102nd EGPRN MEETING

14-17 May 2026

Verona - Italy

EGPRN

EUROPEAN GENERAL PRACTICE RESEARCH NETWORK

Continuity of care now and in the future.

- Programme Book -

www.egprn.org

COLOPHON

Programme Book of the 102nd European General Practice Research Network Meeting
Verona, Italy, 14-17 May 2026

Editor-in-Chief:

Prof. Dr. Lieve Peremans - Belgium

Editors:

- Prof. Dr. Ana Luisa Neves – Portugal
- Prof. Dr. Ana Clavería - Spain
- Dr. Sara Ares Blanco - Spain
- Prof. Dr. Radost Assenova - Bulgaria
- Prof. Dr. Pemra C. Unalan - Turkey
- Dr. Yochai Schonmann - Israel

Scientific Committee:

- Co-Chair: Prof. Dr. Lieve Peremans - Belgium
- Co-Chair: Dr. Yochai Schonmann - Israel
- Prof. Dr. Radost Assenova - Bulgaria
- Prof. Dr. Ana Clavería - Spain
- Prof. Philippe-Richard Domeyer - Greece
- Prof. Dr. Giulio Rigon - Italy

Editorial Office:

- Mrs. Mine Kaya, EGPRN Executive Manager, e-mail: office@egprn.org
- Mr. Burak Usgurlu, EGPRN IT Manager, e-mail: burak@uskur.com.tr
- Mrs. Gözde Kemeröz Usgurlu, EGPRN Graphics, e-mail: gozde@uskur.com.tr

This book is available on the EGPRN website: www.egprn.org

Created using Punica.

This EGPRN Meeting has been made possible thanks to the unconditional support of the following sponsors.

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

Table of Contents

Foreword

Continuity of care now and in the future

Continuity of care is a cornerstone of effective, equitable healthcare. It means providing coordinated, seamless, and ongoing care to patients across different settings, timeframes, and stages of life. Today, both Italy and Europe face new and complex challenges affecting this crucial principle. Demographic changes are at the forefront. Populations are aging, with projections estimating that over 129 million Europeans will be over 65 by 2050, placing increasing pressures on our health systems. Italy, with one of the highest life expectancies in Europe, is especially aware of these dynamics. More people are living with chronic and complex health conditions, making continuity of care more essential than ever.

At the heart of this continuity stands general practice. General practitioners are not only the first point of contact but also play a central role in coordinating care, managing chronic illness, and building trusted relationships with patients and their families. Recent policies in Italy—including reforms introduced through the National Recovery and Resilience Plan—have recognized this by strengthening the role of primary care teams and integrated care pathways. These reforms foster multidisciplinary collaboration, shifting away from hospital-centric models toward patient-centered, community-based care. But policy reform alone is not enough. Digital innovation is fundamentally reshaping what continuity of care means in practice. In Italy, investments in telemedicine, digital health records, and remote patient monitoring are helping to reduce regional disparities and improve access. At the European level, the European Health Data Space, introduced this year, is enabling countries to securely share electronic prescriptions and medical summaries, supporting seamless cross-border care. Technologies like artificial intelligence, remote monitoring, and connected care platforms have already demonstrated real impact: reducing hospital admissions, enabling early intervention for frail patients, and helping clinicians manage complex cases more efficiently. Looking to the future, continuity of care in Italy and Europe will increasingly depend on our ability to advance integrated care models, empower general practitioners, and harness digital technology. This means not just adopting new tools, but fostering a cultural transformation in our health systems prioritizing multidisciplinary teamwork, investing in workforce development, and always putting the patient experience at the center.Only through this comprehensive approach can we deliver consistent, high-quality, and equitable care for every citizen, meeting today’s challenges and those of tomorrow.

Host Organising Committee

- Giulio Rigon
- Sonia Zenari
- Ferdinando Petrazzuoli
- Franco Del Zotti
- Lorenzo Rizzotto
- Pietro Benini
- Sofia Donatoni
- Stefano Bortoletti
- Lucia Luzi Crivellini
- Rosario Cattano
- Francesca Altimari
- Andrea Furnari
- Barbara Mozzo

THURSDAY, 14 MAY 2026

Time	Hall C	Hall A	Hall B	Working Space
9:30	Executive Board Meeting 09:30 - 13:00			
13:00				
14:00		Council Meeting 14:00 - 17:00	Workshop 1 Patient and Caregiver Partnership in Education and Research 14:00 - 17:00	
15:00	Workshop 2 Qualitative Research Applied to Continuity of Care 15:00 - 17:30			
16:00				
17:00		Research Strategy Committee 17:00 - 18:00	Educational Committee 17:00 - 18:00	PR & Communication Committee 17:00 -18:00
19:30-21:00	**Welcome Reception and Opening Cocktail** Venue: Palazzo della Gran Guardia Address: P.za Bra, 37121 Verona VR, Italy			

FRIDAY, 15 MAY 2026			
08:00-08:30	Registration - Foyer		
08:30-08:45	**Hall A** Opening of the Meeting by EGPRN Chairperson Prof. Dr. Lieve Peremans		
08:45-09:00	Welcome by Local Host Prof. Dr. Giulio Rigon		
09:00-09:40	International Keynote Lecture Prof. Dr. Steinar Hunskaar		
09:40-11:10	Plenary Session - Theme Papers		
11:10-11:40	Blue Dot Coffee Break - Working Space		
11:10-11:40	Coffee Break - The Central Room		
11:40-13:10	**Hall A** Parallel Session A - Theme Papers: Continuity of Care in Clinical Uncertainty	**Hall B** Parallel Session B - Freestanding Papers: Therapies in Real-World Care	**Hall C** Parallel Session C - Freestanding Papers: Qualitative Practice Insights
13:10-14:10	Lunch - The Central Room		
14:10-15:40	**Hall A** Parallel Session D - Theme Papers: Continuity of Care in the Digital Era	**Hall B** Parallel Session E: Freestanding Papers: Screening and Prevention	**Hall C** Parallel Session F: Freestanding Papers:Interesting Methodology Session
15:40-16:00	Coffee Break - The Central Room		**Working Space** EGPRN Collaborative Study Group Meeting: PACE GP/FP
16:00-17:30	**Hall A** Parallel Session G: One Slide Five Minute Presentations	**Hall B** Parallel Session H: Freestanding Papers - Aging and Frailty	
17:30-17:40	Summary of the day by the International Keynote Speaker Prof. Dr. Steinar Hunskaar		
17:40	End of the conference day		
18:00	**Practice Visits in Verona** The groups will leave from the conference venue.		

SATURDAY, 16 MAY 2026			
08:30-09:10	**Hall A**	**Hall B**	**Hall C**
	National Keynote Lecture Dr. Ferdinando Petrazzuoli		
09:10-10:40	Parallel Session I - Theme Papers: Designing the Future of Continuity	Parallel Session J - Freestanding Papers: Questionnaires and Measurement Tools	Parallel Session K: Freestanding Papers: Improving Detection and Management in Primary Care
10:40-11:00	Coffee Break - The Central Room		
11:00-12:30	**Poster Sessions - Working Space and Foyer**		
	Poster Session 1: Multimorbisity and Aging	Poster Session 2: Mental Health and Vulnerability	Poster Session 3: Education and the GP Workforce
	Poster Session 4: Continuity, Access & Practice Organisation	Poster Session 5: Prevention and Screening	Poster Session 6: Medicines & Safer Prescribing
	Poster Session 7: Digital Tools & New Care Models	Poster Session 8: Complex Care and Supportive Pathways	
12:30-13:30	Lunch - The Central Room		
12:30-13:30	Research Cafe - Working Space		
13:30-15:30	**Hall A**	**Hall B**	**Hall C**
	Parallel Session L - Theme Papers: Continuity of Care Through Communication and Trust	Parallel Session M: Web Based Research Course Presentations	Parallel Session N - Freestanding Papers: GP Work and Well-Being
15:30-15:50	Coffee Break - The Central Room		
15:50-17:20	**Hall A**	**Hall B**	
	Parallel Session O - One Slide Five Minutes Presentations	Parallel Session P - Theme Papers: Burden and Resilience in Continuity of Care	
17:20-17:30	Summary of the day by the National Keynote Speaker Dr. Ferdinando Petrazzuoli		
17:30-17:50	Chairperson's Report by EGPRN Chair, Prof. Dr. Lieve Peremans		
17:50-18:00	Presentation of the Poster-Prize for the best poster presented		
18:00-18:10	Introduction to the next EGPRN meeting		
18:10	Closing		
20:00-00:00	**Social Night with Dinner, Dance and Music! - Online registration required.** Venue: Signorvino Verona Address: Via Preare 15, 37124, Verona Italy		

Programme

Thursday, 14 May 2026

09:30 - 13:00	**EGPRN Executive Board Meeting** Location: Hall C Only for Members of the Executive Board
13:00 - 14:00	**Lunch** Price is not included in the conference fee. You may purchase lunch at restaurants close to the venue.
14:00 - 17:00	**EGPRN Council Meeting** Location: Hall A Only for EGPRN Executive Board and EGPRN Council members.
14:00 - 17:00	**Workshop 1: Patient and Caregiver Partnership in Education and Research: Why, What, and How. From Theory to Practice** Location: Hall B Registration is required. Click here to learn more. • Prof. Alain Mercier
15:00 - 17:30	**Workshop 2: Qualitative Research Applied to Continuity of Care** Location: Hall C Registration is required. Click here to learn more. • Prof. Paul Van Royen • Ms. Emilie Op de Beeck
17:00 - 18:00	**EGPRN Committee Meetings and Working Groups** • Research Strategy Committee - Hall A • Educational Committee - Hall B • PR & Communication Committee - Working Space
19:30 - 21:00	**Welcome Reception and Opening Cocktail** Location: The Central Room Palazzo della Gran Guardia, 3rd Floor

Friday, 15 May 2026

08:00 - 08:30 **Registration**

08:30 - 08:45 **Opening of the Meeting by EGPRN Chairperson**
Location: Hall A
- Prof. Lieve Peremans (Speaker)

08:45 - 09:00 **Welcome by Local Host**
Location: Hall A
- Prof. Giulio Rigon (Speaker)

09:00 - 09:40 **International Keynote Lecture**
Location: Hall A
- How to balance direct access and continuity of care - Prof. Dr. Steinar Hunskaar (International Keynote Speaker)
- Prof. Lieve Peremans (Chair)

09:40 - 11:10 **Plenary Session - Theme Papers**
Location: Hall A
- Prof. Lieve Peremans (Chair)
- Advancing Continuity of Care: Acceptability of Patient Portals and Phone Consultations in Slovenian Hybrid Primary Care Pathways - Matic Mihevc
- Continuity in a fragmented health care system – organizational and individual determinants - Emil Johansson
- Examining the role of general practitioners in breast cancer follow-up care in Germany - Lara Schürmann

11:10 - 11:40 **Blue Dot Coffee Break**
Location: Working Space

For the first time attendees.

