), the median age was 55 (min–max:17.00–95.00). In younger carers, a higher level of met needs (MN) was found ($r=-0.20, p=0.011$) and lower results in the Emotional Exhaustion-EE ($r=0.21, p=0.010$) and Depersonalization-DP ($r=0.21, p=0.009$) subscales of MBI. In people with a lower education, higher values were found in the DP subscale ($r=-0.18, p=0.028$). Those who worked achieved more frequently higher MN levels ($r=-0.18, p=0.022$), lower values in the DP range ($r=0.23, p=0.005$) and EE ($r=0.19, p=0.018$). Lower MN scores ($r=0.21, p=0.007$) and higher scores in the EE subscale were observed in city residents ($r=-0.22, p=0.006$). The analysis showed a statistically significant relationship between unmet needs and the subscales of MBI: EE ($r=-0.47, p<0.001$), DP ($r=-0.34, p<0.001$) and Personal Accomplishment ($r=0.32, p<0.001$).

Conclusions:

The elderly informal caregivers with a lack of professional activity, a lower education and residence in the city should be the target group of programmes aimed at: defining the category of unmet needs and the burnout prevention.

Presentation: 05/10/2018 09:40 by Donata Kurpas

Theme Paper / Finished study

Evaluation of the Relation Between the Personality Traits and the Health Perception of the Caregivers of Home Dependant Patients

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Backgroud:
It is observed that caregivers suffer psychological and physical health problems due to care giving and this may lower the quality of life of both the caregiver and the patient.

Research questions:
Is there a relationship between the personality traits and general health perceptions of the caregiver?

Method:
600 home dependent patients registered to Marmara University Hospital Home Care Unit in February 2017. With cluster sampling 86 were selected . Personal information (independent variables) is collected by a questionnaire. Ten Person Inventory of Personality (TIPI-10) and General Health Perception Scale were data collection tools. Descriptive statistics, T-test, ANOVA, Pearson Correlation and Kruskal Wallis-H test were used.

Results:
The average age of the caregivers was 42.3±11.3years(25-58), 74% were female, 55% were primary school graduates, 73% were not working, 61% had social security, 46% had a monthly income of 801-1500TL, 57% had any health problems, 43% were the patient's daughter or son, 24% were the patient's daughter in-law, 70% were care giving≥6hrs/day, 38% were working solo, 94% were over 50 years old and 74% were bed-dependent patients. TIPI-10 scale subscale averages ranged from 4.28 to 5.96. "Emotional balance" was the highest personality score with an average of 5.96, while the "Extraversion" personality average was the lowest with 4.28. The highest health perception subscale was "health care" and "self-awareness", the lowest health perception subscale was "certainty". There was a statistically significant positive correlation between responsibility, mildness and emotional balance in the subscales of personality traits (p <0,05). The subscales of the health perception scale were weak and positive between the control center and certainty and the importance of health (p <0,05).

Conclusions:
Women are the common caregivers who experience higher burden. Through our study some of the caregivers seem to be willing to receive psychological support that will enhance the distressing process of family care/home care.

Presentation: 05/10/2018 11:40 by Pemra C. Unalan

Theme Paper / Finished study

Screening of substance-related and addictive disorders according to outpatients narratives.

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Backgroud:
Substance-related and addictive disorders cause significant morbidity and mortality and social damage. They are not enough screened in primary care. Yet managing them reduces morbidity and mortality and improves the quality of life.

Research questions:
To explore the realities of substance-related and addictive disorders screening according to the outpatients narratives.

Method:
The McGill Illness Narrative Interview (MINI), a semi-structured interview guide for narrative medicine, was used to explore several narratives of people with a substance-related and addictive disorders. The interviews were transcribed and analyzed according to the grounded theory method.

Results:
At the beginning of the addictive behavior, the eight participants thought that it would be an improvement of their life. Gradually, the preeminence of problems over the benefits of addiction leads to ambivalence. However, the desire for change actually came when there was a contact with a physical or psychological "red line". This desire was enhanced when the person saw a change was possible whilst it was repressed by shame. For a time, the persons disclosed themselves or let it be known that they needed help. The absence of judgment, empathy and the value given to the ability to change help the screening to be a meeting followed by care and not a diagnosis alone.

Conclusions:
The caregiver's attitude seems to be a major key to success for the screening, yet it is not highlighted in the current recommendations. Enhance the desire for change seems more efficient than a medical assessment experienced too stigmatizing. The concept of "shared-screening" and the "red lines" appeared. Taking into account shame in a cross-cutting approach to addictions could also help the patient to disclose oneself. These realities should be put into perspective with those of addiction specialists, general practitioners and the general population.

Presentation: 05/10/2018 11:40 by Maxime Pautrat

Theme Paper / Finished study

"Clinical Knowledge that Primary Care Givers should have in Chronic Diseases"- Determined through assesment of patient consultations in palliative clinic.

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Backgroud:
Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness. By evaluating the reasons for consultations from other clinics in a palliative clinic and determining the clinics majorly asked for consultation, it is possible to learn about the medical knowledge necessities of primary care givers that will also help the families of the patients.

Research questions:
Which clinical knowledge/ topics are to be mastered by the primary care givers in chronical diseases.

Method:
This retrospective study was carried out in a Paliative Clinic at a Training and Research Hospital which is operated and run by family physicians. All the consultations asked for a period of one year from other clinics and the medical and demographic factors of the patients were noted.

Results:
The number of patients hospitalized in palliative care was 331 with 216 male (65.3%) and 115 female (34.7%). Mean age was 62.93 ± 14.63. The most frequent reason for hospitalization was lung cancer. When the number of consultations for patients was evaluated; 12.1% of patients were asked once, 14.2% was asked twice and one patient was asked for consultation for 50 times. The total number of consultations was 1817 (5.48 ± 7.29 consultations in average) with infectious diseases being the most common (19.64%).

Conclusions:
During caring of chronical diseases of patients, asking for consultations from different clinics is too frequent and infectious diseases is the most common reason for consultations. So a new approach on this matter and training material should be formed.

Presentation: 05/10/2018 11:40 by Tevfik Tanju Yilmazer

Freestanding Paper / Almost finished study

Effectiveness of a multidimensional primary care-based intervention on early identification and resource utilization of palliative care patients: a cluster randomized clinical trial

Joan Llobera, Oana Bulilete, Alfonso Leiva

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Backgroud:
Early identification of the patients eligible for the palliative care (PC) is beneficial, by avoiding aggressive interventions, but also by reducing unnecessary suffering and costs.

Research questions:
To assess the efficacy of a multidimensional intervention based in empowerment-training of a primary care team-leader (GP and nurse) in PC patient's early identification and to reduce ¨aggressive¨ end-of-life-care and healthcare costs.

Method:
A two-arm cluster randomized controlled trial including primary care health centers from Mallorca-Spain. Subjects: 3835 deceased patients in 18-month evaluation period.
Randomization: 30 primary care health centers were randomized to intervention group (IG) or control group (CG).
Intervention: 15 team leaders were created, followed by a 42h training course, in order to: promote PC training among their colleagues; improve symptoms management and psychological support; complex needs assessment and incorporate an integral management of palliative patients. The control group provided usual care.
Measurements: early identification (>90 days before death); positive PC identifier (NECPAL); complex needs evaluation; use and cost of hospital and primary care services, and quality care indicators in the last month of life: percentage of patients with ≥ 2 emergency room visit or ≥2 hospital admissions, or ≥14 days of hospitalization.

Results:
A total of 3835 all-causes deceased subjects were analyzed; 404 (10.5%) were identified as NECPAL positive:12.7% IG vs 8.5% CG.
Percentage of early identification was superior in IG:3.5% vs 1.6% in CG p<0.001. Adjusted by cluster - OR 2.28(CI95% 1.48-3.52). Early identification in subjects with oncologic disease: 4.8% IG vs 3.7% CG (p=0.340); adjusted by cluster: OR 1.31 (CI95%: 0.74-2.32). For non-oncological causes: 3.0% IG vs 0.6% GC (p<0.001) and adjusted: OR 5.11 (CI95%: 2.37-10.99). All secondary outcomes are pending of analysis.

Conclusions:
Training and empowering a primary health care team is effective in early identification of patients with PC needs, nevertheless the absolute risk reduction is low.
Protocol study article: https://www.ncbi.nlm.nih.gov/pubmed/28693520

Freestanding Paper / Finished study

Evaluating cervical cancer screening participation by an ecological index of deprivation according to the location of the general practitioner's office

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Backgroud:
The risk of uterine cervical cancer (UCC) is higher among poor women, while their participation to UCC screening is more rare.

Research questions:
To measure the association between UCC screening rate among the eligible women who reported an included general practitioner (GP) as their attending physician and the socio-economic level of the location of the attending GP's practice evaluated by an ecological index.

Method:
Considered data between January 1, 2013 and December 31, 2015 were extracted for all the GPs within the concerned area and their patients. Data were extracted from the national register of health insurance system. In order not to take into account GPs with specific clinical practice and those with unstable activity, all GPs with less than 100 patients as attending physician were excluded. Each GP's practice included was geolocalised in its smallest sub-municipal statistical indentation available in France (IRIS) and has been assigned the European deprivation index (EDI) of its IRIS. The practice of Pap smear screening by GPs themselves was collected by telephone survey. The association between the screening participation rate and the EDI of the practice area was measured in a multivariate model.

Results:
The data of 345 GPs and their 93'918 female patients aged from 25 to 65 years old were analysed. The average participation rate was 50.09% (+/- 7.53%). In multivariate analysis, the participation rate decreased significantly as EDI increased with an adjusted mean of differences of -0.7919; 95%CI=[-0.9838; -0.6000]; $p<0.0001$.

Conclusions:
The EDI of the area where a GP's practice is located is a reliable ecological marker. Participation to UCC screening is lower in socio-economically disadvantaged areas after adjustment on the physician's gender, the UCC screening practice by GPs, and the density of gynaecological offer of care within five to 40 km around the office.

Presentation: 05/10/2018 11:40 by Thibaut Raginel

Freestanding Paper / Finished study

How do European Primary Care Practitioners think the speed of diagnosis of cancer in primary care could be improved? A thematic analysis and mapping exercise.

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Backgroud:
The Örenäs Research Group (ÖRG) identified fifty system factors that could affect Primary Care Practitioner (PCP) referral decision-making in European patients who could have cancer. Twenty of these differed significantly across the ÖRG's countries and formed the basis of a survey of 2,086 PCPs in 20 European countries. In the on-line survey, an open-ended question asked PCPs how they thought that the speed of diagnosis of cancer in primary care could be improved.

Research questions:
How do European PCPs think that the timeliness of diagnosis of cancer in primary care could be improved, and how do these beliefs vary across the twenty ÖRG countries?

Method:
There were 1,378 free-text responses to the open-ended question. These were translated into English, and 1,094 of the responses (a maximum of 100/country) were coded, resulting in 330 separate codes. Coding was validated by two other researchers. Five researchers reached a consensus on a thematic analysis. A colour-coded heatmap was designed to allow easy visualisation of themes that were common to all or most ÖRG countries, and those that were country- or region-specific.

Results:
Thematic analysis of the free-text data revealed seven main themes: public issues, provider issues, system organisation and health policies, communication and partnership, diagnostic tests, digital technologies, and funding allocation. The heatmap revealed important between-country differences in the themes, with a call for improved PCP access to tests being a particular feature of countries with poorer cancer survival rates. In contrast, comments about the need for improvement in PCPs' knowledge, skills and attitudes were commoner in countries with better cancer survival rates.

Conclusions:
In responding to a single free-text question, PCPs can provide rich data on how their health systems can improved to deliver better care. Use of a heatmap provides an easy-to-understand way to compare the data arising from different countries.

Presentation: 05/10/2018 11:40 by Michael Harris

Theme Paper / Finished study

Influence of thrombolytic therapy when it comes to the whole functioning of patients and satisfaction with recovery after stroke

Sanja Kecman Prodan, Daliborka Radivojevic Vuckovic

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Backgroud:
Stroke is the second most common cause of mortality in the world and the main cause of disability. The average age of patients suffering from a stroke is around 70 years and therefore older people need to pay more attention to preventing stroke. Acute interventions available to improve stroke outcomes are: receiving stroke units, aspirin use within 48 hours of stroke starting and intravenous tissue plasminogen activation (TPA) treatment 4.5 hours since stroke start. Of all interventions, thrombolysis is most effective in treating stroke. The facts on the ground are that a small percentage of stroke receives TPA. However, in 2008, the "The Netherlands stroke survey" showed that about 7% of all stroke patients managed to receive thrombolytic therapy.

Research questions:
The goal of the Work is to investigate the effects of thrombolytic therapy when it comes to the whole functioning of the patient and satisfaction with recovery after stroke thrombolized and non-thrombolized patients

Method:
The study included 60 patients, both half ages 18 and older, treated at the Clinic for Neurology in Banja Luka, UKC Banja Luka, due to a clinical stroke that was divided into two groups. The first group of respondents 30 were patients who had undergone thrombolysis, control group 30 was not subjected to thrombolysis. The patients were examined and interviewed, and reviewed medical records.

Results:
Comparison between thrombolized and non-smoked patients with stroke showed that statistically significant differences between patients were thrombolized because they were much better.

Conclusions:
The beneficial effect of thrombolytic therapy has existed in patient functioning, satisfaction with recovery, improved mobility, and autonomy.

Presentation: 05/10/2018 14:10 by Sanja Kecman Prodan

Theme Paper / Almost finished study

Quality of primary cares what does multimorbid patients and their caregiver are waiting for?