11:10 - 11:40 **Coffee Break**
Location: The Central Room

For the regular attendees.

11:40 - 13:10 **Parallel Session A - Theme Papers: Continuity of Care in Clinical Uncertainty**
Location: Hall A
- Prof. Ayse Caylan (Chair)
- Balancing Responsiveness: How patients navigate cancer diagnostic uncertainty in primary care - Ulrika Sandén
- Caregiver Burden at Admission to Acute Hospital-at-Home: Prevalence and Associated Psychosocial Factors in an Israeli Cohort - Shira Duhamel
- From first contact to lifeline – The role of the general practitioner in continuity of care for people with suicidal ideation - Marie Van Hoestenberghe

11:40 - 13:10 **Parallel Session B - Freestanding Papers: Therapies in Real-World Care**
Location: Hall B

- Prof. Goranka Petriček (Chair)
- Adherence to various inhalers in adult asthma patients - Michal Shani
- Does prophylactic low dose amitriptyline prevent post-herpetic neuralgia? Findings from the ATHENA randomised placebo-controlled trial - Oliver Van Hecke
- Strengthening collaboration between general practice and dentistry early: impact of an interprofessional undergraduate course on medical and dental students' knowledge, skills and attitudes - Anne Schrimpf

11:40 - 13:10 **Parallel Session C - Freestanding Papers: Qualitative Practice Insights**
Location: Hall C

- Prof. Pemra C. Unalan (Chair)
- Beyond the Medical Examination: From Clinical Touch to Human Connection – a Qualitative Study - Camille Persand
- Predictors of Patient Satisfaction: An Assessment of Person-Centeredness and Personality Traits - Sena Tunç
- What drives general practitioners to refer patients with COPD to a pulmonologist? Insights from an interview study - Lieven De Zwart

13:10 - 14:10 **Lunch**
Location: The Central Room

14:10 - 15:40 **Parallel Session D - Theme Papers: Continuity of Care in the Digital Era**
Location: Hall A

- Prof. Jako Burgers (Chair)
- Cooperating with new healthcare professionals to contribute to the shared medical record: an action-research study - Delphine Le Goff
- Escalating terminology confusion threatens continuity of care: a quantitative forecast of potential AI governance collapse by 2027 - Odi Stummer
- Patients' Experiences With Using a Digital Platform for Chat-Based Consultation in Primary Health Care in Sweden: Qualitative study - Pär Eriksson

14:10 - 15:40 **Parallel Session E - Freestanding Papers: Screening and Prevention**
Location: Hall B

- Prof. Giulio Rigon (Chair)
- Cancer Screening Participation Among Turkish Women: National Trends (2008–2022) and Factors Associated with Adherence in 2022 - İkbal Hümay Arman
- Multiparametric Ultrasound and PSA Density for Early Identification of High-Risk Prostate Pathology in Primary Healthcare - Mihai Iacob
- Understanding parental attitudes and concerns about childhood vaccination in Albania: a nationwide cross-sectional study. - Ledia Qatipi

14:10 - 15:40 **Parallel Session F: Freestanding Papers: Interesting Methodology Session**
Location: Hall C

- Prof. Ana Clavería (Chair)
- Essential Data Fields from German Primary Medical Care for Secondary Research - Johannes Hauswaldt
- Frailty profiles based on Comprehensive Geriatric Assessment in primary care: a clustering analysis - Veronique Orcel
- Recognising Long COVID Before 20: Narrative Medicine and Semantic Phenotyping in Primary Care - Serhan Soylu

15:40 - 16:00 **Coffee Break**
Location: The Central Room

15:40 - 16:00 **EGPRN Collaborative Study Group Meeting: PACE GP/FP**
Location: Working Space

16:00 - 17:30 **Parallel Session G: One Slide Five Minute Presentations**
Location: Hall B

- Dr. Ferdinando Petrazzuoli (Chair)
- Prof. Mehmet Ungan (Chair)
- A Photo-Based Qualitative Study of Medication Storage and Organization in Home Health Care Patients - Şeyma Handan Akyön
- Continuity of Care as a Predictor of Subsequent Medication Adherence: A Temporally Sequenced Cohort Study Protocol - Sophia Eilat-Tsanani
- CORMAT: A Cluster Randomized Trial of Mail Reminders to Increase Colorectal Cancer Screening in Primary Care - Yasmine Zaouche
- Integrating cultural prior experiences into AI-enabled wearable Learning Health Systems for hyperlipidaemia management - Angelina Müller
- Investigating the association of cognitive behavioral physical activity and nutritional attitudes of patients with obesity in the interview using telehealth settings - Didem Kafadar
- Medical Students' Perceptions of Telemedicine and Related Educational Needs - Ábel Perjés
- Sexual Harassment Among Family Medicine Residents in Israel - Ela Sadan
- Unlocking Implementation: Key Needs of Ukrainian Family Doctors for Routine Depression Screening and Management - Andrii Kolesnyk

16:00 - 17:30 **Parallel Session H - Freestanding Papers: Aging and Frailty**
Location: Hall C

- Dr. Yochai Schonmann (Chair)
- Assessment of Functional Independence, Frailty, and Cognitive Status Profiles in Individuals Aged 80 and Over: A Retrospective Descriptive Study in a Rural District - Büşra Çimen Korkmaz
- Investigating Frailty in Swedish Primary Care Using a Prediction Model, Self-reported Assessment and the Clinical Frailty Scale - Magnus Nord
- Vitamin D Deficiency as a Modifiable Risk Factor for Mortality and Chronic Disease: Quantifying the Impact of Supplementation in Matched International Cohorts - Shlomo Vinker

17:30 - 17:40 **Summary of the day**
Location: Hall A

- Prof. Dr. Steinar Hunskaar (Speaker)

17:40 - 17:45 **End of the conference day**

18:00 - 20:00 **Practice Visits in Verona**

Click here for more information.

Saturday, 16 May 2026

08:30 - 09:10 **National Keynote Lecture**
Location: Hall A
- Prof. Giulio Rigon (Chair)
- Continuity of Care: an essential characteristic of the discipline of general practice/family medicine - Dr. Ferdinando Petrazzuoli (National Keynote Speaker)

09:10 - 10:40 **Parallel Session I - Theme Papers: Designing the Future of Continuity**
Location: Hall A
- Prof. Radost Asenova (Chair)
- A contemporary ontology of continuity in general practice: Capturing its multiple essences in a digital age - Emma Ladds
- Fidelity evaluation of the compared procedures for conducting the PVS-PREDIAPS implementation strategy to optimize diabetes prevention in primary care - Heather L Rogers
- Medical student’s view on setting up their own practice and on mandatory education on practice management – a cross-sectional questionnaire study - Solveig Weise

09:10 - 10:40 **Parallel Session J - Freestanding Papers: Questionnaires and Measurement Tools**
Location: Hall B
- Dr. Andrej Pangerc (Chair)
- AutomédiQ : to shed the light on selfmedication - Louis Braun
- Development of the Family Involment Levels of Physiciansn Scale-Turkish Version (FILoPS-T): Multilevel Factor Analysis - Mehmet Göktuğ Kılınçarslan
- Experiences of the Visually Impaired with Healthcare Services: A Qualitative Research - Serap Çifçili

09:10 - 10:40 **Parallel Session K - Freestanding Papers: Improving Detection and Management in Primary Care**
Location: Hall C
- Prof. Sonia Zenari (Chair)
- Barriers and Facilitators of Antibiotic Prescription in Respiratory Tract Infections: A Qualitative Study of Family Physicians in the Field - Gökçe İşcan
- Dementia and Mild cognitive impairment screening in General Practice in Slovakia -Current status and barriers - Xénia Wöstmann
- Maccabi-RED, mHealth innovation in community emergency care: a 4-year analysis of adoption patterns and impact on healthcare utilization - Ilan Yehoshua

10:40 - 11:00 **Coffee Break**
Location: The Central Room

11:00 - 12:30 **Poster Session 1: Multimorbisity and Aging**
- Prof. Sophia Eilat-Tsanani (Chair)
- Adapting risk-based, nurse-led preventive care in general practice to strengthen continuity of care: a study proposal from Latvia - Darta Puriņa
- Associations of Chronic Condition Combinations With Treatment Burden and Health-Related Quality of Life in Multimorbidity - Olga Vasiliauskiene
- Effectiveness Assessment of a Geriatric Mobile Team in Assessing the Elderly: A Retrospective Cohort Study - Limor Adler
- Implementing Goal-Oriented Care for Multimorbidity in Primary Care: Protocol for a Multinational Stepped-Wedge Cluster Randomised Trial (GOAL-MM / METHIS) - Margarida Gil Conde
- Long-Term Effects of SGLT2is and GLP-1RAs on Frailty Progression in Patients with Type 2 Diabetes - Maor Lewis
- Prevalence, clinical characteristics and management of chronic kidney disease in primary

care - Luca Raccagni

11:00 - 12:30 **Poster Session 2: Mental Health and Vulnerability**

- Dr. Ábel Perjés (Chair)
- Attitudes Toward Individuals with Dementia and Empathy Levels Among Family Physicians: A Cross-Sectional Study - Sıdıka Ece Yokuş
- Bridging the Gap: GPs' Perspectives on Paediatric Care in Germany – Training, Barriers, and the Path Forward - Annett Braesigk
- IMPACT Project : Brief intervention by the general practitioner for the management of women victims of intimate partner violence - Emeline Pasdeloup
- Intersectionality and Common Mental Disorders: The Cumulative Impact of Social Inequalities - Ileana Gefaell
- Positive and Negative Experiences of Informal Caregivers: A Population-Based Study Relevant to Primary Care - Lina Jaruseviciene
- The relationship between affective temperaments and type 2 diabetes mellitus among primary care patients in Hungary - Péter Torzsa

11:00 - 12:30 **Poster Session 3: Education and the GP Workforce**

- Prof. Pemra C. Unalan (Chair)
- Burnout-associated factors in a sample of General Practitioners from the Province of Modena, Italy - Federica Ferrara
- Frequent diagnoses in primary-care encounters and their representation in the residency certification tests - Lilach Aizenbud
- Locus of Control and Motivation for a Career in General Practice: Evidence from Three Cohorts of Medical Students in Bulgaria - Yancho Madzharov
- Mapping Continuing Medical Education in Family Doctors across 29 European Countries: Preliminary Results - Sara Ares Blanco
- Mentors' Attitudes and Experiences with Residents in difficulty - Marija Petek Šter
- Recruitment and Retention Initiatives in English General Practice: A National Training Hub Review - Cindy Heaster