Jeremy Derriennic, Delphine Le Goff, Sophie Lalande, Lucas Beurton Couraud, Jeanlin Viala, Jerome Fonseca, Antoine Kerisit, Jean Yves Le Reste, Florian Pedrot, Fernandez Guillaume

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Backgroud:
The management of multimorbid patients requires a global approach combining the interventions of several health professionals in a coordinated care pathway, favoring patient involvement. Multi-professional structures are the privileged place for this pathway. Quality approach is part of the specifications of these structures. Patient evaluation has shown interest in improving the quality of care. In the absence of validated tool it seemed necessary to highlight which aspects of primary care could be relevant to patients and their caregivers, in complex care situations, within multi-professional structures.

Research questions:
What are the aspect of primary care that are relevant for multimorbid patients and their caregivers?

Method:
Qualitative study using semi-structured interviews of patient-caregiver couples requiring coordinated multi-professional care and experienced as complex by the professionals. Recruitment was purposive to assess exhaustivity on age, pathologies, gender. Analysis was carried out using a grounded theory based blinded thematic analysis with a couple of sociologist and GP researchers.

Results:
The analysis identified ninety-nine specific aspects of care experience. Their categorization highlighted eight dimensions of care that are accessibility, availability, medico-technical care, professional-patient relationship, information and support, care organization in the structure, care organization on the territory, and the fitting-out of the premises. Some additional data will be available during the meeting as it is an ongoing study.

Conclusions:
The analysis rediscovered and explored all the dimensions of the existing quality assessment tools for primary care. New aspects of care are emerging, especially with regard to healthcare accessibility and specific organization healthcare system. The medico-technical aspect of care seems insufficiently explored and would require an enrichment of the interview guide. some additional data will be available during the meeting as it is an ongoing study.

Presentation: 05/10/2018 14:10 by Jeremy Derriennic

Theme Paper / Finished study

The Applications of "Point of Care Ultrasonography" (PoC-US) in Family Medicine: an experimental FOCUS (Focused Cardiac UltraSound) Screening or Basic Cardiac Ultrasound for non-cardiologists known under the acronyms of: Rapid Cardiac Assessment(RCA)

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Backgroud:
FOCUS is a complement of the clinical exam, for the evaluation of cardiac function, in the hemodynamic critical patient. These concepts of ultrasonographic examination of the heart, performed as a diagnosis documentation after physical examination by non-cardiologists, have gained many followers over the past decades.

Research questions:
Can echocardiography establish the diagnosis?

Method:
FOCUS can be done in a few minutes, and involves the following five views: Subxiphoid view, Parasternal long/short axis, Apical four-chamber view,and IVC-assessment. Within each view, there are several cardiac sections, that must be evaluated according to the orientation of the probe. We conducted an experimental FOCUS-screening on 1780 patients with very high cardiovascular risk. Patients identified with inclusion criteria, were first examined by a family physician with expertise, and subsequently compared with ultrasound review by cardiologists, to determine the accuracy of this application. We have developed a "Computerized-Diagnostic-Algorithm" of the cardiac pathology US-detected by non-cardiologists.

Results:
We identified 585 patients with cardiac pathology at our FOCUS-screening. We did the descriptive statistical analysis of the echocardiographic cases detected. The accuracy of FOCUS-screening was96.07(95%CI: 95.06%to96.92%)with a sensitivity:95.12% and a specificity:96.57%,p<0.001, for all 1780 emergency patients that were subsequently confirmed by the cardiologist as the "Gold-Standard method". The combination of multiple ultrasound techniques greatly increases the precision of the method, as evidenced by ROCcurve. The prevalence of cardiac pathology detected was 34.55% with95%CI:32.34%at36.81%. FOCUS can be recommended for patients with a very high cardiovascular risk, which presents the suspicion of cardiac pathology(cardiomegaly, valvulopathy, pericarditis, endocarditis, malformations, aneurysms, arrhythmias).

Conclusions:
Early diagnosis of many cardiac conditions by FOCUS, can save the lives of patients in primary care, based on concepts and guidelines of good clinical practice. Being an operator-dependent method, we only propose it, as a complementary or as a further guidance tool for the clinical examination and finnaly we recommend referral to the cardiologist.

Presentation: 05/10/2018 14:10 by Mihai Iacob

Theme Paper / Ongoing study with preliminary results

The Interactive Role of the Informal Caregivers

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Backgroud:
Plunging in the history of networks and naturopathy, the caregivers (cgs) have been representing a central point, a propeller of the recovery, healing process, and have taken part of the rehabilitation on many diseases, likely chronic diseases, as referring to cardiovascular, respiratory, metabolic, neurological and psychiatric illnesses, traumas, brain injuries, stress disorders. In accordance with renowned researches since 2010 to present, all of the activities consisting of caregiving (cg), are depending by the characteristics of the sittings of the care recipients, educational degree of those who offer the care (cgs), characteristics of the populations, the existence of primary care center relaying specialized healthcare services and international research initiatives.

Research questions:
What meanings have been acquiring the terms "informal role" and "interactive role" of the cgv ? How would be the cgv' roles into new featured design of primary care? It can be considered a proposal to expand the scientific cooperation on this theme.

Method:
Clinical observations, questionnaires, screening of outcome measures, informant interviews; scientific collaborations and meta- analysis of survey datasets referred to family cgs of older adults and their differential role according to the type of disease and life conditions of the care receivers. Work objectives / deliverables: the prevalence and incidence of chronic diseases correlating the role of cgs and characteristics of the research areas, the opinions and mentalities of cgs, furthermore, to preventing violence, maltreatments, criminal behaviors, along, within a multidisciplinary study with sequential transversal periods of two years.

Results:
Informal role of the cgs underlies the achievement of new information related to disease and treatments, seemingly to informed consent (informal consent) used on the clinical studies.

Conclusions:
CGS role is varied over time, it involves interactive care responsibilities related to the course – disease, episodic hospitalizations, rehabilitation centers, back at home and entry in the survey of the family physician.

Freestanding Paper / Finished study

In 2018, what is the definition of the concept of vulnerability in medical literature of high level of evidence? A systematic review

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Backgroud:
For the last ten years, "vulnerability" and "vulnerable populations" have been used in medical literature. SPICES is an implementation study which will implement effective primary cardiovascular prevention interventions. It targets populations who are usually excluded from prevention, mainly due to medical demography. Those populations could fall within the definition of vulnerable populations.

Research questions:
What is the definition of vulnerability in the medical literature?

Method:
A systematic review was conducted on Cochrane, Medline, Pubmed and Google Scholar databases using the PRISMA methodology. Meta-analyzes, systematic reviews and randomized controlled trials were included if they followed the IMRAD format, were in English or French, addressed vulnerability or vulnerable populations and were published until January 2018. Definitions were compared and classified using the MesH terminology and a similarity software. A frequency of vulnerability factors among the definitions was calculated.

Results:
Of the 588 eligible articles, 15 articles were initially included. Their bibliography was screened adding 13 articles. There was no consensual definition of vulnerability. Definitions were a choice of the authors for 16 studies and a consensus after review for 12 studies. They differed from the MesH definition. Individual studies report selection bias for 24 of them. 36 vulnerability factors were found. The most cited vulnerability factors were elderly (68%), race and ethnic minorities (64%), chronic conditions (64%), low income (57%), limited access to care and services (50%). Three studies used the EquiFrame framework, which promotes inclusion of vulnerable groups for health policies. Aday's definition listed all consensual criteria and entitled unambiguously vulnerable subpopulations.

Conclusions:
Various definitions of "vulnerable populations" do not fit to the SPICES project nevertheless Aday's definition seemed the most appropriate for medical research and for SPICES. A consensual definition of vulnerability would be needed to improve the reproducibility of studies.

Presentation: 05/10/2018 14:10 by Delphine Le Goff

Freestanding Paper / Finished study

Pain scales in primary case: only five are reliable, shall you use the other ones?

Sophie Lalande, Delphine Le Goff, Jeremy Derriennic, Michele Odorico, Patrice Nabbe, Jeanlin Viala, Jerome Fonseca, Lucas Beurton Couraud, Elise Payelle, Jean Yves Le Reste

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Backgroud:
Pain is one of the most common reasons of encounters in general practice (GP). General practitioners are using many scales to assess it. In order to refine GP approach for pain evaluation the reliability and efficiency of each instrument for GP should be known. Reliability refers to the reproducibility of a measure on one individual across different settings and in different individuals in the same setting. An inventory of all pain scales counted 35 different scales available to assess pain in GP.

Research questions:
What scales to assess pain in GP are reliable?

Method:
A Medline review via PubMed and a Cochrane review were carried out. The PRISMA guideline was used to ensure the quality of the review. Articles were tested for their scientific relevance using a scientific quality grid. The inclusion was conducted until February 2018. Data of reliability (Intra-Class Correlation, Cronbach's alpha and Cohen's kappa) in the included article were extracted and analyzed.

Results:
569 articles were screened. 34 relevant articles were included. 15 scales are available with some reliability data. Satisfactory psychometric data have been found for only 5 scales: the Pain Drawing, the VAS, the Brief Pain Inventory, the Short-Form Mcgill Pain Questionnaire (SF-MPQ) and the SF-MPQ 2.

Conclusions:
Most scales used in research or daily practice have poor to no reliability and should not be used in research or clinical practice. It will be now necessary to collect external validity data of the Pain drawing, VAS, BPI, SF-MPQ and SF-MPQ 2 to assess which one are efficients. The research group will present you the result of this phase in the next EGPRN meetings

Presentation: 05/10/2018 14:10 by Sophie Lalande

Freestanding Paper / Almost finished study

Patient control over the use of EHR data for research: opt-out or opt-in?

René Stüssgen, Robert Verheij, Remco Coppen

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Backgroud:
GP electronic health records are widely reused for research purposes. The default requirement for this reuse is informed consent from individual patients. Under certain circumstances, however, an opt-out system can be an alternative. In our study we investigate if and how EHR based research networks in different European countries have implemented an opt-out or opt-in system to give citizens power over the use of their data.

Research questions:
How can the control of people over their data be optimized in accordance with the legal rules for privacy, so that simultaneously EHR's can be optimally reused for scientific research?
1. Which legal requirements for privacy of the GDPR must be fulfilled in order to realize the reuse of EHR data for research?
2. What measures do EHR- based research networks take to ensure the patient's privacy and to enable the patient's control over their EHR's?
3. Which user requirements must an adequate control system meet to ensure that it is easy to handle for patients, care providers and researchers and with which patients can optimally exercise their rights under the GDPR?

Method:
Studying the main literature. Consulting experts. Consulting EHR based research networks on the basis of meetings and questionnaires.

Results:
Repositories seem to have different interpretations of the possibilities legislation offers and different views on how they can they be used best. The results provide insight into the way in which patients are informed about the use of their data, have control over this (opt-in or opt-out), the way in which this has been effectuated and the way in which representatives of repositories think about these matters.

Conclusions:
Repositories are searching and learning for adequate ways to meet legal and practical requirements and to gain trust. Collaboration might speed up this process.

Presentation: 05/10/2018 14:10 by René Stüssgen

Freestanding Paper / Finished study

Diagnostic accuracy of the Hopkins Symptom Checklist 25 (Spanish version) for the diagnosis of depression in primary care

Ana Clavería, Susana Aldecoa, Maria Isabel Fernandez San Martin, María Rodríguez Barragán, Enma Motrico, Patrice Nabbe, Jean Yves Le Reste

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Backgroud:
In the FPDM collaborative project of the EGPRN, the HSCL-25 scale was identified as the best tool to identify depression in primary care and its multicultural translation was done in 10 European languages. Currently, the scale is being validated in different languages.

Research questions:
What is the diagnostic accuracy of the HSCL-25 (Spanish version) for the diagnosis of depression in primary care?

Method:
HSCL-25 was compared with the Composite International Diagnostic Interview (CIDI) as gold standard. Subjects were recruited by their physicians, in 6 health centres involved in Spanish EIRA3 study, presented in Riga EGPRN meeting. EIRA is an on-going trial to promote healthy behaviours in people between 45 to 75. Patients were interviewed with CIDI and complimented HSCL-25 the same day.

54 cases and 531 controls were needed. Sample size, ROC curve analysis and optimal cut-off points were identified with R package (pROC).

Results:
764 patients out of 809 answered both questionnaires. Participants were 348 women and 416 men, aged between 45 and 75 years (mean = 58.91±0.29). Prevalence was 6.68% with CIDI.

For HSCL-25, this results were found: sensitivity = 86.3%, specificity = 75.2%, positive predictive value = 19.9%, negative predictive value = 98.7%, likelihood + = 3.48, likelihood - = 0.18, false positive = 177, false negative = 7.

AUC showed almost high diagnostic value, 0.879 (0.838-0.920). The best threshold for Youden index with boostrap was 1.74.

AUC showed almost high diagnostic value, 0.879 (0.838-0.920). The best threshold for Youden index with boostrap was 1.74.

Conclusions:
Spanish HSCL-25 has a good diagnostic accuracy in primary care.

The threshold is the same in the Spanish population as the original. Other indices are better than previous studies.

Presentation: 05/10/2018 16:30 by María Rodríguez Barragán

Freestanding Paper / Finished study

Methodology to implement the laugh therapy in primary care centre.

Patricia Lago López, Maria José Parrado Alonso, Teresa Isabel Calheiros Cruz, Jorge Fernando Cameselle Teijeiro

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Background:
Laughter therapy improves Emotional Intelligence and Empathy. Stress, anxiety and loneliness are prevalent increasingly in our society including caregivers. From the health centre we have the opportunity to improve users' health, stimulating the emotional intelligence to face the disease and the problems of our life better.

Research questions:
We have proposed to investigate what would be the model of laughter therapy workshop, useful and reproducible, to apply in primary care and know the users opinion. We investigated what is the interest of the health professional about this therapeutic tool.

Method:
A qualitative study (Research-Action Design) was carried out with an intervention in 4 phases: Accreditation as Laugh Therapy Monitors; Experimental workshops; Proposal of a Standard Model of Workshop and Evaluation of the same. An Inductive analysis allowed us to design the final Standard Workshop. 348 surveys were conducted to professionals in our health area. A total of 20 workshops were held, attended by 415 users. For the statistical analysis, the versions of SPSS 22.0 for Windows were used.

Results:
The 80% of health professionals don't have experience in laughter therapy: 3 out of 10 do not show interest and 5 out of 10 want to participate. Only 2 out of 10 health professionals acknowledge having participated in at least one laughter therapy workshop. We observed that female professionals value the usefulness of laughter as a therapeutic tool better than their male counterpart ($p < 0.001$). We have designed a Standard Model of Laughter Therapy Workshop that was well appreciated by users.

Conclusions:
Both in users and professionals, gender has been a determining factor. We propose a specific and reproducible Laughter Therapy Workshop Model for Primary Care. The "Risoterapia" must adapt to the target populations to which it is addressed.

Presentation: 05/10/2018 16:30 by Patricia Lago López

Freestanding Paper / Finished study

The Association of Nicotine Dependence with Depression and Anxiety

Ayşe Özge Altın, Vildan Mevsim

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Backgroud:
Smoking is highly comorbid with both depression and anxiety. Biological mechanisms describe that tobacco smoke may cause depression and anxiety due to hypothalamic pituitary adrenal system dysregulation, which leads to hypersecretion of cortisol and changes in the activity of associated monoamine neurotransmitters. These systems regulate the biological and psychological reactions to stressors.

Research questions:
The aim of this study is to determine the relationship between nicotine dependence levels and depression/anxiety.

Method:
This cross sectional study was carried out using the records in the outpatient electronic health record system of the patients who applied to Dokuz Eylül University Family Medicine Smoking Cessation Outpatient Clinic between January 2014 and September 2017. The nicotine dependence levels of the participants were determined according to the Fagerstrom Test for Nicotine Dependence scores. Depression/anxiety in participants was also determined by Hospital Anxiety and Depression Scale.
SPSS 22.0 package program was used for mean, standard deviation of descriptive continuous variables. It was also evaluated frequency and percentage of categorical variables. Chi square was used to determine the relationship between categorical variables.

Results:
The mean score of Fagerstrom Test for Nicotine Dependence was 5,96±2,57. %27,6 of participants had low dependence, %10,5 had moderate dependence, %61,9 had high dependence. According to the Hospital Anxiety and Depression Scale, %32,4 of participants had anxiety, %43,8 of participants had depression. Smokers who had high dependence had more anxiety than who had low dependence (p=0,000). Smokers who had high dependence had more depression than who had low dependence (p=0,000).

Conclusions:
Smokers who had high dependence had more depression and anxiety.

Presentation: 05/10/2018 16:30 by Ayşe Özge Altın

Freestanding Paper / Ongoing study with preliminary results

Clinical Significance of the Maxillary Frenulum

Sody Naimer, Aviezer Gabbay

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Backgroud:
Ongoing debate exists over the clinical significance of the maxillary frenulum. Many an instance we have received contradicting recommendations on whether intervention is necessary when a "tight" maxillary frenulum is diagnosed. The evidence of whether this finding will ever bear any significance regarding breastfeeding, speech, dental health or otherwise is crucial in order to determine whether intervention to remove this taut tissue band is justified. Since the various degrees of maxillary frenula exist in 85-95% of neonates, we are commonly asked this question. An exhaustive literature search fails to disclose any previous research shedding light on this topic.

Research questions:
Does the existence of a short maxillary frenulum bear any clinical significance in those so diagnosed?

Method:
A prospective study of 20 consecutive cases of babies in their first 24 months of life were diagnosed with the most severely classified short maxillary frenulae. They were followed up for a period of 8-10 years in order to elucidate the appearance of any of a number of behavioural, dental hygiene, anatomical or pathological consequences. The information was collected via questionnnaires online or a telephone call interview.

Results:
In none of the cases were there any complaints of breastfeeding, dentition, speech or behavioural abnormailities.

Conclusions:
This preliminary data suggests that the incidence of even the most severe cases of maxillary frenulae bare no further consequences. Therefore it is suggested to deny or delay any attempt to persuade parents to have surgical procedure for this condition. At this point the onus should be on the surgeon planning surgery for this indication to produce scientific evidence to justify his motives.

Presentation: 05/10/2018 16:30 by Aviezer Gabbay

Freestanding Paper / Ongoing study no results yet

Impact of supporting programs for children having a parent with cancer

Clarisse Dibao, Maite Vandooren, Emmanuel Gyan

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Backgroud:
The literature about the impact of parental cancer on children is increasing. These children may have the role of main caregiver for their ill parent and therefore may suffer of a caregiver burden. Caregiver burden leads to psychopathological consequences due to this function. Children having a parent with cancer are more affected by anxiety, depressive symptoms, behaviour and sleeping problems than children with good-health parents.

Research questions:
What is the impact of supporting programs available for children having a parent with cancer?

Method:
Systematic review of the literature. Four databases were consulted: Medline, Lissa, PsychInfo, ScienceDirect. Keywords used were 'child', 'stress', 'support', 'needs', 'prevention', 'counseling', 'coping skills', 'adaptation', 'parental neoplasm or cancer', combined in different equations adapted for each database. Inclusion criteria were studies on children < 18 years old with a parent with cancer, evaluating supporting programs or actions. Exclusion criteria were articles written in languages other than French, English or German and reporting non princeps studies or studies on children with cancer or on supporting programs for parents or healthcare professionals.
Data were collected through a standardized data extraction form, which was consensually created by the 3 researchers and tested on 3 articles. The data collected were study characteristics, details on parental cancer and family links, characteristics of included children, description of supporting programs and details on their impact. This research was conform to PRISMA criteria.

Presentation: 05/10/2018 16:30 by Maite Vandooren

Freestanding Paper / Finished study

Pilot Study of Facilitation of Body Surface Examination with a Digital Microscope

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Backgroud:
Off-label dermoscopy has succeeded in expanding its use for a number of purposes in clinical practice, including facilitation of elucidating the source of nipple pain in nursing mothers, seeking obscure retained sutures, comedone content extrusion, identification and retrieval of corneal or cutaneous either foreign bodies. However, Numerous disadvantages are experienced with this technique the most important being a fixed non-alterable focal distance. Despite its marked contribution to visualization in various industrial arenas there is poor or complete lack of its utilization in primary care.

Research questions:
Can Di.M. supplement routine "eyeballing" examination of the body surface and confer greater security of diagnosis or correct diagnosis in cases where visualization is more challenging?

Method:
Consecutive patients reaching the presenter were initially examined by routine unassisted speculation. If the condition appeared that greater magnification and improved or polarized illumination may assist the diagnostic process or the therapeutic intervention the Di.M. was employed. The findings were documented and archived by still or video digital photography.

Results:
A broad array of clinical conditions were facilitated by the Di.M., including identification of retained sutures, source of nipple pain, corneal manual or plantar foreign bodies, parasitic infestation and dermatosurgical lesion delineation.

Conclusions:
The tremendous advantage of utilizing the digital microscope in primary care is presented through this preliminary pilot study. This information should be followed by formal assessment of the advantage of this device which should be adopted and added to our already rich armamentarium to combat disease and suffering.

Presentation: 05/10/2018 16:30 by Sody Naimer

Freestanding Paper / Ongoing study no results yet

An international case-vignette study to assess general practitioners' willingness to deprescribe (LESS)

Katharina Tabea Jungo, Sophie Mantelli, Zsofia Rozsnyai, Aristea Missiou, Biljana Gerasimovska Kitanovska, Birgitta Weltermann, Canan Tuz, Christian Mallen, Claire Collins, Donata Kurpas, Fabio Gazelato De Mello Franco, Ferdinando Petrazzuoli, Hans Thulesius, Heidrun Lingner, Kasper Lorenz Johansen, Katharine Wallis, Kathryn Hoffmann, Lieve Peremans, Liina Pilv, Marija Petek Šter, Martin Sattler, Milly Van Der Ploeg, Péter Torzsa, Petra Kánská, Shlomo Vinker, Radost Assenova, Raquel Gomez Bravo, Rita Viegas, Rosy Tsopra, Sanda Kreitmayer Pestić, Sandra Gintere, Tuomas Koskela, Vanja Lazic, Victoria Tkachenko, Emily Reeve, Clare Luymes, Rosalinde Poortvliet, Arnaud Chiolero, Nicolas Rodondi, Jacobijn Gussekloo, Sven Streit

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Background:
Globally, many oldest-old (>80 years of age) suffer from several chronic conditions and take multiple medications. Ideally, their general practitioners (GPs) regularly and systematically search for inappropriate medications and, if necessary, deprescribe those. However, deprescribing is challenging due to numerous barriers not only within patients, but also within GPs.

Research questions:
How does the willingness to deprescribe in oldest-old with polypharmacy differ in GPs from different countries? What factors do GPs in different contexts perceive as important for deprescribing?

Method:
We assess GPs' willingness to deprescribe and the factors GPs perceive to influence their deprescribing decisions in a cross-sectional survey using case-vignettes of oldest-old patients with polypharmacy. We approach GPs in 28 European countries as well as in Israel, Brazil and New Zealand through national coordinators, who administer the survey in their GP network. The case vignettes differ in how dependent patients are and whether or not they have a history of cardiovascular disease (CVD). For each case vignette, GPs are asked if and which medication they would deprescribe. GPs further rate to what extent pre-defined factors influence their deprescribe decisions. We will compare the willingness to deprescribe and the factors influencing deprescribing across countries. Multilevel models will be used to analyze the proportions of the deprescribed medications per case along the continuum of dependency and history of CVD and to analyze the factors perceived as influencing deprescribing decisions.

Results:
As of early-July 2018, the survey has been distributed in 14 countries and >650 responses have been returned. We will present first results at the conference.

Conclusions:
First, assessing GPs' willingness to deprescribe and comparing the factors influencing GPs' deprescribing decisions across countries will allow an understanding of the expected variation in the willingness to deprescribe across different contexts. Second, it will enable the tailoring of specific interventions that might facilitate deprescribing in oldest-old patients.

Presentation: 06/10/2018 09:10 by Katharina Tabea Jungo

Freestanding Paper / Ongoing study with preliminary results

Diagnostic coding of chronic diseases in Irish general practice

Claire Collins, Ivana Pericin, James Larkin, Ronan Fawsitt, Tom Lynch

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Backgroud:
Chronic diseases reduce the quality of life for sufferers, and are the leading causes of mortality. Systematic diagnostic coding of chronic diseases in the general practice setting is important for chronic disease surveillance, including chronic disease prevalence, incidence, and health outcomes. The present study aims to assess the current state of diagnostic coding of chronic diseases in the general practice setting in Ireland.

Research questions:
What is the frequency of diagnostic coding of chronic diseases in Irish general practice?

Method:
The study recruited six general practices from two regions in Ireland. In order to retrieve the data from the practices, an uploader was developed in cooperation with the software provider. The uploader allowed the extraction of data including: practice level data, patients' demographic data, all recorded diagnoses for chronic diseases (ICPC2 and ICD 10 international classifications) and the date when each chronic disease was first coded. All the data retrieved was anonymous, extracted at practice level and uploaded to a central database via a secure connection. Data was analysed using SPSS Statistics 23.

Results:
Overall 9.0% of the adult population were coded with at least one chronic disease. CVD and diabetes were found to be the most commonly coded; 3.2% (n=1016) of adults were coded with CVD and 3% (n=926) of adults were coded with diabetes. Overall, less than one percent of patients were coded with asthma (0.7%, n=207) or COPD (0.3%, n=99). Male patients were more likely to be coded with CVD ($\chi2$ (1df) =59.203, P= .000) and diabetes ($\chi2$ (1df) =43.737 P= .000) in comparison with female patients.

Conclusions:
Clinical diagnostic coding in Irish general practice was found to be critically low. The results of the study will be utilised to investigate what steps should be taken in order to improve diagnostic coding of chronic diseases.

Presentation: 06/10/2018 09:10 by Ivana Pericin

Freestanding Paper / Published

Improving Health Care Management in Primary Care for Homeless People: A Literature Review

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Background:
Homeless people have poorer health status than the general population. They need complex care management, because of associated medical troubles (somatic and psychiatric) and social difficulties. However, they face multiple difficulties in accessing primary health care and receive less preventive health care than the general population.

Research questions:
We aimed to describe the main characteristics of primary care programs (organizations or interventions) that take care of homeless people, and to identify which could be most relevant for taking care of the homeless people.

Method:
We performed a literature review that included articles which described and evaluated primary care programs for homeless people. We searched into the MEDLINE, PsycINFO, COCHRANE library, and Cairn.info databases primary articles published between 1 January 2012 and 15 December 2016. We also performed a grey literature search, and we added relative articles as we read the references of the selected articles. We described the main characteristics of the primary care programs presented in the selected articles. Then we classified these characteristics in main categories, as a descriptive thematic analysis. Secondarily, we synthetized the main results about the evaluation of each intervention or organization.

Results:
Most of the programs presented a team-based approach, multidisciplinary and/or integrated care. They often proposed co-located services between somatic health services, mental health services and social support services. They also tried to answer to the specific needs of homeless people. Some characteristics of these programs were associated with significant positive outcomes: tailored primary care organizations, clinic orientation, multidisciplinary team-based models which included primary care physicians and clinic nurses, integration of social support, and engagement in the community's health.

Conclusions:
Primary health care programs that aimed at taking care of the homeless people should emphasize a multidisciplinary approach and should consider an integrated (mental, somatic and social) care model.

Freestanding Paper / Finished study

Physicians' self-treatment: status, attitudes and possible alternatives.