11:00 - 12:30 **Poster Session 4: Continuity, Access & Practice Organisation**

- Dr. Vanja Lazic (Chair)
- Appointment Scheduling in German General Practice – a Participatory Cross-Sectional Study from the Patient Perspective - Susanne Kersten
- Bridging the Gap: A Systematic Review to Forge Effective Health Literacy Strategies Across the Cancer Journey - Noemí López Rey
- Continuity of preventive care in geographically isolated settings: screening practices of general practitioners on Breton islands - Vincent Borgne
- General Practice Trainees' Perspectives on Preventing Patient Discontinuity in Prostate Cancer Care - Daniela Mileva
- Home visits in a changing primary care system: a qualitative study of general practitioners' perspectives - Angelica Salvadori
- Minutes, Medicine, and Multi-Tasking: A Snapshot of Irish General Practice Consultations - Marcella O' Callaghan

11:00 - 12:30 **Poster Session 5: Prevention and Screening**

- Dr. Negar Pourbordbari (Chair)
- "My life check" – a comparative study of cardiovascular health among current and future healthcare professionals and patients - Krisztián Vörös
- Bridging the gap in mental health care: A qualitative study on GP/FM interns' readiness to use WHO mhGAP in Ukraine - Marianna Semianiv
- Colorectal cancer screening in General Practice in Slovakia -Current status and future challenges - Ludmila Kutakova
- Feasibility of Capillary Self-Blood Collection with Mail Shipment in General Practice: Implications for Continuity of Care - Linda Hoffmeister

- What factors influence patients' adherence to follow evidence based recommendation of prevention? - Pavlo Kolesnyk
- What factors influence General Practitioners' engagement with colorectal cancer screening? Results from a study in Latvia. - Jelena Danilenko

11:00 - 12:30 **Poster Session 6: Medicines & Safer Prescribing**

- Prof. Hans Thulesius (Chair)
- Do common medications influence hip fracture risk in older women? Long-term follow-up from Swedish primary care - Elias Engström
- Familiarity with and integration of tools for detecting potentially inappropriate prescribing in older people in European primary care: preliminary results from a collaborative study - Naldy Parodi López
- Knowledge and Attitudes Toward Antibiotic Use Among the Hungarian Population - Nóra Horváth
- Overuse of Benzodiazepines and Z-Drugs in Croatian Family Medicine – Preliminary Results - Vanja Pintarić Japec
- Pelargonium sidoides extract (EPs® 7630) versus usual care for acute bronchitis in Swiss primary care (Phytobronch): a pragmatic, open-label, randomised controlled trial - Clara Podmore
- Practice of prescribing novel antidiabetic medications among GPs in Croatia - a nation-wide cross-sectional study - Tomislav Kurevija

11:00 - 12:30 **Poster Session 7: Digital Tools & New Care Models**

- Ms. Ivana Keenan (Chair)
- A Survey on the Use of Artificial Intelligence in General Practice Among Fifth-Year Hungarian Medical Students - Csongor István Szepesi
- Active management of COPD patients in general practice: a model of proactive medicine - Marco Peres
- Can an mHealth application be an assistant to family physicians in managing newly diagnosed patients with hypertension? - Sashka Janevska
- Case report: the Palliative Care Pathway in a Long-Term Care Facility for a Patient with Advanced Multimorbid Dementia, balancing guidelines and proportionality of Care. - Francesca Abate
- E-kid: early detection of screen overexposure for child: tool validation and web score for primary care - Juliette Chambe
- Pilot study of a gender-sensitive intervention in primary care for patients with chronic non-cancer pain receiving long-term opioid therapy (GESCO) - Achim Mortsiefer

11:00 - 12:30 **Poster Session 8: Complex Care and Supportive Pathways**

- Dr. Bernardino Oliva-Fanlo (Chair)
- A Pilot Study on Enhancing Self-Management for Multimorbid Asthma and COPD Patients in Remote Populations - Ausrine Kontrimiene
- Attitudes of family medicine residents in Croatia regarding coordination of palliative care – A repeated cross-sectional study - Ema Slapnicar
- Continuity Through Collaboration: A Mobile Diabetes Nurse Model for Older Adults in Primary Care - Monika Lund
- Outcomes of Sedation-Assisted Diagnostics in Non-Cooperative Adults with Disorders of Intellectual Development at a Medical Center for Adults with Disabilities – A Secondary Analysis - Kristin Rolke
- Physicians' views on proactive work and care planning for vulnerable older people – a qualitative study in Swedish primary healthcare. - Anna Segernäs
- The Role of General Practitioners in the Care of Pallative Patients in Hungary - Ágnes Szélvári

12:30 - 13:30 **Lunch**
Location: The Central Room

12:30 - 13:30 **Research Cafe**
Location: Working Space

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*"!
Take your lunch with you.

13:30 - 15:30 **Parallel Session L - Theme Papers: Continuity of Care Through Communication and Trust**
Location: Hall A

- Prof. Tuomas Koskela (Chair)
- Characteristics Associated with Person-Centered Care Attitudes Among European General Practitioners: Findings from the PACE GP/FP Study - Goranka Petricek
- Effect of a Digitally Supported 4-7-8 Diaphragmatic Breathing Intervention on Sleep Quality in Adolescent Female Volleyball Players: A Quasi-Experimental Study - Fatma Aybar
- Exploration of Parents' Opinions Who Are Vaccine-Opposed or Vaccine-Hesitant Regarding Childhood Vaccinations in Primary Care Setting - Canan Tuz
- Non-disclosure of Complementary and Alternative Medicine Use in Primary Care: Patient Motivations and Barriers - Taras Griadil

13:30 - 15:30 **Parallel Session M- Web Based Research Course Presentations**
Location: Hall B

- Prof. Mehmet Ungan (Chair)
- Dr. Ferdinando Petrazzuoli (Chair)
- Prof. Shlomo Vinker (Chair)
- Adolescents and General Practitioners: Pilot Study on Health Needs in Northeast Italy - Turco Matteo
- Dynamics of primary care physicians' preparedness to manage dementia following mhGAP training: a mixed-methods study in Western Ukraine - Oksana Petrynych
- Exploring the association between pain types and mental health with four-dimensional symptom questionnaire - Nurver Turfaner Sipahioğlu

13:30 - 15:30 **Parallel Session N - Freestanding Papers: GP Work and Well-Being**
Location: Hall C

- Dr. Gökçe İşcan (Chair)
- Facilitating Reflective Practice Groups in General Practice Training: A Qualitative Study of Facilitators' Perspectives - Jérôme Fonseca
- If the Helper Needs Help: Exploring the Second Victim Phenomenon in Estonian Primary Health Care - Kadri Suija
- Illegitimate tasks in general practice and their associations with well-being at work - Outi Öhman
- Learning from patient safety incidents in primary care: a mixed-methods study from Sweden - Elinor Nemlander

15:30 - 15:50 **Coffee Break**
Location: The Central Room

15:50 - 17:20 **Parallel Session O - One Slide Five Minutes Presentations**
Location: Hall A

- Prof. Shlomo Vinker (Chair)
- Dr. Ferdinando Petrazzuoli (Chair)
- Prof. Mehmet Ungan (Chair)
- Comparative study of type 2 diabetes management practices in primary health care across European countries - Nina Tusa

- FITT-Based Exercise Prescription with a 2-Week Check-in to Support Continuity of Lifestyle Care in Prediabetes: A Primary Care Pilot Study - Ozan Can Polat
- Lung Point-of-Care Ultrasound in Primary Care and Antibiotic Prescribing for Acute Respiratory Infections: A Retrospective Cohort Study - Gil Har Tzvi Tulchinsky
- Perichondritis of the pinna in the primary care setting - Ori Liran
- Primary Care Group Visits for Prefrail Multimorbid Older Adults A continuity- and trust-focused pragmatic pilot cluster RCT - Sena Sönmez
- Puff Puff – Your personal asthma action… game! Gamifying the asthma action plan to support continuity of care in paediatric asthma - Andrea Virga
- Standardising continuity of care in tension-type headache and migraine: a pilot controlled study of a modified headache calendar with Stop-Go-Escalate decision rules - Valerija Mizavcova
- Students' Perceptions of Family Medicine Following Early Exposure to Practice: A Qualitative Before-and-After Study - research project - Vladyslav Lazaryk
- Training Health Professionals for Collaborative Care: Defining and Assessing Interprofessional Communication Competencies - Kristien Coteur

15:50 - 17:20 **Parallel Session P - Theme Papers: Burden and Resilience in Continuity of Care**
Location: Hall B

- Dr. Margarida Gil Conde (Chair)
- How can I talk about addiction? A Top 3 questions selected by General Practitioners - Maxime Pautrat
- Perceived Stress, Burnout, Professional Quality of Life, and Occupational Balance among University Faculty in Health Sciences Disciplines in Spain - Raquel Gomez Bravo
- Relationship Between Pressure Injuries in Care Recipients and Caregivers' Psychological Resilience: Primary Care Perspective - Sanem Nemmezi Karaca

17:20 - 17:30 **Summary of the day**
Location: Hall A

- Dr. Ferdinando Petrazzuoli (Speaker)

17:30 - 17:50 **Chairperson's Report by EGPRN Chair**
Location: Hall A

- Prof. Lieve Peremans (Speaker)

17:50 - 18:00 **Presentation of the Poster Prize for the best poster presented**
Location: Hall A

- Prof. Radost Asenova (Speaker)

18:00 - 18:10 **Introduction to the next EGPRN meeting**
Location: Hall A

- Prof. Ana Clavería (Speaker)

18:10 - 18:15 **Closing**
Location: Hall A

20:00 - 00:00 **Social Night with Dinner, Dance and Music!**

Online registration required.
Signorvino Verona
Address: Via Preare 15, 37124, Verona Italy

Sunday, 17 May 2026

09:30 - 12:00 **EGPRN Executive Board Meeting**
Location: Hall C

Only for members of the Executive Board.