Anthony Heymann, Galia Zacay, Orna Baron-Epel, Lilach Malatskey

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Backgroud:
Concerns have been raised regarding the quality of medical treatment that sick physicians are able to deliver. Despite this it is known that many physicians treat themselves despite the established guidelines against such practice. A Swiss survey from 2007 showed that among physicians that reported medicine use in the past week, self-medication was reported in 90% of the cases. In a Norwegian survey 53-80% of the responders reported self-prescription of antibiotics, 6.6-12.4% hypnotics and 1-3.1% sedatives during the last year.

Research questions:
The goal of this study was to examine whether primary care physicians (PCPs) are satisfied with their personal primary care and how they use primary care. In addition we identified barriers to care and how this could be improved.

Method:
A questionnaire was sent to all physicians registered with the Israeli Medical Association. We improved a questionnaire that had been used in a pilot study. We examined satisfaction and frustration with the physicians' access to primary health care, self-prescribing and ways to improve physician access to care.

Results:
We analyzed 2,222 questionnaires. 30% of physicians reported that they had no PCP although 75% of the physicians were satisfied with their care. We found no correlation between satisfaction and having a PCP. The reasons for not having a PCP were different for those physicians defining themselves as in good health as opposed to poorer health. Significant barriers to care were having to wait with other patients and worries about confidentiality. Physicians were interested in receiving care in clinics that deal solely with physicians especially regarding problems of mental health. 70% reported initiating self-treatment. Of these medications close to 30% were for opiates, benzodiazepines or antidepressants.

Conclusions:
This research adds information regarding self-treatment and ways that physician health might be improved by changes in the way that primary care is delivered to this group.

Presentation: 06/10/2018 09:10 by Galia Zacay

Freestanding Paper / Finished study

The Quality of Vaccine Storage: a Cross-Sectional Study in Primary Care Practices (the Keep Cool Study)

Anika Thielmann, Johannes Porz, Birgitta Weltermann

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Backgroud:
Immunization programs are among the most effective public health strategies worldwide. Maintaining the cold-chain, a temperature range between 2 and 8°C, is a prerequisite to assure the vaccines' effectiveness and safety.

Research questions:
What is the quality of the vaccine cold-chain in refrigerators used to store vaccines in German primary care?

Method:
This cross-sectional study was performed in 187 primary care teaching practices of two universities. Temperatures in refrigerators used for vaccine storage were analyzed based on continuous temperature recordings at 1 minute intervals over seven days (10.080 minutes) with a standardized data logger. Data were analyzed using different cutoffs (0, 1, 2, and 8°C).

Results:
The response was 42.2% (n=79). The mean temperature across all refrigerators was 5.45°C (SD±2.83) and ranged between -6.7°C and +12.3°C. Of the refrigerators, 67.4% (n=60) had temperatures outside the target range. 42.7% (n=38) reached temperatures above 8°C, 21.4% (n=19) temperatures below 2°C and 3.4% (n=3) reached temperatures beyond both cutoffs. The cumulative time in each refrigerator above 8°C ranged between 0.1 and 100% of the measurement period (mean: 55.6h, ±60.84). The longest episode of temperatures below 2°C ranged between 19 to 10.080 minutes (mean: 32,6h, ±50.15) for individual refrigerators. Freeze exposure cutoffs were recorded as follows: 18% (16 of 89) reached 1°C and 12.4% (11 of 89) reached 0°.

Conclusions:
The cold chain deficits encountered are coherent with the international literature. The documented freezing temperatures were unnoticed in all practices. An effective knowledge-based intervention is needed in order to improve the vaccine storage conditions.

Presentation: 06/10/2018 09:10 by Anika Thielmann

Freestanding Paper / Finished study

What Hungarian medical students think about Family Medicine as a speciality? Is it a career choice?

András Mohos, Csenge Hargittay, Bernadett Márkus, Attila Nagy, Krisztián Vörös, Szilvia Ádám, Thomas Frese, László Kalabay, Péter Torzsa

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Backgroud:
The number of working general physicians (GPs) in Hungary is decreasing every year. There are 347 vacant family practices in Hungary. The aging of GPs plays a major role in this trend, at the moment 44% of GPs are older than 60 , 11% of them are even older than 70. Less and less graduated doctors choose family medicine as a career.

Research questions:
What is the attitude of fifth-year medical students about family medicine speciality? What are the most important aspects that influence them to choose this speciality?

Method:
Quantitative, paper-based survey among fifth-year medical students from Semmelweis University (n=300), age 23.4 ±3.06 years. 60.3% of the respondents were female. Response rate: 86%.

Results:
GP speciality held the 13th place for the question "Speciality to be chosen as first possibility". 2.8% of the students choose GP as the first choice. GP speciality was the second choice for 4.1% of the students and third choice for 10.8%. 59% of the students plan to work abrouad in the following 3-5 years, 23% of them tend to live abroad in the long term. The prestige of GP speciality was 3.6±0.8 point according to the students. They think it's 2.4±0.8 point by another specialists.
46% of the students retrieved information on how much they would precisely earn in the future. 55% of the male students and 45% of the females are strongly influenced by the possible salary when choosing a speciality ($p<0.05$). 82% of the students underestimated the salary of GPs.

Conclusions:
It's essential to ensure the adequate supply of Primary Care. It's a key issue to be attractive for medical students to choose this speciality. There is a need from the medical students to improve the prestige of The GP profession, to provide more accurate information about salary possibilities and to increase the number of group practices.

Presentation: 06/10/2018 09:10 by András Mohos

Freestanding Paper / Ongoing study no results yet

A cross-sectional comparison of levels of modifiable chronic disease risk factors among patients with an enduring mental illness and the general population

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Backgroud:
The life expectancy of people with enduring mental illness (EMI) - schizophrenia, bipolar disorder and/or (recurrent) depressive disorder – is up to 30 years shorter than members of the general population. One potential cause of this is the high prevalence of modifiable chronic disease risk factors amongst this population. This includes high blood pressure, high BMI, and smoking.

Research questions:
Is there a difference in the levels of recorded modifiable chronic disease risk factors amongst patients with EMI compared to the general population?

Method:
This is a retrospective cross-sectional study. Data will be gathered from general practice software systems in Ireland. Fourteen practices will be involved. Practices will come from a mixture of urban and rural areas across Ireland. Three groups will be compared; patients with an EMI, patients with diabetes, and patients not coded with a chronic disease. Parameters compared will include blood pressure, BMI, and smoking status. Difference in risk factor levels will be compared using MANCOVA. Variables such as number of consultations, socioeconomic status and comorbid conditions will be controlled for.

Results:
No results yet.

Conclusions:
Increased levels of chronic disease risk factors may contribute to the large discrepancy in life expectancy between EMI patients and the general population. Behavioural interventions targeted at patients with EMI may be necessary.

Presentation: 06/10/2018 11:00 by James Larkin

Freestanding Paper / Finished study

The Uses and Opinions of Smokers Regarding Electronic Cigarettes in Primary Care: Cross-Sectional Study

Sema Kılıç, Leyla Doğan, Vildan Mevsim

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Backgroud:
The harms of electronic cigarettes (e-cigarettes) in medium and long term is unknown. 31.1% of current smokers reported ever e-cigarette usage. People have various thoughts about e-cigarettes. Knowing the health perceptions of people about e-cigarettes is important for the success of smoking cessation treatment.

Research questions:
What are the opinions and use of smokers about electronic cigarettes?

Method:
A cross-sectional study was conducted in primary health care settings. The participants were over 18 years old and applied to Dokuz Eylül University Family Medicine Health Centers for any reason. The sample size is 351. The data were collected by data form containing questions about sociodemographic characteristics, smoking habit and the thoughts about e-cigarettes. Also Fagerström Nicotine Dependence Scale (FNDS) were applied. Descriptive analyses, t test and chi square were used.

Results:
The study is completed with 687 participants. The mean age of participants is $41.97\pm14,084$ and 62.2% are male. Participants' mean smoking cigarettes per day is 20.72 ± 12.36. 1% of the participants also use e-cigarettes. FNDS average score is 4.3. The rate of experience smoking e-cigarette is higher in males ($p = 0.33$). 69.1% of respondents hear about e-cigarette from friend/colleague. 11.8% of participants think that electronic cigarette will help to quit smoking. 35.5% of respondents think that electronic cigarette is more harmful than cigarette. 69.6% of the participants do not consider using e-cigarette. However, as the level of education increases, the number of people who think that they can use e-cigarettes in the future increases ($p = 0.005$).

Conclusions:
This study has contributed to define the opinions of smokers about e-cigarettes. E-cigarette smoking is observed in people who smoke. People who smoke can consider using e-cigarettes. It is also necessary to develop strategies to overcome e-cigarettes smoking.

Presentation: 06/10/2018 11:00 by Sema Kılıç

Freestanding Paper / Finished study

Time and feasibility of prevention for children in primary care

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Backgroud:
Screening and prevention are a central part of the activity of general practitioners, especially during childhood. Numerous publications from different other medical specialties recommend different acts of screening and prevention for children, not considering the time required.

Research questions:
How long does it take for a general practitioner to perform all screening and prevention procedures recommended for children under 16 years-old ?

Method:
A literature review has identified recommended screening and preventions procedures for children in France, their duration and frequency. Minimum durations were used.
The size of an average panel of children under 16years-old for each practitioner has been calculated from social security center data.

Results:
An average panel of 204 patients under 16 years-old was used to calculate the time required to apply all screening recommendations un general practice.
For each general practitioner, il would represent 128 hours of work per year, i.e. 33 minutes per day, or 33,5% of the time spent by the doctor on children.

Conclusions:
If duration seems acceptable to fit into common practice, screening and prevention would systematically require dedicated consultations, often longer. An average panel were used, not considering that some practitioners use to consult more children and other far less. Screening procedures are easier when often realized and can be inefficient if poorly done.
The implementation of existing recommendations would require systematic consultations for adolescents.

Presentation: 06/10/2018 11:00 by Isabelle Ettori-Ajasse

Freestanding Paper / Finished study

You can't enable all of the people all of the time: a mixed methods study of patient enablement in general practice

Teresa Pawlikowska

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Backgroud:
The Patient Enablement Instrument (PEI) is a patient-reported outcome measure of consultation quality in general practice dealing with increased understanding and coping which has now been validated internationally.

Research questions:
How are patients with diverse and complex problems enabled in general practice consultations?

Method:
Design, Setting and Participants: Multi-method study of routine consultation in UK NHS family practice in a rural and urban setting. An exploration of a total of 82 recorded consultations of patients who reported high or low enablement scores following consultation.

Outcome Measures:
Triangulation of qualitative framework analysis of semi-structured interviews with patients and doctors on review of their joint recorded consultation, and observational analysis of verbal interaction (coded using the Roter Interaction Analysis System) related to the enablement (PEI) score for that same consultation.

Results:
Strong similarity in what both patient and doctor chose to comment on and the way they said it. Distinct patterns of consultation emerged. Categorisation of consultations using patient and doctor interviews, their recording and their enablement scores yielded extreme categories of "able to be enabled" (a focused agenda and an impression of patients with high self efficacy) and "unable to enable" (patient agendas lacked definition, often linked with a psychological dimension). A number of other patterns were distinguished e.g. doctor as fixer in an appropriately bio-medical consultation, and doctor as priest where legitimization was important.

Observational analysis of verbal interaction indicated that if doctors worked in a patient-centred way, and patients were active and engaged, enablement was facilitated. Personal recognition of both patient and problem were important, and a reciprocal dynamic supported enablement

Conclusions:
Recognition and reciprocity underpin consultation quality determined by the outcome of patient enablement. A variety of patterns can be distinguished depending on dynamics: you can't enable all of the patients all of the time!

Presentation: 06/10/2018 11:00 by Teresa Pawlikowska

One-Slide/Five Minutes Presentation / Study Proposal / Idea

Do more 'risk literate' GPs apply better Shared Decision Making? A study protocol using standardized patients.

Gilles Henrard, Marc Vanmeerbeek, Jany Rademakers

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Background:
Barriers to Shared Decision Making (SDM) are well described. One of those barriers for healthcare providers is the perception of a lack of latitude in the choice of treatment in certain clinical situations. We know that clinicians' expectations of the benefits and harms of medical interventions are often inaccurate. Like patients, clinicians generally overestimate the benefits and underestimate the harms. This lack of "risk literacy" among clinicians could contribute to creating a false sense of "necessity to intervene" which, besides contributing to the trend of over-medicalization, could infringe on the place left to SDM.

Research questions:
Is the level of "risk literacy" of the general practitioner (GP) associated with a better quality of SDM process during consultations?

Method:
An observational study of audiotaped consultations with standardised patients comparing the level of risk literacy among GPs and the place given to SDM during consultations. Risk literacy would be measured by the 'Berlin numeracy test' and the quality of the SDM process during consultations would be measured by the 'Option 5 tool'. To reduce case-mix variation, we would use standardized patients, focusing on 3 scenarios particularly appropriate for SDM. Basic sociodemographic characteristics, curriculum and type of practice of the GPs would also be collected to study associations with risk literacy.

Results:
Our hypothesis is that GPs with more accurate risk perception leave more place to SDM during consultation.

Conclusions:
This study could identify another lever with which to promote SDM: the improving GPs risk literacy. Results could also identify 'profiles' of GPs in terms of their risk literacy.

Presentation: 06/10/2018 11:00 by Gilles Henrard

One-Slide/Five Minutes Presentation / Study Proposal / Idea

Are your patients on polypharmacy willing to deprescribe? A suggestion for an international comparative study

Katharina Tabea Jungo, Zsofia Rozsnyai, Emily Reeve, Sven Streit

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Backgroud:
Multimorbidity and polypharmacy are highly prevalent in older patients. In this patient group, it is necessary that general practitioners (GPs) periodically and systematically check for inappropriate medications, and if applicable, deprescribe those. However, for various reasons patients perceive deprescribing as difficult. Previous, geographically limited studies found a majority of patients being willing to deprescribe. However, given the current global rise in the number of older, multimorbid patients with polypharmacy and the substantial amount of inappropriate prescriptions, ways to implement deprescribing and overcoming patient barriers are needed across European countries.

Research questions:
How does the willingness to deprescribe differ in patients from different countries? Which factors influence patients' willingness to deprescribe in different contexts?

Method:
The patients' willingness to deprescribe and barriers/enablers to their willingness to deprescribe will be assessed through the validated 'revised Patient Attitudes Towards Deprescribing' (rPATD) questionnaire containing 22 Likert scale questions. The rPATD can easily be distributed to older patients through their GPs, as it is currently being done in Switzerland (n=500). Eligible patients are aged 65 years or older, multimorbid, and have polypharmacy. The number of GPs per country will depend on the number of participating countries. So far, EGPRN-colleagues from 8 countries have shown interest to participate. Some back-translated versions of the rPATD are already available and more validated translations can be provided. To analyse the study findings we will estimate the proportion of patients who are willing to deprescribe by calculating proportions with 95% confidence intervals. The association between barriers/enablers (exposure) and the willingness to deprescribe (outcome) will be assessed by cross-tabulation and by using mixed-effects logistic regression models, which account for the correlated nature of data among GPs and countries. Models will be adjusted for patient characteristics (i.e. age, number of chronic medications, etc.).

Results:
Not yet.

Conclusions:
Not yet.

Presentation: 06/10/2018 11:00 by Sven Streit

One-Slide/Five Minutes Presentation / Study Proposal / Idea

Cardiovascular prevention. SPICES project: cluster RCT protocol for the French setting.

Michele Odorico, Delphine Le Goff, Sophie Lalande, Jerome Fonseca, Jeanlin Viala, Jean Yves Le Reste

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Backgroud:
Cardiovascular diseases (CVD) are the world's leading mortality cause. SPICES is an implementation survey on efficient lifestyle interventions for CVD primary prevention. A systematic review of international guidelines showed brief advice and behavioral change programs were effective to improve modifiable risk factors. Non Laboratory INTERHEART Risk Score was selected to assess CVD risk.

Research questions:
What is the efficiency of a behavioral change program and/or a brief advice intervention implemented in and by the community for people at moderate cardiovascular risk in reducing risk factors versus very brief advice?

Method:
In France the survey will be a 24 months cluster randomized controlled trial, starting in May 2019 with participant recruitment from January to April 2019. The randomization unit will be the village. Adults over 18 years old at moderate CVD risk according to INTERHEART risk score will be included, excluding those on secondary prevention.
As intra class correlation is expected to be low, a value of 0.1 was used for sample size calculations. With a 95% power and assuming 20% of lost to follow-up, 2400 people (1200 per arm) need to be included to detect an effect size above 0,2. Intervention group patients will be proposed to enter a behavioral change program held by adequately trained volunteers (community leaders, expert patients). Control group patients will receive very brief advice only.

Results:
Outcomes will be measured at 0, 12 and 24 months. Primary outcome will be the INTERHEART score with a 15% expected difference.
Secondary outcomes will be: quality of life (WHOQOL Bref), BMI, smoking, diet (DASH-Q questionnaire) and physical activity (GPAQ questionnaire).
Implementation outcomes will be: number of screened people, number of people starting and number of those completing the intervention, costs, barriers and facilitators and qualitative evaluation of screeners, trainers and participants experience.

Conclusions:
This is a protocol proposal for discussion during EGPRN.

Presentation: 06/10/2018 11:00 by Michele Odorico

One-Slide/Five Minutes Presentation / Study Proposal / Idea

Defining feasibility of Primary care strategies to disclose, counsel and provide access to advocacy on family violence.

Lodewijk Pas, Raquel Gomez Bravo, Ana Clavería, Carmen Fernandez Alonso, Vanja Lazic, Nena Kopcavar, Carlos Martins, Zaida Azeredo, Jinan Usta, Joyce Kenkre, Danica Rotar Pavlic, Claire Collins

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Backgroud:
Family violence (FV) is a widespread public health problem and serious consequences.
One third of European women suffer from partner violence in their adult lifetime while on fourth of situations of partner violence children are present. Elderly abuse is present between 10 to 20 % of the population above 60 General practice is often a point of contact for victims but they tend to hesitate or feel ashamed to ask for assistance. GPs generally lack training in disclosing and supporting FV, feel uncomfortable about asking and may be hindered by lack of facilities where to refer.

In 2018, WONCA encourages all national colleges and academies to develop policy and implementation strategies on family violence identification and response for intimate partner violence, child abuse and elder abuse. This recommendation states it is needed to develop research and define performance and outcome measures for general practitioners/family doctors and primary care teams in each of our member nations; implementation strategies for comprehensive family violence care should be enabled and evaluated.

Research questions:
To define needs and concerns of practice teams and analyze possibilities for practice management across European Countries.

Method:
A Delphi approach modified according to RAND is proposed to develop a consensus using online collection of data. A steering group will be composed of delegates recruited form EGPRN and EUROPREV members to constitute a nominal group validating questions and authorising feedback to respondents for each Delphi round. Country representatives in the project will select a representative sample in each country to allow for generalisability of conclusions per country and European wise. Collaboration with national colleges is encouraged. A meeting at EGPRN in October 2018 will further detail the methodology.
A constant comparative methodology using computer software (eg. NVIVO or similar) will be followed analysing data on each question highlighting similarities and differences between answers thus constructing an underlying model about concerns and possible solutions proposed.

Presentation: 06/10/2018 11:00 by Claire Collins

One-Slide/Five Minutes Presentation / Study Proposal / Idea

Effectiveness of walks+ for obesity patients with mild Obstructive Sleep Apnea in general practice

Ana Clavería, Susana Aldecoa, Jaime Gonzálvez, Concepción Cruces, Irene Valle, Carlos Chapela, Pedro Callejas, Susana Friande, Ruth Otero, María Victoria Martín

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Backgroud:
Persons with OSA have frequent cessation or reduction of airflow during sleep that results in oxygen desaturation. Its prevalence is increasing due to rising rates of obesity.

There are quick tools for family physicians (STOP-Bang and nocturnal pulse oximetry) to select obesity patients with suspected mild OSA (AHI≤15 and AHI≥5) most in need of life-style interventions to improve their health and quality of life.

Research questions:
Effectiveness of a mixed intervention (individual, group training and walks) in obese patients with suspected mild OSA compared to usual clinical care.

Method:
Multicenter cluster randomized trial conducted in general practice. Participants with BMI ≥30 and ≥50 years old will be recruited by their physicians. Interested participants then consented to undergo a screening to assess eligibility by nocturnal pulse oximetry. If mild OSA is suspected, they will be randomized to intervention (312) or usual care (312) with the health centre as cluster.

The intervention group will receive individual counselling (3 visits), group training on health diet (2 hour) and 60' walks (8 times in 2 months) organized with health professional participation (GPs or nurses). Control group will receive usual care, according to guidelines. All participants will be assessed at baseline, 6 months and 12 months.

Main outcome: quality of life and estimated AHI. Secondary outcomes: social functioning scales, and physical measures (weight, blood pressure, statins use, oxygen saturation, OSA symptoms). Fidelity to each intervention's component will be measured.

Analysis by intention to treat, analyst blinded. Repeated measures analysis with mixed models will be use.

Presentation: 06/10/2018 11:00 by Ana Clavería

One-Slide/Five Minutes Presentation / Study Proposal / Idea

Exploring methods to alleviate the burden of informal caregivers in dementia care: a survey on intermediate care in Europe

Clarisse Dibao, Aisling Jennings, Jan De Lepeleire, Ferdinando Petrazzuoli

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Backgroud:
Intermediate care is often defined as healthcare occurring somewhere between traditional primary (community) and secondary (hospital) care settings. Intermediate care can vary from in-home services to densely staffed nursing homes. High quality intermediate care is important in the care of complex neurocognitive disorders (dementia) and may prevent caregiver burden. We found great variation in the definition and the use of intermediate care for persons with neurocognitive disorders across Europe in a recent EGPRN survey.

Research questions:
1) What is the definition of the term "intermediate care" in a European context according to EGPRN network?
2) What are the different modalities of intermediate care and how is it provided across Europe?

Method:
This study will be based on a key informant survey from 25 member countries of the European General Practice Research Network (EGPRN). For the 25 countries, national coordinators will be identified and contacted face to face by the steering committee during the meetings of the EGPRN. National coordinators will be responsible to translate the questionnaire into their own languages validated by a back translation and to disseminate the questionnaires to at least 15 key informants, all primary care professionals. A convenience sampling technique will be used when national key informants will choose informants from different geographical regions within the same country. The informants will be contacted directly by the national coordinators and will complete a semi-structured questionnaire developed by the steering committee group with 25 multiple choice questions, including space for free text comments. An acceptable response rates will be considered > 50%.

Results:
Not applicable since this is a proposed study.

Conclusions:
Not applicable at the moment

Presentation: 06/10/2018 11:00 by Clarisse Dibao

One-Slide/Five Minutes Presentation / Study Proposal / Idea

Informal Caregiver Resilience to the Partner's Advanced Cancer Diagnosis: A Longitudinal Study.

Sophie Opsomer, Jan De Lepeleire

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Backgroud:

Providing care for cancer patients mostly relies on a family caregiver, often the partner. Being confronted with the patient's incurable cancer diagnosis, can be highly disruptive. However, the majority of caregivers seem to adapt well and report feeling relatively healthy. Positive psychologists have linked this stable trajectory of healthy functioning to the phenomenon of 'resilience'. In this study, resilience is considered a dynamic process resulting from the interplay between intrinsic competences, contextual risks, and protective factors.

A resilience trajectory is initiated by a potentially traumatic event (PTE) and is characterized by a temporary disruption of daily functioning and elevated psychological symptoms followed by a returning to a healthy equilibrium. Other well-known prototypical trajectories after PTE are chronic depression, delayed response, post-traumatic growth (PTG), and post-traumatic stress disorder (PTSD). However, it is not known which trajectories could be identified in caregivers of advanced cancer patients. Recently we conducted a qualitative study to explore what makes caregiving for a partner diagnosed with advanced cancer a resilient process. The preliminary results reveal some important resources linked to resilience: e.g. caregiver competences; contextual and economic resources. Yet, we don't know whether these resources are predictors of a resilient trajectory or not.

Research questions:

1. What different response trajectories to the partner's diagnosis of an incurable cancer can be identified during the caregiving period?
2. Are the resources we linked to resilience, predictors of a resilient trajectory?

Method:

A longitudinal study using Latent Growth Modeling (LGM) techniques.

Depressive symptoms, PTG, PTSD will be measured within one month following the partner's diagnosis and at 3, 6 ,12, 24 months, and 3 months after the partner's death.

Trait resilience, context support, and economic resources will be measured as covariates to be modelled as predictors of the emergent longitudinal patterns.

Presentation: 06/10/2018 11:00 by Sophie Opsomer

One-Slide/Five Minutes Presentation / Study Proposal / Idea

Is poorly controlled Diabetes Mellitus in adults correlated to undiagnosed attention deficit disorder?

Ilana Lauf, Robert Hoffman

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Backgroud:
ADD in adults is correlated with higher risk taking behavior, chaotic life style, lack of persistence with tasks, difficulties with organization and forgetfulness. In addition adults with ADD have difficulty with planning strategy for life goals.
ADD are known to commonly have a much higher rate of co morbidity to other psychological conditions, which could also negatively impact dealing with a chronic disease.
Diabetes Mellitus control depends on compliance to nutritional changes, physical exercise and medication regimens.

Research questions:
1. Are poorly controlled Diabetic adults (HbA1C > 9%) more commonly found to have ADD.
2. Will treatment of ADD have a positive impact on glycemic control and compliance with Diabetes treatment?

Method:
• We will check the adult Diabetic populations in a sample of primary care clinics in Israel and test those with high HBA1C for the presence of ADD, i.e. Brown ADD Scales; Wender Utah Rating Scales.
• We will include an analysis of diabetics and their prescription history for ADD treatment and family history for ADD, and compare with Diabetes glycemic control.
• We will screen for co morbidity with Anxiety and Depression questionnaires.
• Sample size will be set after consulting with statisticians.

In a future stage we would like to initiate treatment for ADD in those Diabetics found to have ADD and follow up for the impact on Diabetes control

Results:
study proposal

Conclusions:
We would like to get feedback after the presentation

Presentation: 06/10/2018 11:00 by Ilana Lauf

One-Slide/Five Minutes Presentation / Study Proposal / Idea

Obstructive sleep apnoea in a family practice setting

Andrej Pangerc, Marija Petek Šter, Leja Dolenc Grošelj

Department of Family Medicine, Medical Faculty, University of Ljubljana, 4260 Ljubljana, Slovenia. E-mail:
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Backgroud:
Obstructive sleep apnea (OSA) is the most common disorder of breathing during sleep. Patients have increased risk for diabetes, myocardial infarction, stroke, motor vehicle accidents and have a higher all-cause mortality. Still 80% of patients go unrecognized. Currently there is no screening for OSA in place. Furthermore, family physicians have no way to test for OSA and thus have to refer patients for testing to a sleep clinic which is expensive, time consuming and has a low yield.

Research questions:
Is a twostep model of screening for OSA, consisting of questionnaires followed up by at home polygraphy feasible and can it be done well in a family practice setting?

Method:
Firstly, we aim to translate and validate the Epworth sleepiness scale (ESS) and STOP Bang questionnaire (SBQ) as per standard protocol. Validation will be carried out at a certified Sleep clinic with correlation to polysomnography.

Secondly, randomly selected adult patients will be offered to participate in the study. Willing participants will be asked to complete the ESS, SBQ and give demographic and medical information. An at home type 3 polygraphy (PG3) will be performed on all participants. Individuals found to be at risk for OSA according to either ESS, SBQ or PG3 will be referred to laboratory polysomnography. Validation will be done by bootstrapping.
We aim to include 250 patients from three primary health centers.