International Keynote Lecture

How to balance direct access and continuity of care

Prof. Dr. Steinar Hunskaar

Emeritus Full Professor, Department of Global Public Health and Primary Care, Faculty of Medicine, University of Bergen, and Senior Researcher, National Centre for Emergency Primary Health Care, NORCE Research, Bergen, Norway

General practice is built on two essential principles: easy access to care and continuity of care. Good access to a personal doctor reduces delays, supports early treatment, and builds trust that care is available, and is associated with high patient satisfaction. Continuity of care is linked to better health outcomes, including lower mortality, fewer hospital admissions, lower costs, and greater patient satisfaction. The two concepts often pull in different directions, often driven by public and political demand for easy access at the cost of lower continuity. Improving access has weakened personal continuity in many countries the recent years. There is an international challenge to balance these two values in the best way. We need to develop effective solutions for care that also preserve continuity and upheld the concept of the personal doctor.

About the speaker

Steinar Hunskaar is emeritus full Professor of Family Medicine at the University of Bergen, with academic work, clinical practice, teaching, and research since 1984. He has also served as Dean of the Research curriculum, School of Medicine, and Vice Dean of Education (2017-2021). He was trained in neurophysiology and later in internal medicine and general practice. His doctoral thesis dealt with pain mechanisms in the spinal cord.

Prof. Hunskaar’s main research field is epidemiology of urinary incontinence in women, and he has been principal investigator for several large epidemiological projects. Hunskaar has published more than 400 scientific papers, including in the most distinguished journals like New England Journal of Medicine and BMJ. He was a member of the Cochrane review group for incontinence from the start. He was the founder of the National Centre for Emergency Primary Health Care and was its research director 2005-2017. He has published more than 100 publications in several aspects of general practice, from clinical studies to emergency care and more ideological papers. He has been the main supervisor for more than 30 Ph.D. candidates. In recent years he has published a series of registry-based studies on continuity of care. Prof. Hunskaar has also edited several books, his most famous work is the Norwegian textbook of general practice, a well-known work with editions all over Scandinavia and Estonia. The 4th edition was published in 2023. He has also received several national and international awards for teaching and research activities. Dr. Hunskaar is an approved specialist in general practice in Norway and has been a part time GP in his local community his whole professional life.

Local Keynote Lecture

Continuity of Care: an essential characteristic of the discipline of general practice/family medicine.

Ferdinando Petrazzuoli, MD, PhD

A dedicated family physician with over 40 years of experience serving a rural community in Southern Italy. A prominent leader in European primary care research and rural medicine, currently serving as President of EURIPA.

According to the WONCA Tree, Continuity of Care is an essential characteristic of the discipline of general practice/family medicine and the cornerstone of high-quality primary health care, traditionally defined by a longitudinal, trusting relationship between a patient and a specific clinician. Its benefits are well-documented: improved clinical outcomes, reduced mortality, lower healthcare costs, and enhanced patient and provider satisfaction. As we navigate the mid-2020s, the "relational" aspect of care is facing unprecedented pressure from global workforce shortages and an increasing policy emphasis on immediate access over long-term stability.

Continuity of Care (CoC) is the cornerstone of high-quality primary health care, traditionally defined by a longitudinal, trusting relationship between a patient and a specific clinician. Its benefits are well-documented: improved clinical outcomes, reduced mortality, lower healthcare costs, and enhanced patient and provider satisfaction. As we navigate the mid-2020s, the "relational" aspect of care is facing unprecedented pressure from global workforce shortages and an increasing policy emphasis on immediate access over long-term stability.

Current Landscape and Challenges Presently, primary care operates in a state of tension. While digital triage and "access-first" models have successfully reduced wait times, they have often inadvertently fragmented the patient’s experience. The "inverse continuity law" persists, where underserved populations with complex multimorbidity—who benefit most from CoC—frequently receive the least. Current measurement tools, such as the Usual Provider of Care (UPC) index, reveal a decline in traditional personal lists, forcing a shift in how we define "continuity" in a modern multidisciplinary environment.

The Technological and Model Shift The current transition is marked by two major innovations: micro teams and Ambient Clinical Intelligence (ACI). Micro teams, small, stable multidisciplinary groups—are replacing the "single doctor" model to maintain relational continuity without individual burnout. Simultaneously, Generative and Multimodal AI are moving from administrative tools to clinical "partners." By 2026, AI-driven systems are beginning to provide the "missing context" for clinicians, synthesizing fragmented data into actionable longitudinal insights, thus strengthening informational continuity even when a patient sees different team members.

Future Directions Looking forward, the future of CoC lies in "Agentic AI" and Value-Based Care. As systems shift toward VBC, incentives will align with the long-term outcomes that CoC naturally produces. AI will transition from reactive data retrieval to proactive "care gap" identification, ensuring that patients do not drift out of pathways. The future primary care model will be a hybrid of "high-tech" and "high-touch," where technology handles the complexity of data and logistics, liberating clinicians to focus on the compassionate, human-centric relationships that remain the heart of medicine.

About the speaker

Education

- PhD in Clinical Sciences, Center for Primary Health Care Research, Lund University, Sweden (2019) Thesis: Dementia Management in European Primary Care
- MSc in Primary Care & General Practice, University of Ulster, United Kingdom (2008)

Professional Leadership & Appointments

- President, European Rural and Isolated Practitioners Association (EURIPA, a WONCA Europe Network) (2024–Present)
- Executive Board Member-at-Large, WONCA Europe (Representing EURIPA) (2022–Present)
- Executive Board Member, WONCA Europe Special Interest Group on Social Prescribing and Community Orientation (2022–Present)
- Member, WONCA Working Party on Mental Health (2022–Present)
- Contract Professor, School of Specialization in Community Medicine and Primary Care, University of Naples "Federico II," Italy (2022–Present)
- Executive Board Member, European General Practice Research Network (EGPRN, a WONCA Europe Network) (2010–2019)

Clinical Experience

- Family Physician, Southern Italy (1980s–Present) Providing comprehensive primary care in a rural village setting for over 40 years.

PubMED

Pre-conference Workshop 1

Patient and Caregiver Partnership in Education and Research: Why, What, and How. From Theory to Practice

Thursday, 14 May, 14:00 - 17:00

- Prof. Alain Mercier, University Paris 13, Bobigny Department of General Practice, France
  GP and has been performing and teaching qualitative research for many years..
- Prof. Maria Stella Padula, University of Modena, Italy
- Dott. Lorenzo Poli, University of Modena, Italy

Foreword
The healthcare system is currently facing major transformations that are redefining the patient's role within its reorganization. By transitioning from a recipient of care to an active participant in their own health, individuals play an increasingly vital role in maintaining and improving their well-being.

The evolving needs of both patients and healthcare providers, coupled with increased life expectancy, a rise in chronic and dependent patients, and higher expectations from families, pose significant challenges for governments and healthcare organizations in managing hospital and community-based care. This situation necessitates a paradigm shift involving patients and caregivers within care pathways. This includes adapting education and research for both patients and professionals in universities and general training programs, as well as fostering peer-to-peer support and developing Therapeutic Patient Education for prevention and self-management in chronic conditions.

Objective
To raise awareness among General Practitioners regarding existing models for training health science professionals through the involvement of patients and caregivers. This initiative, based on experiences in Europe, France, and Italy, utilizes a presentation of current practices and a brief theoretical-practical session (simulations) to propose a research path focused on teaching effectiveness.

Program

1. **30’ - Introductory Report (Italy+France):** The institutional and organizational framework. A presentation of Italian and French experiences: the current teaching model (content, methodology, target audience and documentation).
2. **60’ - Education in partnership with patients and caregivers in Italy (Italy):**
   A simulation of university training activities involving "patient trainers." The session focuses on medical students and the communication of diagnosis and prognosis.
   - Narratives. Perspectives from a patient, a caregiver, and a professional. Selection of a critical/problematic situation encountered by the three actors.
   - Facilitated interaction with participants, focusing on the following questions:
     - What are the unique aspects of this experience, and what are the specific needs of patients, caregivers, and professionals?
     - What lived experiences, emotions, and care-related questions did the simulation evoke?
     - What effective best practices were demonstrated in the stories shared by the narrators?
     - What are the implications for interprofessional collaboration?

- Conclusion: Key takeaways from clinical, relational, and care management perspectives.

3. **75' - Education and research in partnership with patients in France (France):**
   - Ongoing experiences in patient-inclusive education: Presentation of an educational simulation followed by a facilitated interaction with participants, with a focus on the unique aspects of the experience.
   - Report on research into the effectiveness of education with patients: Findings and implications of studies conducted in France.
4. **15' - Conclusion (France+Italy):**
   - Future research directions in Medical Education
   - A Collaborative Future: Building a European Network between General Practitioners and Patients/Caregivers as Trainers and Co-researchers

Pre-conference Workshop 2

Qualitative Research Applied to Continuity of Care

Thursday, 14 May, 15:00 - 17:30

- **Paul van Royen**, University of Antwerp, Faculty of Medicine Department of Primary and Interdisciplinary Care, Belgium.
- **Drs. Emilie Op de Beeck**

Ensuring continuity of care is currently a major challenge in many European countries. Healthcare systems are facing workforce shortages, leading to reduced accessibility of primary care and deferred care. The situation is even more critical for vulnerable people, contributing to growing inequities in healthcare.

In this workshop, you will learn how qualitative research can help address research questions in this domain. Qualitative research provides in-depth insights into patients' experiences, behaviours, and interactions within the healthcare system.

Emilie Op de Beeck has conducted research on improving access to health care for vulnerable people, and Paul Van Royen has many years of experience in qualitative research design. They will focus on formulating strong research questions and selecting appropriate qualitative designs and methods, using several examples of research in this field.

Participants will also work in small groups to explore and develop qualitative research approaches related to continuity of care.

Theme Paper / Published

Advancing Continuity of Care: Acceptability of Patient Portals and Phone Consultations in Slovenian Hybrid Primary Care Pathways

Matic Mihevc, Snežana Đurić, Marija Petek Šter

Department of Family Medicine, Medical Faculty University of Ljubljana; Primary Healthcare Research and Development Institute, Community Health Centre Ljubljana, 1000 Ljubljana, Slovenia. E-mail: matic.mihevc@mf.uni-lj.si

Keywords: acceptability; digital literacy; digital tools; hybrid care; patient portal; quality of life; teleconsultation

Background:
Continuity of care in Europe faces increasing pressure from population aging, chronic disease, and rising primary care demand. Digital tools such as patient portals and phone consultations are central to hybrid care models extending coordination beyond in-person visits. Understanding patient perceptions is key to ensuring digital transformation strengthens, rather than fragments, continuity of care.

Research questions:
This study aimed to evaluate the acceptability of patient portals and phone consultations in Slovenian primary care and identify socio-demographic, clinical, and digital factors associated with acceptability.

Method:
Between April and June 2025, a multicentre cross-sectional survey was conducted in four primary healthcare centres in Slovenia. The sample included 214 individuals who had used both patient portals and phone consultations in the previous 12 months. Data covered socio-demographic and clinical characteristics, digital communication skills, quality of life, and annual digital tool use. Acceptability was assessed using the Theoretical Framework of Acceptability (TFA) tool, and univariate and multivariable linear regression analyses identified factors associated with acceptability.

Results:
Among 214 participants (mean age 42.9 ± 14.1 years; 61.2% female), both patient portals and phone consultations were generally acceptable, with similar overall TFA scores (3.9/5). Patient portals were seen as significantly less time-consuming and better for communication, while phone consultations were preferred for accessibility and reliability. Multivariable analyses showed that higher digital communication skills and better quality of life predicted greater acceptability for both, whereas lower education level and more frequent use were associated with higher acceptability of phone consultations.

Conclusions:
Continuity of care requires flexible hybrid models rather than uniform digital solutions. Phone consultations are crucial for access and relational continuity for patients with limited digital skills, while patient portals enhance continuity for digitally confident patients. Investing in digital literacy, supporting general practitioners, and developing interoperable eHealth systems is essential to ensure digital tools strengthen coordinated, equitable continuity of care.

Points for discussion:
How can health systems effectively improve digital communication skills among patients, particularly older adults or those with lower education levels, to reduce disparities in access?

What are the best strategies to integrate digital tools into existing primary care workflows without disrupting relational continuity with general practitioners?

How might patient perceptions and acceptability of digital tools differ across countries, and what lessons can Slovenia provide for broader European primary care settings?

Presentation on 15/05/2026 09:40 in "Plenary Session - Theme Papers" by Matic Mihevc.

Theme Paper / Finished study

Continuity in a fragmented health care system – organizational and individual determinants

Emil Johansson, Hálfdán Pétursson, Jörgen Månsson, Lina Maria Ellegård, Gustav Kjellsson

Public Health and Community Medicine, University of Gothenburg, Sweden, 47541 Hono, Sweden. E-mail: emilj2000@hotmail.com

Keywords: Continuity of care, Relational continuity, General Practice, Primary care

Background:
Continuity of care is a core attribute of high-quality primary care and is associated with improved health outcomes, reduced mortality, and more efficient use of healthcare resources. In healthcare systems characterized by high provider choice and fragmented care-seeking patterns, achieving relational continuity is challenging. Sweden exemplifies this tension, with broad access to primary care but relatively low GP continuity.

Research questions:
How are individual characteristics and primary care center (PCC) features associated with relational continuity measured by the Continuity of Care Index (CoCI)?
How is continuity within PCCs related to total continuity across the primary care system?

Method:
Retrospective cohort study using linked administrative register data covering in-person physician visits in primary care among residents in Region Skåne, Sweden. CoCI was based on all primary care physician visits 2017-2019. Associations between individual- and PCC-level characteristics and continuity were estimated with linear regression models.

Results:
349,661 individuals and 172 PCCs were included. Mean CoCI was 0.24 for total continuity and 0.28 within PCCs. Physician turnover was the strongest determinant of continuity, with CoCI difference of 0.11 between the lowest and highest quartile, followed by patient age, having chronic conditions, PCC size, and private ownership. Individuals with higher socioeconomic status and non-Western background had lower total continuity, largely explained by more fragmented care-seeking. PCC features were more strongly associated with continuity than patient characteristics.

Conclusions:
The results suggest that relational continuity in Swedish primary care is mainly shaped by organizational factors, particularly physician turnover and practice size. Fragmented care-seeking patterns among specific patient groups—especially individuals born outside the Nordic countries—contribute to lower total continuity but do not reflect weaker patient–provider relationships within PCCs. Policies that improve workforce stability, strengthen structural support for continuity, and target PCCs serving socioeconomically deprived populations are likely necessary to enhance continuity of care.

Points for discussion:
How do the results compare to evidence and experience from other countries?

How is continuity of care in primary care prioritized in the political debate in other countries?

Are high levels of continuity of care always something to aim for? Downsides of prioritizing continuity of care in primary care?

Presentation on 15/05/2026 09:40 in "Plenary Session - Theme Papers" by Emil Johansson.

Theme Paper / Finished study

Examining the role of general practitioners in breast cancer follow-up care in Germany

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

Medical School OWL, 33615 Bielefeld, Germany. E-mail: lara.schuermann@uni-bielefeld.de

Keywords: breast cancer, follow-up care, qualitative methods, continuity of care, general practice

Background:
Breast cancer is the most common cancer among women in Germany. Structured follow-up care can help timely detect recurrences, manage treatment side effects, and improve quality of life. While gynecologists are traditionally responsible for coordinating, general practitioners (GPs) may be particularly well positioned to contribute due to their longitudinal patient relationships and continuity of care. However, their role in breast cancer follow-up care in Germany remains ill-defined.

Research questions:
What are perspectives of breast cancer patients and physicians on GP´s role in breast cancer follow-up care in Germany?

Method:
This study is part of the multiphase mixed-methods BRUNA+ project. Expert workshops with GPs and Gyns (N=9) followed the “deliberative consultations” method. Two discipline-specific and one mixed session were held. Results from six interviews and two focus groups with breast cancer patients (N=17) were presented. Physicians were asked to reach working agreements on: supporting patients in overcoming follow-up barriers, better integrating GPs into follow-up, and improving information exchange between disciplines. All sessions were audio-recorded and analyzed inductively and deductively using thematic analysis (Braun & Clarke, 2006).

Results:
Participants agreed that GPs should encourage patients to attend follow-up, serve as the first contact for therapy side effects, and provide psychosomatic support, but not take a more active role in follow-up care. Sending the hospital’s final report to GPs and improving access to shared patients records (e.g., electronic records (ePA)) would support involvement of GPs. A website with detailed information on therapy side effects could help GPs identify treatment-related symptoms. Opinions diverged on whether GPs should monitor medication-related side effects as part of routine laboratory tests, as this is not covered by statutory insurance in Germany.

Conclusions:
In Germany, GPs involvement into breast cancer follow-up care is limited. Improved digital communication through the new ePA and better information exchange could strengthen GP involvement and continuity of care.

Points for discussion:
How could greater involvement of general practitioners throughout the follow-up process strengthen continuity of care for patients?

What are ways to make general practitioners’ involvement in breast cancer follow-up care more effective?

Presentation on 15/05/2026 09:40 in "Plenary Session - Theme Papers" by Lara Schürmann.

Theme Paper / Finished study

Balancing Responsiveness: How patients navigate cancer diagnostic uncertainty in primary care

Hans Thulesius, Michael Harris, Ulrika Sandén, Andris Pūce, Bernardino Oliva, Didem Kafadar, Robert Hoffman, Şeyma Handan Akyön, Ghassan Guorgis, Dimitra Iosifina Papageorgiou, Jelena Danilenko, Aikaterini Metochianaki, Lars Harrysson, Marija Zafirovska, Marcello Mangione, Serap Çifçili, Emmanouil Smyrnakis, Vija Siliņa, Liina Pilv, Stella Ploukou

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

Keywords: Cancer diagnosis; Primary care; Diagnostic uncertainty; Patient experience; Grounded theory

Background:
Patients undergoing cancer diagnosis in primary care often face prolonged uncertainty and fragmented diagnostic processes. While diagnostic delay has been widely studied, less is known about how patients relate to their symptoms, their emotions, and physicians' responses during the pre-diagnostic phase.

Research questions:
How do patients respond to diagnostic uncertainty before a cancer diagnosis in primary care?
How do they navigate healthcare systems, relationships with physicians, and their own emotional reactions?

Method:
Classic grounded theory was applied to 85 patient narratives from seven European countries (Greece, Italy, Latvia, North Macedonia, Spain, Sweden, Türkiye). Data were analysed using constant comparison whilst memoing and sorting to identify a core process explaining patient behaviour before diagnosis.

Results:
Balancing Responsiveness explain how patients strive to remain stable while responding to uncertainty in three interrelated ways:
Forced self-managing, where patients are compelled to coordinate care, manage referrals, delays, and system barriers;
Diagnostic confusion, where normalisation, dismissal, and misinterpretation of symptoms by both patients and physicians lead to cycles of reassurance and renewed self-diagnosing;
Emotional meaning-making, where fear, denial, guilt, and intuition both delay action and, at times, trigger persistence.
Patients adapted their language, behaviour, and emotional expression to fit perceived expectations of clinicians, often calibrating their performance to avoid dismissal while seeking clarity.

Conclusions:
Balancing Responsiveness highlights the central role of relational, emotional, and organisational dynamics in cancer diagnosis and offers a patient-centred explanation of how people cope with and act within diagnostic uncertainty in primary care. Patients' diagnostic trajectories were shaped by a continuous balancing between action and restraint while navigating uncertainty, emotions, and complex healthcare systems. When systems or relationships failed, patients were forced into managing their own diagnostic process, acquiring situational expertise at considerable emotional cost.

Points for discussion:
How can primary care recognise patients' adaptive work during diagnostic uncertainty?

How can emotional signals be better understood as part of the diagnostic process?

How can patient experiences and knowledge be used to improve diagnostic work?

Presentation on 15/05/2026 11:40 in "Parallel Session A - Theme Papers: Continuity of Care in Clinical Uncertainty" by Ulrika Sandén.

Theme Paper / Finished study

Caregiver Burden at Admission to Acute Hospital-at-Home: Prevalence and Associated Psychosocial Factors in an Israeli Cohort

Shira Duhamel, Sophia Eilat Tsanani

clalit health services, afula, Israel. E-mail: shira.duhamel@gmail.com

Background:
Acute Hospital-at-Home (HaH) programs depend on family caregivers to support older adults during acute illness. Despite their central role, caregiver burden at the time of HaH admission has not been well characterized in real-world settings.

Research questions:
We sought to answer the following research questions: (1) What is the prevalence of caregiver burden at admission to acute Hospital-at-Home? and (2) Which caregiver- and patient-related factors are associated with high caregiver burden at admission?

Method:
We conducted a cross-sectional observational study of family caregivers of patients admitted to an acute HaH program within Clalit Health Services, Israel (2023–2024). Caregiver burden was assessed within 48 hours of admission using the Caregiver Strain Index (CSI). Caregiver characteristics, caregiving context, health-related quality of life (EQ-5D-5L, UK value set), resilience (CD-RISC-2), and perceived social support (single adapted item) were collected by telephone interview. High burden was defined as CSI ≥7. We examined associations using bivariate analyses and hierarchical logistic regression.