Results:
N/A

Conclusions:
N/A

Presentation: 06/10/2018 11:00 by Andrej Pangerc

One-Slide/Five Minutes Presentation / Study Proposal / Idea

The role of family medicine doctor and community when you have "not going situation" with family

Melida Hasanagic

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Backgroud:

Every person who has family, should have family when is in need-ill or invalid, etc.
American Low association showed that 4% of persons stay in these key moments without help. Their family members and community act as nothing is going on and they stayed alone and without help

Research questions:

What is the task of family medicine team and Community when such a thing happened-you stayed without any help and care from family members and you have not going situation?

Method:

Living in the Community Questionaire Form (LCQF) will be adopted for this purpose for Bosnia and Herzegovina.
Every participated country, at least 6 of them should find at least two family medicine doctors with ten clients who are in need to fill down this questionar in the period of two months.
Filled questionaire forms should be sent back in order be analysed in Excell form.

Results:

The results will be done in written and graphical forms in order to be compared in between countries.Then associations should see what is performed in other countries and can be performed and available in BH.

Conclusions:

The completed results with an agreements of Associations should be sent to Bosnian authorities and policy makers.
The other countries can also use the results for their purposes and try to publish.

Presentation: 06/10/2018 11:00 by Melida Hasanagic

One-Slide/Five Minutes Presentation / Study Proposal / Idea

What lung cancer patients with comorbidity tell us about interprofessional collaborative care across service sectors – a qualitative interview study

Jasmin Bossert, Katja Krug, Matthias Villalobos, Michael Thomas, Michel Wensing

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Backgroud:
Management of care for patients with metastatic lung cancer and comorbidity across service sectors is a complex task. To optimize treatment outcomes, effective collaboration between health professionals across service sectors is vital. In addition, the shared decision-making movement has highlighted the importance of integrating the patient's perspective in their care. However, despite these factors, little research to date on interprofessional collaboration across service sectors includes the patient's perspective in oncology care.

Research questions:
Which barriers and facilitators to collaborative care in multidisciplinary teams are perceived from the perspective of lung cancer patients with comorbidity? Which factors contribute to effective patient care in lung cancer across service sectors?

Method:
To identify barriers and facilitators as well as measures to optimize care management of lung cancer patients with comorbidity, a qualitative approach has been selected. A self-developed interview guideline will be used to gain in-depth insights into patients' experiences regarding the coordination and prioritization of treatment plans and management of care processes across service sectors.

Results:
We expect to identify factors from the patient's perspective that impact on collaboration between patients and service providers across primary, secondary, and tertiary sectors, with an aim to enhance quality care outcomes for lung cancer patients with comorbidity.

Conclusions:
Results will be used to guide future studies

Presentation: 06/10/2018 11:00 by Jasmin Bossert

Poster / Finished study

Differences in frequency and forms of violence among nurses and physicians in Primary Health Care

Fuad Husic, Zaim Jatić, Hasiba Erkocevic, Natasa Trifunovic, Amela Keco, Elvedin Tatarević

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Backgroud:

Workplace violence (WPV) against healthcare professionals is a current topic in the world and one of the reasons for the reduced interest in studying medicine.WPV is one of the most important and complex issues in health care settings given that studies show that health professionals are at the highest risk of WPV

Research questions:

Identify and compare the form and frequency of violence against physicians and nurses and how violent event affects the health and working ability of the healthcare workers

Method:

Cross-sectional study conducted during the period March-June 2017 as anonymous survey at Public Institution Health Centre of Sarajevo Canton.Data were analyzed by descriptive statistics using SPSS software version 22 for Windows

Results:

A total of 559 healthcare professionals were recruited to the study (32.7% physicians, 67.3% nurses) making a response rate of 92.4 %.The majority of respondents (82.3%) were female.There was no significant difference between nurses and physicians by gender.A significant difference between the comparable groups exists in the age p=0.000, but not in working experience (p=0.257).The most common form of violence was rude behavior, experienced in 78% of respondents in both groups.The most common form of physical violence was banging doors and throwing objects.No statistically significant difference in experienced emotional violence regardless of the form (physicians 91,2% vs nurses 91,3%).Regression analysis with age, gender, workplace and work experience as independent variables, has shown a statically significant association between some forms of WPV and gender, age and work experience. Most common consequences of violent events is the burnout-syndrome among physicians and anxiety among nurses

Conclusions:

The results showed WPV is a major health and safety issue for healthcare workers.Provision of appropriate training programs to prevent and manage violence, development of a documenting and reporting system, identifying and supporting workers at risk, can lead to minimizing the violence

Presentation: 06/10/2018 14:00 by Natasa Trifunovic

Poster / Ongoing study with preliminary results

Forms and frequency of sanctions in primary health care in Macedonia

Marija Zafirovska, Ljubin Šukriev, Katerina Kovacevic, Marta Tundzeva

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Backgroud:
Regulating the quality and effectiveness of the work of general practitioners is important for a good healthcare system. In the Republic of Macedonia this is regulated by the Health Insurance Fund through a system of penalties/sanctions.

Research questions:
The goal of this study is to evaluate the types and effectiveness of the sanctions used on primary care practitioners.

Method:
This is a quantitative research for which we used an anonymous survey with 18 questions. This survey was distributed to 443 randomly selected general practitioners from different parts of Macedonia and 438 of them responded. For the quantitative data we used the Pearson's chi-squared test, correlation and descriptive statistics. Part of the survey is qualitative consisting of comments and opinions of the general practitioners

Results:
From the participants 336 were female and 102 were male and there was no correlation between the gender and rate of sanctions. The majority of general practitioners were in the age categories of 30-39 and 40-49. Specialists in family medicine were 146. Out of 438 general practitioners 286 were sanctioned for various reasons. The most common three reasons were: financial consumption of prescriptions and referrals above the agreed amount, higher rate of sick leaves and/or justification of sick leaves and unrealized preventative goals or education. Regarding the type of sanction, 255 of the general practitioners were sanctioned financially and only 40 were just cautionary advised.

Conclusions:
The current method of regulating the work of general practitioners with sanctions that are primarily financially based isn't improving the quality of work and is not well-received by primary care practitioners. We would like to use the first results of our study to present the methods of regulation in Macedonia, discuss about other methods that could be used and make further analyses, so we can use it as a scientific argument.

Poster / Ongoing study with preliminary results

Frequency and form of controls over primary health care physicians in Slovenia

Aleksandar Zafirovski, Danica Rotar Pavlic

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Backgroud:
Every healthcare system uses different methods of control over the work of primary care practitioners. The formal regulation is conducted by the Health Insurance Fund and the Ministry of Health in the Republic of Slovenia. The aim of this study is to evaluate the forms of control and of the sanctions used on primary care practitioners.

Research questions:
Frequency and form of controls over primary health care physicians in Slovenia

Method:
600 primary care practitioners participated from different parts of Slovenia. The questionnaire was developed at the Association of General Practice / Family Medicine of South-East Europe in 2017. The quantitative data were analyzed by the use of the Pearson's chi-squared test, correlation and descriptive statistics. On the end of the survey there were also qualitative data consisting of comments and opinions which were analyzed by qualitative methods.

Results:
462 female and 138 male practitioners participated in the study. The majority of general practitioners were in the age categories of 40-49 and 50-59. 430 of the participants were specialists in family medicine. There was no correlation between the gender and rate of sanctions. Out of 600 general practitioners 263 were sanctioned for various reasons. The most prevalent reasons of control were: financial costs of prescriptions, number of referrals above the Slovenian average level, higher rate of sick leaves in comparison to Slovenian average, a need for the justification of sick leaves and finally unrealized goals or education. Regarding the type of sanction, 207 of the primary care practitioners were sanctioned financially and only 56 were just cautionary advised.

Conclusions:
The sanctions that are primarily financially based are not well accepted by the primary care practitioners. We would like to use the first results of the study to discuss the ways of controls in other countries and to make further analyses.

Presentation: 06/10/2018 14:00 by Aleksandar Zafirovski

Poster / Almost finished study

Mapping, guiding, and assessing social prescription services in the UK: synthesis of existing evidence and current practice in case sites to derive system guidance and implementation assistance

Kerryn Husk

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Backgroud:
The use of non-health service referral, or 'social prescribing' interventions have been proposed as a cost-effective alternative to help those with long-term conditions manage their illness and improve health and well-being.

Research questions:
We are generating theory through review and primary data collection relating to the social prescribing system, how to maximise the benefits of this system and how it might be implemented.

Method:
A realist synthesis and evaluation. Working with three UK case-sites who are all at various stages in the process of setting up social prescription services, we are conducting patient pathway analyses, focus groups, and interviews. An important component of this work is iterative, targeted reviews of the literature relating to these pathways and identified mechanisms to assess effectiveness and reach.

Results:
The study is ongoing; however, we are testing prototype theory generated in a previous realist review (presented last year) and elaborating on which mechanisms within each pathway relate to suitable population types and aspects of wellbeing.

Conclusions:
We aim to draw together service delivery practitioners, users, researchers and clinicians to create specified theory for setting up social prescription services. This guidance will be context sensitive and make recommendations for increasing acceptability and spread of complex system service delivery and interventions.

Presentation: 06/10/2018 14:00 by Kerryn Husk

Poster / Ongoing study no results yet

What do GPs think about gifts from patients? A qualitative study of doctors in Latvia

Ilze Skuja, Elina Skuja, Kristine Laurane, Lieve Peremans, Michael Harris

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

Backgrond:
While healthcare providers in Latvia traditionally face patients who offering gifts, this conflicts with Latvia's Criminal Law and the Code of Ethics. General Practitioners (GPs) face the dilemma of whether to accept or to refuse these gifts, as the same gift can be interpreted both as a present and a bribe. Many studies have discussed gifts to doctors from pharmaceutical companies, but few have investigated GPs' views on gifts from their patients or how they handle the conflict between tradition, custom, ethics and criminal law.
In order to produce realistic guidance for Latvian GPs on how to conform with legal and ethical obligations, there is a need for an exploration of their feelings and actions with regard to accepting gifts.

Research questions:
What are Latvian GPs' experiences, beliefs and feelings about gifts from patients?

Method:
This will be a descriptive, qualitative study of Latvian GPs working in governmental and private sectors. We aim to use maximum variation sampling with respect to gender, years' experience and practice location. However, recruitment may be challenging due to the sensitivity of the subject-matter, so we will use snow-balling if needed.
Sampling will continue until data saturation has been achieved. Semi-structured interviews (30-45 minutes with every GP) will be audio-recorded and transcribed. Participants will be coded to protect their privacy. There will be a thematic analysis using NVivo software, starting by formulating descriptive codes, then interpretive codes, then organisation into themes. The code validation will be done by second researcher.

Results:
No results yet.

Conclusions:
An understanding of Latvian GPs' views on what actually happens with regard to gifts from patients will help in the production of approaches to ensure that their actions are legal and ethical.

Presentation: 06/10/2018 14:00 by Ilze Skuja

Poster / Almost finished study

Developing "Primary Care Patients' Aspects for Shared Decision Making Questionnaire"

Genco Gorgu, Vildan Mevsim, Hüseyin Sagiroglu, Sezer Baysal, Burak Dilber

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Backgroud:
Patient-centered care is a central component of current health policy agendas. Shared decision making (SDM) is considered to be the pinnacle of patient engagement and methods to promote this are becoming commonplace. However, the measurement of SDM continues to prove challenging. Researches in SDM area commonly investigate the physicians' attitude and performance. Understanding the patient's aspect for SDM is important to implement SDM model in clinical practise and measuring patient expectancy in SDM will be an inventive contribution for primary care literature

Research questions:
Can a questionnaire be developed to evaluate primary care patients' aspect for shared decision making?

Method:
This research was carried out as a methodological study. The study was conducted at Dokuz Eylul University Family Medicine Centers (FMC). Three focus group interviews and an in-depth interview were conducted with the patient who registered to FMC to form the questions of the questionnaire. A 50-likert-type question about shared decision making was formed from the interview texts. This questionnaire was then applied to 402 patients. Survey data were transferred to the database and validity reliability analyses were performed.
Statistical analysis of the questionnaire were; internal consistency cronbach alpha, factor analysis for structural validity.

Results:
Confirmatory factor analysis was computed with Bartlett sphericity test and Kaiser-Meyer-Olkin (KMO). According to the findings obtained, the results of the KMO of the scale were found to be 0.986 (very good) and Barlett test ($\chi2$ = 15624.23 p <0.000).The questionnaire showed three-dimensional structure that accounts for 76.5% of total variance.
The reliability coefficient of questionnaire was found to be 0.93 and this value was evaluated as highly reliable.

Conclusions:
It was developed to evaluate primary care patients' aspect for shared decision making. Primary care patients' aspects for shared decision making questionnaire is a valid and reliable instrument to measure shared decision making aspect of primary care patients.

Presentation: 06/10/2018 14:00 by Genco Gorgu

Poster / Finished study

Family caregivers of patients with dementia, impact factors of burden

Suzana Savić, Kosana Stanetić, Gordana Tešanović

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Backgroud:
There are an estimated 30 million people with dementia worldwide currently. People with dementia generally require high levels of care, most of which is provided by informal or family caregivers, often called the invisible second patients.

Research questions:
To investigate the factors related to burnout in the family caregivers of dementia.

Method:
Subjects included in the study were 13 patients with dementia and their primary caregivers, from one team of family medicine. Patients were evaluated with Mini Mental State Examination, until factors of burden of family caregivers were analyzed by interview and medical records.