Results:
Among 125 caregivers, 77 (61.6%) reported high burden at admission. Compared with those with low burden, caregivers with high burden more frequently reported EQ-5D anxiety/depression, pain/discomfort, and limitations in usual activities, and had lower EQ-5D index scores. High burden was also associated with lower resilience and perceived social support. Nearly all caregivers with high burden had provided prior care for the same patient. In multivariable analysis, paid caregiver assistance was associated with higher odds of high burden (adjusted odds ratio [aOR] 5.23, 95% CI 1.17–23.37), whereas perceived social support (aOR 0.22, 95% CI 0.06–0.74) and high resilience (aOR 0.33, 95% CI 0.11–0.95) were independently associated with lower odds.

Conclusions:
High caregiver burden is common at admission to acute HaH and reflects pre-existing caregiving strain, emotional distress, and limited psychosocial resources. Early caregiver assessment at HaH entry may help identify vulnerable caregivers and guide targeted supportive interventions.

Presentation on 15/05/2026 11:40 in "Parallel Session A - Theme Papers: Continuity of Care in Clinical Uncertainty" by Shira Duhamel.

Theme Paper / Almost finished study

From first contact to lifeline – The role of the general practitioner in continuity of care for people with suicidal ideation

Marie Van Hoestenberghe, Catou De Groof

University of Antwerp, 2530 Boechout, Belgium. E-mail: marie.vanhoestenberghe@student.uantwerpen.be

Keywords: General practice, Suicide prevention, Continuity of care, Primary care, Mixed methods.

Background:
Care for people with suicidal ideation in Flanders and Brussels is complex and fragmented. General practitioners (GPs) often serve as the first and central point of care, yet face substantial challenges in ensuring continuity, a core suicide prevention strategy. Insight into how GPs fulfil this role, and where they encounter barriers remains limited.

Research questions:
This study explores how GPs in Flanders and Brussels contribute to continuity of care for people with suicidal ideation, which actions they undertake at the micro- and meso-level, and which barriers and support needs they experience.

Method:
A mixed-methods study combined data from a large-scale online survey among healthcare professionals (N = 723), including GPs (n = 74), with qualitative in-depth interviews with people with suicidal ideation and relatives, providing complementary insights into the organisation and experienced continuity of care.

Results:
GPs describe their role as a low-threshold point of contact and a key figure in follow-up and referral, but report substantial barriers in collaboration with specialised mental health care. Long waiting times, complex referral procedures and limited information exchange impede continuity, particularly at high-risk transition points. Capacity shortages place significant responsibility on GPs, while time, specific expertise and structural support are often lacking. Patients and relatives expect GPs to act as navigators, yet describe this role as difficult to realise due to unclear care pathways and limited overview of the care system.

Conclusions:
GPs occupy a crucial yet vulnerable position in care for people with suicidal ideation. Strengthening continuity requires clear role definitions, improved information exchange, and structural support through training, protected time and formalised care agreements, underscoring the need for a stronger primary care role within integrated suicide prevention.

Points for discussion:
How can we keep the role of “navigator” realistic for GPs in a system where they have no overview of the social map or waiting times for specialists?

To what extent is the digitisation of tools (such as the Backup app) a solution if GPs themselves indicate that they do not have the necessary knowledge to introduce them? Shouldn't these tools be integrated into the Electronic Medical Record (EMR) as standard in order to lower the threshold, rather than expecting GPs to manage external applications?

Presentation on 15/05/2026 11:40 in "Parallel Session A - Theme Papers: Continuity of Care in Clinical Uncertainty" by Marie Van Hoestenberghe.

Freestanding Paper / Finished study

Adherence to various inhalers in adult asthma patients

Michal Shani, Doron Comaneshter, Michael Segel

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

Keywords: adherence, asthma, inhalers

Background:
Inhalers containing bronchodilators and corticosteroids are the cornerstone of asthma therapy. Adherence to prescribed medication is critical to successful management.

Research questions:
To study inhaler adherence in a large cohort of asthma patients, and to assess the effect of a specific inhaler on adherence.

Method:
We conducted a retrospective cohort study at Clalit Health Service (CHS), an HMO serving >50% of the Israeli population. CHS members aged 40-80 years with a diagnosis of asthma, who filled ≥1 prescription/year 2017-2019 (regular users) for at least one inhaler containing inhaled corticosteroids (ICS), long-acting beta-adrenergics (LABA), and/or long-acting anti-muscarinics (LAMA) were included. Filled monthly prescriptions were used as a proxy for actual medication use. The primary endpoint was the proportion of adherent users (defined as purchasing≥3 inhalers/yr in 2018).

Results:
45,801 asthma patients (age 68.4±7.1 yrs., 45% men, 40% ever smokers) were identified. 18,568 were regular inhaler purchasers (40% of total). 99% of the patients got inhalers containing steroids, and 93% got combination inhalers with both steroids and LABA. 95.7% used only one inhaler from the study inhalers. Adherence rates varied across inhalers, ranging from 51% to 77% among patients who purchased them for at least 3 months.
In multivariate analysis, adherence increased with age. Men and smokers were more likely to be adherent. Patients with good adherence were more likely to get oral steroids OR=1.09 (1.06, 1.12), and less likely to visit ER during 2018 OR=0.89 (0.83, 0.97). There was no difference in hospitalizations between more and less adherent patients.

Conclusions:
Asthma adherence rates are low and vary by inhaler type.
It seems that many asthma patients do not receive appropriate
inhaler treatment. Interventions are required to improve patient care.

Points for discussion:
Adherence in asthma patients

What affect adherence to inhalers

what do we need to do with the low adherence rates

Presentation on 15/05/2026 11:40 in "Parallel Session B - Freestanding Papers: Therapies in Real-World Care" by Michal Shani.

Freestanding Paper / Finished study

Does prophylactic low dose amitriptyline prevent post-herpetic neuralgia? Findings from the ATHENA randomised placebo-controlled trial

Oliver Van Hecke, Matthew Ridd, Hazel Everitt, Eleanor Gidman, Christine Hobson, Sian Wells, Yumeng Liu, Emma Bridgeman, Kirsty Garfield, Rebecca Kandiyali, Sophie Rees, Jonathan Banks, Lorelei Hunt, Vikki Wylde, Robert Johnson, Alastair Hay, Anthony Pickering, Jodi Taylor, Stephanie Macneill

Ghent University, 9000 Ghent, Belgium. E-mail: oliver.vanhecke@ugent.be

Keywords: shingles, post-herpetic neuralgia, prophylaxis, treatment

Background:
Post-herpetic neuralgia (PHN) is one of the most common and troublesome complication of herpes zoster (HZ) but there are no treatments that prevent it. A previous small, single centre RCT from 1997 reported that amitriptyline could reduce the incidence of PHN by 45% (Bowsher, 1997, J Pain Symptom Management) but the generalisability of this has never been assessed.

Research questions:
Does prophylactic low dose amitriptyline started soon after HZ onset prevent PHN?

Method:
Adults ≥50 years old, diagnosed with HZ within 6 days of rash onset were recruited via 331 GP surgeries in England. Participants were randomised 1:1 to self-titrated amitriptyline 10-30 mg or matched placebo, for 70 days. Primary outcome was presence/absence of PHN (“worst pain in last 24 hours” ≥3/10) at 90 days after rash onset on Zoster Brief Pain Inventory (ZBPI). Target sample size was 846 participants for 90% power, assuming 20% PHN in the control group, relative risk reduction of 45% with amitriptyline, and 20% loss to follow-up. Modified primary intention-to-treat and safety analyses were undertaken. Trial registration ISRCTN14490832.

Results:
Between 30 March 2022 and 30 April 2025, 4941 patients were screened of whom 878 were randomly assigned (441 [50.2%] to amitriptyline and 437 [49.8%] to placebo). Among the 790 participants with worst pain scores at baseline and 90 days included in the primary analysis, the prevalence of PHN was 8.9% in the placebo group and 11.8% in the amitriptyline group (adjusted OR 1.35, 95% 0.84 to 2.18, p=0.217).

Conclusions:
In this large, robust, pragmatic, placebo-controlled RCT in primary care, we did not find any evidence that low-dose amitriptyline prevents PHN at 90 days in adults diagnosed with HZ within 6 days of rash onset.

Presentation on 15/05/2026 11:40 in "Parallel Session B - Freestanding Papers: Therapies in Real-World Care" by Oliver Van Hecke.

Freestanding Paper / Finished study

Strengthening collaboration between general practice and dentistry early: impact of an interprofessional undergraduate course on medical and dental students' knowledge, skills and attitudes

Jonas Werner, Magnus Jahn, Deborah Kreher, Stephan Gemp, Annett Braesigk, Anne Werner, Markus Bleckwenn, Dirk Ziebolz, Gerhard Schmalz, Daniel Reißmann, Anne Schrimpf, Tobias Deutsch

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

Keywords: interprofessional education, general practice, dentistry, undergraduate medical education, collaboration

Background:
Evidence highlights the importance of collaboration between general practitioners and dentists, which remains rare in routine care in Germany. To promote future collaboration and mutual understanding, a new interprofessional course was implemented at Leipzig University, combining blended learning, patient-based practical assignments, and a joint dental clinic session with work shadowing, supervised peer teaching and problem-based case learning.

Research questions:
What impact does the interprofessional course have on medical and dental students' (MS, DS) knowledge, self-assessed skills, attitudes towards future collaboration, and course acceptance?

Method:
During the 2024/2025 academic year, fourth-year MS and fifth-year DS at Leipzig University participating in the new course were surveyed online using a pre-post design (intervention group). Students at two other universities (Halle-Wittenberg, Rostock) without comparable courses served as a comparison group. Quantitative statistical analyses were complemented by qualitative methods (free-text, participatory interpretation of results in focus groups).

Results:
A total of 579 students completed the evaluation (intervention group: n = 306 [266 MS, 40 DS]; comparison group: n = 273 [203 MS, 70 DS]), with response rates ranging from 73.3% to 95.8%. Post-test knowledge scores showed a significant but moderate increase compared with both pre-test scores and the comparison group, particularly regarding relevant medication side effects. Self-assessed practical skills improved significantly, e.g. oral examination among medical students and blood glucose measurement among dental students. Agreement with statements related to interprofessional collaboration was significantly higher post-intervention than at baseline or in the comparison group. Students particularly valued the mutual exchange and insights into each other's professional roles. The majority supported permanent implementation of the course (90.2% MS, 97.5% DS).

Conclusions:
The interprofessional course was highly accepted and associated with improvements in collaborative knowledge, skills and attitudes among medical and dental students. Such educational approaches may contribute to strengthening future collaboration between general practice and dentistry and warrant consideration in undergraduate curricula.

Points for discussion:
1. How is collaboration between general practitioners and dentists perceived in your country or other European countries, and how is this topic addressed in education and training?

2. How do you assess the potential of (early) interprofessional learning experiences to strengthen future collaboration between general practitioners and dentists?

3. Interprofessional undergraduate education is established to varying degrees across Europe—should it be promoted, and if so, how?

Presentation on 15/05/2026 11:40 in "Parallel Session B - Freestanding Papers: Therapies in Real-World Care" by Anne Schrimpf.

Freestanding Paper / Finished study

Beyond the Medical Examination: From Clinical Touch to Human Connection – a Qualitative Study

Alain Mercier, Camille Persand

Université Sorbonne Paris Nord, 93017 Bobigny, France. E-mail: alain.mercier@univ-paris13.fr

Keywords: physical examination, emotions, interpersonal relations,

Background:
Social movements such as #MeToo and stricter consent norms are reshaping how bodies and intimacy are perceived. In primary care, medical touch remains essential for diagnosis yet also carries relational meaning. The everyday experiences of general practitioners—feelings, uncertainties and coping strategies—remain poorly documented.

Research questions:
How do general practitioners perceive, experience and adapt the practice of medical touch within today's evolving expectations of intimacy, consent and ethical care in the doctor-patient relationship?

Method:
Qualitative study inspired by Grounded Theory. Twelve GPs (6 women, 6 men; aged 30–65) were purposively sampled for diversity in age, gender, seniority and practice type. Semi-structured interviews (45–70 min. feb–Sep 2025) were audio-recorded, transcribed verbatim and anonymised. Coding proceeded through open, axial and selective phases with constant comparative analysis; two analysts coded independently, resolving differences by discussion and triangulating two-thirds of the data.

Results:
Medical touch emerged as a practice that is both technical and relational. Participants stressed that the gesture must be explicitly explained, continuously adapted to the patient's signals, and performed securely. Its effectiveness depends on the integration of three pillars—clinical competence, empathetic presence, and ethical vigilance—within a sociocultural context that now demands greater transparency and informed consent. Consequently, touch is experienced as a conscious professional act situated at the intersection of skill, respect, and therapeutic bond. The influence of experience, training and continuity of care highlights the role of time and transmission in learning touch. Experience, training, and the continuity of care underscore how time and mentorship shape physicians' mastery of touch. Conversely, contexts in which physical contact is absent—particularly teleconsultations—warrant further investigation to determine how the loss of bodily interaction reshapes the therapeutic relationship.

Conclusions:
GPs regard medical touch as a skilled, empathetic, ethically grounded act; these findings provide a solid basis for training and policy to ensure safe, patient-centered care.

Points for discussion:
How can GPs turn these insights into concrete communication protocols that protect consent and strengthen the therapeutic alliance?

What are the main obstacles primary-care teams face in implementing consent-focused, empathetic touch?

Presentation on 15/05/2026 11:40 in "Parallel Session C - Freestanding Papers: Qualitative Practice Insights" by Camille Persand.

Freestanding Paper / Finished study

Predictors of Patient Satisfaction: An Assessment of Person-Centeredness and Personality Traits

Merve Akbaşoğlu-Akçay, Sena Tunç, Mehmet Göktuğ Kılınçarslan

Çanakkale Onsekiz Mart University, 17100 Merkez, Türkiye. E-mail: goktugmk@gmail.com

Keywords: Patient Satisfaction; Patient-Centered Care; Personality

Background:
Person-centered care (PCC) is a well-established driver of patient satisfaction. However, the relative influence of PCC compared to patient-inherent factors, like personality traits, within a single predictive model is not well understood. This represents a key research gap, as it is unclear whether patient satisfaction is shaped more by the quality of the care delivered or by the patient's own disposition.

Research questions:
How do perceived person-centered care, patient personality traits, and sociodemographic factors collectively contribute to the prediction of overall patient satisfaction?

Method:
A cross-sectional study was conducted among 250 patients at the Çanakkale Onsekiz Mart University Hospital outpatient clinics. Data were collected using a sociodemographic questionnaire and three validated scales: the Turkish version of the Patient Perception of PCC Scale (Reverse scored; lower is better), the Short Assessment of Patient Satisfaction Scale (Reverse scored; lower is better), and the ten-item Big Five Personality Scale. Multiple linear regression analysis was performed to identify the predictors of patient satisfaction.

Results:
The study included 250 participants (67.6% female) with a mean age of 38.19 ± 15.29 years. The final regression model was statistically significant ($p<0.001$) and explained 62.8% of the variance in patient satisfaction. The analysis identified the perception of PCC as the most powerful predictor ($B=0.336$, $p<0.001$), indicating that a higher perception of person-centeredness is strongly associated with greater satisfaction. Additionally, perceived income level was a significant factor, with patients reporting a higher income level also reporting greater satisfaction ($B=-0.485$, $p=0.040$). Among personality traits, only neuroticism had a statistically significant impact; higher levels of neuroticism were associated with lower patient satisfaction ($B=0.234$, $p=0.020$).

Conclusions:
Patient satisfaction is a multifactorial construct significantly predicted by the quality of patient-centered communication, socioeconomic status, and specific personality traits. The findings underscore that enhancing patient-centered approaches is a critical strategy for improving overall patient satisfaction in clinical practice.

Points for discussion:
This study identifies that patient-inherent factors, such as neuroticism and socioeconomic status, significantly impact satisfaction. How can healthcare systems and providers develop strategies to mitigate the negative influence of these factors—which lie outside their direct control—to ensure a more equitable standard of patient satisfaction?

Presentation on 15/05/2026 11:40 in "Parallel Session C - Freestanding Papers: Qualitative Practice Insights" by Sena Tunç.

Freestanding Paper / Finished study

What drives general practitioners to refer patients with COPD to a pulmonologist? Insights from an interview study

Lieven De Zwart, Joep Simonse, Bram Van Den Borst, Erik Bischoff, Marieke Perry, Martijn Spruit, Lisette Van Den Bemt, Alex Van 'T Hul

Radboudumc, 6500HB Nijmegen, Netherlands. E-mail: lieven.dezwart@radboudumc.nl

Keywords: COPD, general practitioner, guideline refferal, decision-making, qualitative research

Background:
Chronic obstructive pulmonary disease (COPD) is complex, heterogeneous and prevalent disease, with most patients receiving care by their general practitioner (GP). Studies show that a substantial part of the COPD population seen by a GP qualifies for referral to a pulmonologist, due to a poor health status, or perceived disease burden. COPD-guidelines provide criteria to help GPs identify eligible patients for referral. Nonetheless, in clinical practice the timing and clinical status of a patient at moment of referral frequently deviates from these recommendations. Insights in the decision-making process of GPs regarding referral to a pulmonologist lags.

Research questions:
What attitudes and perceptions do GPs have regarding the referral of patients with COPD to pulmonologists, and how do recommendations from the Dutch GP COPD guideline impact these referrals?

Method:
Semi-structured interviews were conducted with purposeful sampled Dutch GPs. Recordings were transcribed verbatim, and the data was analysed using thematic analysis by two researchers independently. Multiple research group meetings were held to identify and structure the themes.

Results:
A representative sample consisting of fourteen GPs, with variety in age, years of experience, expertise level of the GP and urbanisation degree of the practice, participated in the study. Seven themes were identified as influencing in referral decision-making: ‘Professional roles in COPD care’, ‘Accessible care options without referral’, ‘Medical factors supporting or hindering referral’, ‘Perceived benefit of referral based on patient’s and GP’s appreciation of a pulmonologist’s judgment’, ‘Additional options in secondary care’, ‘Assumed patient perception of referral’, and ‘Trust in partnership with the pulmonologist’.

Conclusions:
Findings suggest that a complex sequence of decisions and considerations influence whether GPs will or will not refer patients with COPD to pulmonologists. Some factors are patient-independent, and others are patient-dependent. Recommendations from The GP guidelines seem to have only a limited impact on referral decisions.

Points for discussion:
Guideline recommendations appeared to have limited influence on referral decisions for patients with COPD. To what extent is this recognisable in clinical practice, and how problematic is this?

Would COPD care improve if patient-independent influences on referral decisions were minimized?

What is the most effective strategy to improve guideline-recommended referrals of patients with COPD to a pulmonologist?

Presentation on 15/05/2026 11:40 in "Parallel Session C - Freestanding Papers: Qualitative Practice Insights" by Lieven De Zwart.

Theme Paper / Finished study

Cooperating with new healthcare professionals to contribute to the shared medical record: an action-research study

Delphine Le Goff, Julie Darcel, Béatrice Sidoine, Jean Yves Le Reste

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

Keywords: health services research, medical records, general practitionners,nurse clinicians, physician assistants

Background:
Demographic aging and chronic diseases have profoundly reshaped healthcare needs. Care coordination and multidisciplinary primary care practices have emerged over recent decades. The French healthcare system transformed lately with the addition of new healthcare professionals (HP) particularly. Besides, implementation of the French shared medical record (SMR) has been challenging, despite strong national promotion since 2022.

Research questions:
An action research study was conducted in a multidisciplinary primary care practice to contribute to the SMR by creating up-to-date clinical summaries for regular multimorbid patients through interprofessional collaboration.

Method:
The study combined an initial focus group with HP, informal exchanges, regular interviews with HP, and a monitoring of contributions over four months. A consensual protocol structured the patient pathway and defined professional roles. A final focus group with HP assessed the intervention, and results were analysed using the Consolidated Framework for Implementation Research.

Results:
Among 1,947 registered patients, 73 agreed to activate their SMR. 49 benefited from activation, and 23 SMR received a medical summary. Initially, HP expressed ethical and technical concerns, particularly regarding software interfaces. Over time, they reported improved patient trust, enhanced interprofessional exchanges, and a better continuity of care.

Conclusions:
Despite professional engagement, the low number of contributions highlighted persistent barriers. The protocol was complex, and SMR updates remained an additional workload. HP access rights, software interoperability, and adaptation to interprofessional practice remained challenges. Strategies inspired by other European healthcare systems must be implemented.

Points for discussion:
Simplification of protocol

Experience of European collegues

Patient input into interprofessional protocols

Presentation on 15/05/2026 14:10 in "Parallel Session D - Theme Papers: Continuity of Care in the Digital Era" by Delphine Le Goff.