Results:
For 2 patients with dementia, care for 5 years was provided by a daughter and a sister. Both carriers have hypertension, insulin resistance, back pain, anxiety, depression, constant fatigue, social isolation and poor material status. In 6 patients with dementia, they were provided by their sons and daughters for 3 years, and they detected the presence of stress, increased consumption of coffee, cigarettes, and alcohol, anxiety and fear of poor material status and loss of work. In 5 patients with dementia, care for 2 years was provided by husbands and wives. In one of them, Ca kidney and depression were diagnosed, and in other high blood pressure, arthritis, hypertension, social isolation and anxiety.

Conclusions:
This study may serve to increase clinicians' awareness of burnout in relatives of dementia patients. Comprehensive management of the patient with dementia includes building a partnership between health professionals and family caregivers, in order to prevent serious diseases and illness.

Presentation: 06/10/2018 14:00 by Suzana Savić

Poster / Almost finished study

Identifying the concerns of informal caregivers in a palliative care unit - A qualitative study

Canan Tuz, Murat Çevik

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Backgroud:

It is increasingly common that non-healing patients with multibl health problems are cared for at paliative care units. This may have positive implications for patients and their families, but it may also be burdensome to the informal caregivers with implications for their health and well-being.There are important considerations in the informal caregivers of chronic patients who are receiving health care either in a palliative care unit or home care service . Health professionals should be aware of these claims.

Research questions:

What are the concerns of informal caregivers of patients of the palliative unit?

Method:

This qualitative study was initiated to prospectively explore how family caregivers claim about their situation and feelings of providing health care for relatives , enrolled in palliative care units. Five interviews were conducted with 5 informal caregivers at enrolment to the palliative care unit.

Results:

The informal caregivers describe themselves as the persons primarily bearing responsibility and providing care for their relatives. They were found to have many concerns about their own situation,their patients status "what if they die before the patient", and their own health issues temporally being an informal caregiver but seemed to have few expected sources of support related to these concerns. On the other hand they have no murmurs among being an informal caregiver as they all think that they get power from their religious beliefs.

Conclusions:

Our findings suggest that ineffective communication about end-of-life issues and the health of the informal caregivers are milestones of the health care system for the unhealing patients.

Presentation: 06/10/2018 14:00 by Canan Tuz

Poster / Finished study

The impact of family members caring on health of caregivers

Kosana Stanetić, Suzana Savić, Gordana Tešanović

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Backgroud:
Caring for patients with severe illness, immature patients, patients in the terminal phase of malignancy or that patients with mental disorders is a major problem for families in our country. There is no system would provide the necessary assistance to this group of patients, and the process of caring in most cases is taken over by family members.

Research questions:
How many caregivers take care about their health during the caring of an ill family member, and how many of them suffered from severe illness during their caring.

Method:
A retrospective survey of the health status of patients which are known to have been caregivers of a family memeber in the previous five-year period from one team of family medicine was carried out. Analisys of electronic medical records helped to asess possible serious illness of caregivers.

Results:
During the five-year period, 20 people were identified, who were caring severely ill family member. During this period, three caregivers suffered from malignant disease (carcinoma of the cervix, breast and colon), four caregivers had type 2 diabetes, five caregivers had hypertension, eight had chronic pain in the lower part of the back.
During the caring of family members, caregivers pay little attention to their health and rarely report their problem to the doctor. Modified lifestyle, chronic stress, insufficient sleep, anxiety, constant fatigue, make these people more susceptible to illness. The task of a family doctor who knows his patients well is to pay attention to the caregiver's health.

Conclusions:
The survey included a small sample, but it can illustrate the situation in our country. The poor socio-economic status of citizens, the inability to pay accommodation in institutions, which would take care of seriously ill patients, lead family members to take on the role of caregivers of their severely ill relatives.

Poster / Finished study

The situation of informal caregivers of patients receiving or not receiving Long-term Home Nursing Care in Poland

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Backgroud:
The role of informal caregivers was included in the Assumptions of the Long-Term Senior Policy in Poland for 2014-2020. The Long-term Home Nursing Care (LTHNC) programme is the Polish government's response to this need and includes regular visits by a nurse specialising in home care.

Research questions:
What is the situation of caregivers of patients receiving or not receiving LTHNC in terms of caregiver socio-demographic characteristics, overload resulting from providing care, satisfaction from being a caregiver, and the quality of perceived support?

Method:
A cross-sectional study was conducted using the Carers of Older People in Europe (COPE) Index in 2015 in northeastern Poland involving 170 caregivers of patients supported with LTHNC and 86 caregivers of patients staying at home and not receiving LTHNC. Patients aged 65 or older who scored between 0 and 40 points on the Barthel scale were included in the research. Pearson's χ^2 test (between qualitative variables) and the Mann-Whitney test (between quantitative variables) were used.

Results:
The caregivers were mostly women. In both groups (LTHNC and non-LTHNC), the caregiver was most often the patient's child (46.5% and 38.8%, respectively). The mean age of the caregiver was 49.9 years for the LTHNC group and 57.5 years for the non-LTHNC group. Caregivers for patients receiving LTHNC were significantly less overloaded with care work than caregivers for patients without LTHNC support ($p<0.001$). LTHNC support was related to the level of satisfaction with providing care: caregivers for patients receiving LTHNC were significantly more satisfied with performing their role and felt greater support than caregivers for patients without LTHNC ($p<0.001$).

Conclusions:
Our study provides evidence for a positive relationship between LTHNC and the situation of informal caregivers of dependent elderly people staying at home.

Presentation: 06/10/2018 14:00 by Ludmila Marcinowicz

Poster / Almost finished study

Effectiveness of a biopsychosocial multidisciplinary intervention by fear avoidance beliefs in workers with sub-acute low back pain: Cluster randomized trial

Romina Raczy Mas

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Backgroud:
Low back pain (LBP) is a multifactorial condition with individual and societal impact. Psychosocial factors play an important prognostic role, considered critical in the transition from sub-acute into chronic pain. Therefore, earlier multidisciplinary treatment strategy (physical, psychological and social/occupational) may improve in fear avoidance beliefs in sub-acute LBP.

Research questions:
To evaluate how the fear avoidance beliefs may variate by a biopsychosocial multidisciplinary intervention (physiotherapy, cognitive-behavioural and pharmacological therapy) in working population with sub-acute non-specific LBP, compared to usual clinical care at 3 and 12 months

Method:
Design: Cluster randomised clinical trial.
Setting: 39 Primary Health Care Centers in Barcelona (26 control group-CG, 13 intervention group-IG).
Participants: Workers between 18-65 years old, n=369; CG=188 and IG=181.
Intervention arms: CG received usual care, according to guidelines. IG received usual care plus a biopsychosocial multidisciplinary intervention (sessions 10 hours/total).
Main outcome: Fear-avoidance beliefs questionnaire (FABQ) (range 0-96; low score <48). Two sub-scales: work (FABQ-W) (range 0-42, low ≤20) and physical activity (FABQ-P) (range 0-24, low score ≤14).
Follow-up: Baseline, 3 and 12 months.
Analysis: intention to treat, analyst blinded

Results:
Of the 369 enrolled patients, 300 (81.3%) provided data at the 3 months, and 278 (75.3%) at 12 months. At baseline, mean age was 45.1 years-old (SD: 10.4) and 61.2% were women. According to FABQ, a significant difference in the intervention group with more percentage in low score, over the follow up time and significant between groups at three months. Both groups showed a significant decrease in FABQ-P at three and twelve months, without difference between groups and at FABQ- W a significant difference at 12 months between groups in favor for the intervention group [18,2%; CI95: 4,6%-31,7%]

Conclusions:
A multidisciplinary biopsychosocial intervention showed an improvement in fear –avoidance beliefs at the expense of improving fear behaviors and avoidance at work.

Presentation: 06/10/2018 14:00 by Romina Raczy Mas

Poster / Finished study

Management of patients with diabetes and severe mental illness (SMI) compared to those without SMI.

Anna Cartanyà Fernández, Maria Isabel Fernandez San Martin, Mario Martin Sánchez, Jose Maria Gonzalez Gonzalez, Noemí Olona Tabueña, Xavier Mundet Tudurí, Josep Franch Nadal, Pedro Jesús Larrea Alfonso

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Backgroud:
People with diabetes and severe mental illness (SMI) could have worse management in terms of monitoring and poorer control in comparison to patients with diabetes without SMI.

Research questions:
To evaluate the differences relative to the monitoring and control of cardiovascular risk factors and complications of diabetes, between groups (SMI/non-SMI).

Method:
Retrospective longitudinal study of two cohorts of patients with DM2: SMI (schizophrenia, bipolar disorder, other psychosis and depression) and non-SMI. Adults assigned to primary care teams of the Catalan Institute of Health between 2007 and 2014 are included. Age, sex, health problems, (ICD-10) and metabolic parameters (physical and laboratory) from the anonymized database SIDIAP were collected. To compare both groups, the Odds Ratio (OR) and Confidence Interval (CI) adjusted for age and sex were calculated.

Results:
The total number of patients with DM2 is 296851, of which 4.8% have SMI (n = 14172). 42% of the SMI are men compared to 55% in the non-SMI group. The average age is 59.4 for SMI and 66.7 for non-SMI. The average follow-up time was 7 years. Annual monitoring of metabolic parameters was greater in the SMI group in relation to non-SMI in terms of cholesterol and blood pressure, and similar in terms of determination of HbA1C, glomerular filtration and BMI. SMI patients are more smokers (OR = 1.5), obese (OR = 1.2) and with more dyslipidemia (OR = 1.1) than non-SMI. They present a higher frequency of cardiovascular complications (OR = 1.12). The association is higher in the younger 45 years. The non-SMI are more diagnosed of hypertension (OR = 0.8) and have a worse control of the HbA1c parameter, especially in those under 65 years of age.

Conclusions:
The annual monitoring of patients with diabetes with SMI is higher than in diabetics without SMI. However, cardiovascular risk factors and their complications are greater.

Presentation: 06/10/2018 14:00 by Maria Isabel Fernandez San Martin

Poster / Study Proposal / Idea

Pan European Study on Mental Health in Primary Care and the Community

Ian Walton, Jan De Lepeleire, Lisa Hill, Dineke Smit

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Backgroud:
Primary Care is key in creating a paradigm shift in mental health delivery with a central role in the development of community based solutions and integrated services to deliver compassionate, holistic care. The European Forum on Primary Care (EFPC) mental health working group have identified that people need access to prevention, early intervention, treatment and recovery in their local community. Placing people with lived experience and their care givers at the centre of design, implementation, delivery and evaluation of mental health services, systems and policies we believe can achieve this.
Due to a paucity of accurate data and data analysis regarding primary care mental health, there is a lack of knowledge resulting in extensive rhetoric at national and international levels. Accurate data will allow the rebalance between self- care and professional care and inform the paradigm shift needed for a system that works. It is imperative that research is informed by the patients voice, caregivers and professionals working in communities.

Research questions:
What data is available in primary care across Europe for people and their caregivers in mental health?

Method:
A method and methodology is required that examines the literature, collates best practice examples and identifies the data held within each country and a method for data collection.
A position statement on primary care mental health will be presented to the EFPC two weeks prior to the EGPRN meeting and this can be shared to those members of the EGPRN who are interested in primary care mental health and moving this research forward.

Results:
Five years of data collection from EFPC members has resulted in a paper being produced based on a number of key themes. The initial literature search will inform the design of a wider scale study to inform the next stage.

Conclusions:
Engagement of EGPRN members in researching primary care mental health

Presentation: 06/10/2018 14:00 by Ian Walton

Poster / Ongoing study with preliminary results

The expansion of the Zarit scale use through the scientific literature analysis

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Backgroud:
The Zarit Scale (Caregiver Burden Scale or Zarit Burden Inventory) was developed in 1980 to measure the burden of the caregiver of a patient with Alzheimer's disease and to adapt their care. The Zarit scale thus contains relevant questions in this indication and explores for example the embarrassment that the caregiver might feel about the behavioral problems of his or her relative. However, it seems that this scale is used to measure the burden of caregivers of patients in other situations (for example, end-of-life patients) for whom Zarit-scale questions would not have the same relevance.

Research questions:
How did the Zarit scale spread over time and medical indications?

Method:
Literature review conducted through the Medline, Cochrane, Cismef, Direct Science and Em premium databases from 1980 to September 2017. Different research equations were used: "Zarit burden" and pathology * according to [MeSH Terms]; "Zarit interview" and pathology * according to [MeSH Terms]; Zarit burden and pathology * according to [MeSH Terms]; Zarit burden inventory and pathology * according to [MeSH Terms]. Only the original articles of each published article were selected for the analysis; articles presenting the results of an ancillary or secondary analysis were excluded after analysis of the summary, full text and/ or the bibliography.
Collection of data was carried out using a form developed from 3 test articles, and after consensus of the three researchers. The data collected were the database, the title, the names of the authors, the year of publication, the name of the journal, the medical specialty and the version of the Zarit questionnaire used. The analysis of the results was descriptive with the graphical realization of a chronological arrow.

Results:
The results are being analyzed and will be available for the congress

Conclusions:
Available for the congress

Presentation: 06/10/2018 14:00 by Lorraine Galland

Poster / Ongoing study with preliminary results

Walk a Mile in My Shoes

Lisa Hill

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Backgroud:
The literature search findings show a clear Top Down approach to health in the UK .The result is a disconnect between service users, GPs and policy in primary care mental health resulting in the Inverse Care Law and premature death. GPs share that there is a pull from the increasing complex needs of the patients and patients express confusion with the role of primary care. and mental health. The paucity of evidence found in the medical literature on co-production is personally, an uncomfortable finding. The thesis explores the voices of service users and General Practitioners to listen and listen again..

Research questions:
There are three questions, influenced by the literature search (Ross et al. 2014) and my reading around Cognitive Flexibility Theory (Patel 2009, 2017) and complexity in health care (Kitson et al. 2018).
How can teaching and learning be enhanced to 'mind the gap' between 'Top down' and 'Bottom up' and facilitate knowledge transfer?
What are the competences, skills, and knowledge expectations exemplified by the people using the service?
What are the competences, skills, and knowledge expectations exemplified by the people delivering the service?

Method:
Designed following pilot.
Qualitative group approach using Disney modelling, Appreciative Inquiry to produce themes and Interpretative Phenomenological Analysis to examine those themes in greater detail.

Results:
The pilot showed method and methodology work well to produce a rich tapestry of themes and a wealth of stories. The full research starts this winter.

Conclusions:
Solutions to the disconnect appear to be held at a ground level, the wealth of knowledge and the extent of the disconnect demonstrated in the pilot show the need for this research. The outcomes are to potentially inform and enable knowledge transfer, develop education, aid consultation sessions.

Presentation: 06/10/2018 14:00 by Lisa Hill

Poster / Finished study

Association of daily sleepiness with chronic diseases in family medicine patients in Bosnia and Herzegovina

Zaim Jatić, Danijela Umićević, Gordana Tešanović, Kosana Stanetić, Verica Petrović, Natasa Trifunovic, Suzana Savić, Maja Račić, Amra Zalihić, Mladen Šukalo, Elvedin Tatarević, Asmir Lepuzanović

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Backgroud:
Sleep disorders involve problems of the inability to sleep, sleep difficulties, disturbance of the sleep duration, and the presence of unusual sleep patterns. People with chronic diseases are often susceptible to other illnesses including sleep disorders.

Research questions:
Determine the frequency and type of sleep disorders at persons with chronic diseases registered in family medicine teams

Method:
A cross-sectional, multicentric study conducted as anonymous and voluntary using the modified Sleep Disorder Questionnaire (SDQ) and Epworth Sleepiness Scale (ESS). Respondents were healthcare clients in family medicine teams older than 30 years with one or more chronic diseases.

Results:
Of the total (N=1338) subjects, women were 62%. The average age of subjects was 57 years (±11.9). The most common chronic diseases were hypertension 67%, diseases of the musculoskeletal system and connective tissue (25%), diabetes mellitus (20%), arrhythmias (20%), depression (12%). ESS ≥11 had 339 (25%) subjects. Binary logistic regression was performed to ascertain the association between chronic disease and ESS ≥11. Positive significant association with ESS ≥11 had COPD (OR 2.02, 95% CI 1.33-3.09, p=0.001), depression (OR 1.96, 95% CI 1.34-2.88 p=0.001) and diabetes mellitus (OR 1.49, 95% CI 1.10-2.03, p=0.010). Negative significant association had hypertension (OD 0.67, 95% CI 0.515-0.883, p=0.004).

Conclusions:
Sleep disorders are often undiagnosed in the primary care. It is necessary for persons with chronic disease to undergo the diagnosis of sleep disorders.
Keywords: sleep disordes, daytime sleepiness, chronic disease, family medicine

Presentation: 06/10/2018 14:00 by Zaim Jatić

Poster / Finished study

Cardiovascular Risk Reduction in Patients with Coronary Heart Disease

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Backgroud:
Although efficacious strategies for the prevention of coronary heart disease (CHD) reduce the risk of cardiovascular (CV) events, these strategies are underused in clinical practice.

Research questions:
Does lifestyle modification intervention reduce the risk for fatal CV event in patients with CHD?

Method:
This cross-sectional study included 98 patients with CHD (53% men; 47% women), aged 40-80 years. Participants were divided into two groups: experimental group which received lifestyle modification intervention over 6 months (once monthly) and control group which received usual care. Total CV risk estimation, using the SCORE risk chart for high risk populations, was calculated on the beginning and after 6 months of intervention.

Results:
Mean age of patients was 64.73±7.95 years, without significant difference between men and women (65.50±8.17 vs. 63.87±7.69; p>0,05). At the beginning of the study absolute CV risk of all participants was 11.97±7.38%, and significantly higher in men compared to women (14.52±8.09% vs. 9.09±5.22%; p=0.0002). CV risk in experimental group was 12.58±7.17%, and significantly higher in men compared to women (16.07±6.64% vs. 8.48±5.45%; p<0.0001). CV risk in control group was 11.33±7.62%, without significant difference between men and women (12.84±9.26% vs. 9.69±5.02%; p=0.155). At the end of study CV risk of all participants was 10.44±7.49%: 9.22±6.05% in experimental and 11.71±8.64% in control group. Men had significantly higher CV risk then women (13.27±8.43% vs. 7.24±4.57%; p<0.0001), as well as in experimental (12.30±6.13% vs. 5.61±3.43%; p<0.0001) and control group (14.32±10.39% vs. 8.87±5.03%; p<0.027). Intervention had led to CV risk reduction (p<0.0001), both in men (p=0.0049) and women (p=0.0002). Control group had insignificantly higher CV risk at the end of study (p=0.277), as well as men (p=0.064). CV risk in women was insignificantly lower (p=0.146).

Conclusions:
Results of this study showed that adherence to lifestyle modification intervention in family medicine can improve secondary prevention for CHD and reduce predicted absolute CV risk.

Presentation: 06/10/2018 14:00 by Olivera Batic-Mujanovic

Poster / Finished study

Factors related to smoking cessation success in smoking cessation outpatient clinics

Pemra C. Unalan, Merve Ölüç, Muhammed Selim Eryılmaz, Nurefşan Dalgıç, Tuba Dilek Erdoğan, Umut Yalman, Tevfik Tanju Yilmazer

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Background:
It is known that about 70% of smokers want to quit smoking and 80% have tried to quit smoking at some point in their life.

Research questions:
Which variables other than the pharmacological interventions do affect the cessation success of the applicants in smoking cessation outpatient clinics (SCOC)?

Method:
The end point of this case-control study was defined as "stop" smoking for at least 3 months. Eligibility criteria; Admitted to Marmara University Pendik Training and Research Hospital Smoking Cessation Outpatient Clinics (MUPTRH-SCOC) between 2013-2018 and being interfered with at least one pharmacological intervention. The case group consisted of 42 patients who had been documented to have left the cigarette for at least 3 months after any intervention and the control group of 41 patients who had been failed despite the follow-up within the first 3 months. Data collected retrospectively from applicants' files; age, sex, age at initiation of smoking, level of nicotine dependence, education and application reason to SCOC.

Results:
66.3% of the patients were male and 33.7% were female. The median age was 39.72 ± 10.48. Women mentioned "harmful to health" as the reason for quitting smoking more than men (n=23 (85,2%) vs n=34 (61,8%), p=0,031). While 6 (7.3%) of the participants indicate the "health workers' warning and public spots" as the reasons for quitting smoking, all of them quit smoking (p=0.011). Only 5 (9.6%) of the participants said that smoking was forbidden both at work and at home, all of them also succeeded in quitting smoking (p=0.008).

Conclusions:
Women are more motivated to quit smoking due to "harm to health". The warning of health workers and the presence of public spots and smoking ban both at home and work significantly affect smoking cessation success.

Presentation: 06/10/2018 14:00 by Nurefşan Dalgıç

Poster / Published

Quality of diabetes care in Family medicine in Bosnia and Herzegovina: possible or not?

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Backgroud:
The role of the family medicine team in the care of patients with diabetes mellitus is very important and significant in prevention and early detection, treatment, and early detection and treatment of complications and assessment of the quality of health care.

Research questions:
Is the quality of diabetes care provided by family medicine team changed over the course of four years and to do we have practice gaps in order to improve our practice in the future?

Method:
Audit was carried out by randomly selected 120 medical records (MC) from Diabetes registry of patients with type 1 or 2 diabetes mellitus treated by one family medicine team for four consecutive years, from 2013 to 2016. We examined demographic data (gender, age, diabetes type, family history); annual examinations (glycated haemoglobin, blood glucose, lipid profile, neurological examination, urinalysis, foot care, ocular fundus and body mass index); prescribed insulin or other drugs and patient educations.

Results:
During years dominated females with 63% . Most of years diabetes type 2 had 93% of patients. In process measures acceptable level of monitoring were for: examination of ocular fundus; lipid profile or total cholesterol, blood pressure, fasting and postprandijal blood glucose with more than 80% at least yearly. Outcome measurement showed satisfactory levels of glycolized haemoglobin 60% in 2014, blood pressure 76% in 2014, fastum 56% and postprandial blood glucose 73% in 2013.

Conclusions:
Work with growing number of daily patients visits, numerous administrative obligations, management of paper and electronic medical records, achieving quality of diabetes care is a challenge for the family medicine team.

Poster / Finished study

Relationship between Women's Attitude of Family Planning and Parity in Primary Care

Vildan Mevsim, Tugce Kucuk Gurbuz

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Backgroud:
Women's attitudes towards family planning affect fertility behavior. For this reason, it is important to understand women's attitudes towards family planning in order to reduce population growth.

Research questions:
Is there a relationship between attitude of family planning and parity of women in primary care?

Method:
Cross-sectional analytical study was carried out at University Family Health Center (FHC). The study included 460 women aged between 15 and 49 who were married or had partnered. We collected data by a questionnaire where socio-demographic and obstetric characteristics included and also used "Family Planning Attitude Scale" (FPAS) developed by Orsal O. FPAS has three sub-dimensions: society attitude towards FP (SAFP), attitude towards contraceptive methods (ACM) and attitude towards gestation (AG). A higher score on the scale means positive FP behavior. Descriptive analyses, t test, chi square and correlation analysis were performed in the data analysis.

Results:
The mean age was 32.67 ± 7.691, the mean age of marriage was 20.67 ± 4.177, 55.7% were primary or non-educated and 79.1% were housewife. The mean number of pregnancies was 2.88 ± 1.84 and the mean number of living children was 2.23 ± 1.46. 80.0% of the women were using the modern FP method, and the proportion of those who had four or more pregnancies was 31.1%. The mean FPAS scores were 117.35 ± 16.19. As the number of pregnancies ($r = -0.212$, $p < 0.001$) and the number of living children ($r = -0.228$, $p < 0.001$) increased, FPAS scores decreased. As the number of pregnancies and number of living children of women increased, the SAFP score and the AG score decreased ($p < 0.01$).

Conclusions:
As family planning attitude scores decrease, the parity of women increases. When evaluating the sub scales of attitude, it was determined that the worst attitude scores were "attitude towards contraceptive methods".

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Freestanding Paper / Ongoing study with preliminary results

Undergraduate students' adoption of a new extra-curricular GP teaching project (LeiKA)

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Backgroud:
To counter recruitment problems in primary care the importance of general practice within undergraduate medical education is growing. In Germany, several medical schools established extra-curricular projects to attract more students to the field. Since 2016, the longitudinal teaching project "Leipziger Kompetenzpfad Allgemeinmedizin" (LeiKA) offers 30 places per year for interested study entrants.

Research questions:
Based on data of the first two years we wanted to know how the new project was adopted by the students, who is taking part and for what reasons.

Method:
Analysis of participation numbers. Comparison of LeiKA-participants and others regarding relevant socio-demographic characteristics and job-related values based on routine data and data from a cross-sectional questionnaire survey among all students at study entry. Additional qualitative analysis of the participants motives for taking part in LeiKA.

Results:
There were 634 study entrants in 2016 (n=318) and 2017 (n=316). In 2016, 26 students participated. In 2017, all 30 places were taken. While there was no difference regarding gender between participants and others (routine data), LeiKA-participants were slightly older (mean difference 1.2 years). Altogether 55/56 LeiKA-participants (response=98.2%) and 393/578 other students (response=68.0%) completed the first semester questionnaire. For LeiKA-participants general practice was more frequently the favored (17.3% vs. 5.4%) and less frequently no career option (9.6% vs. 19.6%). We found no differences between LeiKA-participants and others regarding socio-demographic variables and most value-orientations typically associated with GP career considerations. Most important reasons for taking part were the possibility for early patient contact, acquisition of skills, insights into ambulatory healthcare, and individual mentoring and networking.

Conclusions:
LeiKA was well adopted and seems to attract not only those who plan a GP career anyway. Whether this leads to more graduates becoming GPs will become apparent in the future. The revealed main motives to take part may guide the planning for similar projects.

Freestanding Paper / Study Proposal / Idea

VdGM SIG Research: What makes us do research? A collaborative multi-network project proposal

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Backgroud:
Europe needs a stronger general practice workforce which includes strengthening of research capacity in GP. Starting research in the field of GP is hard and not many early career GPs choose to do it.

Research questions:
The VdGM Special Interest Group in Research (SIGiR) aims to better describe the complexity of factors influencing early career GPs to take part in research, taking in account the diversity in education, residency and healthcare systems across Europe. This information can better inform WONCA networks and reshape policies regarding the recruitment of GP researchers, including those of VdGM, EGPRN, and EURACT.

Method:
A preliminary study performed by VdGM SIGiR included a modified nominal group of international early career GPs (n=19). Thematic analysis approach was taken for the nominal group data, and a follow-up was sought from participants to further elaborate the emerging themes and rank their importance. In addition, a group of Croatian family medicine residents (n=64) were asked, during their postgraduate research course, to rank the themes by importance.

Results:
High variability in the ranking of themes was observed both within and between the two groups. Research training was ranked highest in importance. Other high ranking themes included professional and personal improvement opportunity, economical support for doing research, and opportunity to present research ideas and results. Contrary to expectations, mentorship and dedicated time were not as highly ranked.

Conclusions:
The results are conceptualised by the authors as research "enablers"- a research "ecosystem" consisting of multiple enabling factors needs to be in place in to attract early career GPs. Research education, although important, might not be the predominant factor.

Moving from this preliminary simulations, VdGM SIGiR is now looking to expand on this and start a research project with interested partners to design a protocol and perform an international study on early career GP research influencing factors.

Presentation: 06/10/2018 16:00 by Alice Serafini

Author Index