Theme Paper / Finished study

Escalating terminology confusion threatens continuity of care: a quantitative forecast of potential AI governance collapse by 2027

Odi Stummer, Hans Thulesius, Ilja Radlgruber, Michael Riegler, Thomas Frese

Institute for General Medicine, Martin-Luther-University, 06112 Halle, Germany. E-mail: florian.stummer@uk-halle.de

Keywords: Digital Health Governance, Artificial Intelligence, Terminology Standards, Continuity of Care, Quantitative Forecasting, Health Policy

Background:
The digital transformation of healthcare, accelerating via AI and telemedicine, is outpacing regulatory capacity to ensure semantic interoperability. This widening gap threatens the "continuity of care" by fracturing the evidence base required for safe, longitudinal patient management across systems.

Research questions:
When will the rate of terminology complexity in digital health fatally outstrip regulatory harmonization capacity, creating a quantifiable "point of no return" for global health governance?

Method:
We employed a mixed-methods approach integrating quantitative cycle analytics and Bayesian scenario modeling. We analyzed 17 international regulatory cycles (e.g., HL7, SNOMED) and technology adoption rates (AI, Digital Twins) from 2020 to 2025 across five jurisdictions (US, EU, UK, Singapore). The model simulated the divergence between "technology cycle duration" (Ttech) and "regulatory development time" (Treg) to predict systemic failure probabilities.

Results:
Our model identifies a "point of no return" emerging in Q3 2027 (median cumulative probability: 76%). By this date, the technology innovation cycle (projected at 1.25 years) will be less than half the median regulatory response time (2.5 years). This "governance collapse" creates "Artificial Epidemiology," where unmappable data undermines the reliable transfer of clinical information essential for continuity of care.

Conclusions:
Without immediate intervention, specifically i.e. mandatory, real-time global terminology registries, the digital infrastructure intended to support continuity of care will instead degrade it. We provide a quantitative roadmap to avert this probable collapse before the 2027 threshold.

Points for discussion:
Methodology validation: Is the Bayesian forecasting model robust across different European healthcare systems?

Policy implications: How can GPs advocate for "registry-mapped" compliance to protect longitudinal data integrity?

Presentation on 15/05/2026 14:10 in "Parallel Session D - Theme Papers: Continuity of Care in the Digital Era" by Odi Stummer.

Theme Paper / Published

Patients' Experiences With Using a Digital Platform for Chat-Based Consultation in Primary Health Care in Sweden: Qualitative study

Pär Eriksson

LNU, 39245 Kalmare, Sweden. E-mail: par.eriksson@lnu.se

Keywords: Primary health care, telemedicine, health service accessability, continuity of care

Background:
A growing demand for primary health care necessitates more efficient use of resources. Digital platforms for patient–provider communication are often promoted as solutions to improve access and efficiency, but their implications for continuity of care remain insufficiently understood. In Swedish primary health care, patient adoption of such services remains limited, highlighting the need to explore how digital contacts influence patients' experiences of access, relationships, and ongoing care.

Research questions:
The aim of the study was to explore patients' experiences with using a digital platform for chat-based consultations to understand their concerns when contacting primary health care services online.

Method:
We conducted 23 semi-structured interviews between March and December 2024 with patients from three health care regions in southeastern Sweden who had used a digital platform to contact their primary health care centre (PHCC). Data were analysed using inductive thematic analysis. In addition, a sentiment analysis was performed, categorising statements as positive, negative, or neutral.

Results:
Patients expected quicker access to their PHCC via the platform, but this was often offset by delays later in the process. Most found the platform easy to navigate, though uncertainty remained about appropriate use cases. Concerns were raised about the automated symptom checker, which was seen as either too broad or too narrow and often failed to interpret or contextualize patient input. Returning patients expressed a desire for more continuity of care and perceived a tension between digital contact and relational continuity. Sentiment analysis revealed that infrequent users of health care responded more negatively than frequent users.

Conclusions:
Digital platforms in primary health care may support access to care but risk weakening relational continuity if patient needs for personalization and ongoing relationships are not addressed. For digital services to contribute to continuity of care they must balance efficiency with relational aspects valued by patients.

Points for discussion:
Digital access versus relational continuity

Continuity for returning and long-term users

Implications for future digital models of care

Presentation on 15/05/2026 14:10 in "Parallel Session D - Theme Papers: Continuity of Care in the Digital Era" by Pär Eriksson.

Freestanding Paper / Almost finished study

Cancer Screening Participation Among Turkish Women: National Trends (2008–2022) and Factors Associated with Adherence in 2022

İkbal Hümay Arman, Meryem Merve Ören Çelik

Istanbul Medipol University, School of Medicine, Department of Family Medicine, 34762 İstanbul, Türkiye. E-mail: ikbal.humay@medipol.edu.tr

Keywords: preventive medicine, primary care, screening, healthcare services, national survey

Background:
National cancer screening programs are essential for reducing mortality. In Türkiye, primary care is the backbone of screenings for breast, cervical, and colorectal cancers. While guidelines are established, long-term participation trends and the specific role of primary care visits in adherence require updated evidence to improve preventive strategies in family medicine.

Research questions:
What are the participation trends in cancer screenings among Turkish women between 2008 and 2022, and which sociodemographic or health-related factors are most strongly associated with screening adherence in the primary care setting in 2022?

Method:
This is a quantitative, retrospective study using microdata from the Türkiye Health Surveys (2008–2022). The study included women in national target age groups for breast (40–69), cervical (30–65), and colorectal (50–70) screenings. Data from seven survey cycles were analysed (sample sizes: 7,366 to 13,922). Outcomes included screening rates at recommended intervals. Analysis used descriptive statistics and correlation to identify associations between screenings and healthcare utilization factors for 2022 data.

Results:
Participation at recommended intervals significantly increased from 2008 to 2019: Mammography rose from 18.1% to 32.2%, Pap smear from 16.6% to 45.0%, and Fecal Occult Blood Test (FOBT) from 2.6% to 31.6%. However, 2022 data showed a post-pandemic decline across all types: Mammography 23.2%, Pap smear 37.3%, and FOBT 24.9%. In focus to 2022, strong positive correlations were found between different screening types, notably Mammography and Pap smear (rho=0.512, $p<0.001$). Screening adherence was significantly associated with older age, presence of chronic diseases, and a higher frequency of family physician visits ($p<0.001$) in 2022.

Conclusions:
Screening participation improved for a decade but declined after the pandemic, consistent with a disruption in preventive care delivery continuity. The large national sample provides robust evidence for Turkish health policy. These findings urge family physicians to refocus on proactive screening invitations to regain lost momentum.

Points for discussion:
Screening rates dropped in 2022 following the pandemic. What do you think the main reason for this decline is, and how can family doctors ensure that these preventive services are protected during future health crises?

In what ways could a logistic regression model help us to identify the single most important factor on which family doctors should focus? How would you use dichotomous variations? 'Other versus appropriate timeframe' or 'never versus ever'?

Can family doctors use "physical activity" or “active minutes per week” as a simple marker to identify patients who might also be more likely to follow other preventive health advice?

Presentation on 15/05/2026 14:10 in "Parallel Session E - Freestanding Papers: Screening and Prevention" by İkbal Hümay Arman.

Freestanding Paper / Almost finished study

Multiparametric Ultrasound and PSA Density for Early Identification of High-Risk Prostate Pathology in Primary Healthcare

Mihai Iacob

1. THE EUROPEAN ULTRASOUND WORKING GROUP/EUVEKUS/EADUS, 2. TIMIS SOCIETY OF FAMILY PHYSICIANS, 3. Timis Medical Chamber 4. The Romanian National Society of Family Medicine (SNMF), 300150 TIMISOARA, Romania. E-mail: dr_iacob@yahoo.com

Keywords: Primary Care; Prostate Cancer; Early Detection; Point-of-Care Ultrasound; PSA Density; PIRADS; Risk Stratification; Multiparametric Ultrasound

Background:
Early detection of clinically significant prostate cancer in primary care is limited by the low specificity of PSA and free PSA, resulting in unnecessary referrals and biopsies. Multiparametric ultrasound (mp-US), which integrates elastography, microflow imaging, Doppler vascularity, prostate volume assessment, and PIRADS scoring, may represent a more accessible alternative to mp-MRI, supporting risk stratification and shared decision-making in general practice.

Research questions:
Does the combination of mp-US parameters with PSA, free PSA, and PSA density (PSAD) improve identification of high-risk prostate lesions in primary care, and to what extent does this approach enhance agreement between general practitioners and urologists regarding biopsy decisions?

Method:
In a cross-sectional diagnostic accuracy study, 400 men were screened in primary care; 167 men (median age 65 years) with abnormal PSA values, lower urinary tract symptoms, or suspicious mp-US findings were included. Risk stratification incorporated PIRADS score, elastography, microflow, Doppler vascularity, PSA, free PSA, prostate volume, and PSAD. Analyses comprised descriptive statistics, ANOVA across PIRADS categories, correlation analysis, multivariate logistic regression, ROC curve analysis, age-stratified risk assessment, and inter-rater agreement using Cohen's kappa.

Results:
PSAD increased significantly across PIRADS categories ($p<0.001$). Hard elastographic stiffness was present in 50% of PIRADS3 lesions and in all PIRADS4–5 lesions. PSAD correlated strongly with PIRADS($r=0.62$), while elastography correlated with microflow($r=0.48$). Independent predictors of high-risk pathology were PIRADS 4–5 (OR, 12.5), PSAD (OR, 8.2), elastography (OR, 3.1), microflow (OR, 2.7), and Doppler vascularity (OR, 1.6). The combined model demonstrated excellent diagnostic performance (AUC 0.94; sensitivity 92%; specificity 87%). GP–urologist agreement on biopsy decisions improved from moderate($\kappa=0.48$) to excellent($\kappa=0.82$).

Conclusions:
Mp-US combined with PSAD enables accurate identification of high-risk prostate pathology in primary care and substantially improves interprofessional agreement. Despite being based on a single-centre sample, the results suggest good applicability and potential to optimise referral pathways and resource use in general practice.

Points for discussion:
1. Feasibility and training requirements for implementing multiparametric ultrasound in routine general practice.

2. Impact of improved GP–urologist agreement on biopsy rates, patient experience, and healthcare resource utilisation.

3. Methodological challenges of mp-US in primary care, including operator dependence and external validity.

Presentation on 15/05/2026 14:10 in "Parallel Session E - Freestanding Papers: Screening and Prevention" by Mihai Iacob.

Freestanding Paper / Finished study

Understanding parental attitudes and concerns about childhood vaccination in Albania: a nationwide cross-sectional study.

Ledia Qatipi, Albana Fico, Arlinda Ramaj, Mandy Biles, Michael Harris

University of Medicine in Tirana, 1005 Tirana, Albania. E-mail: qatipilediamd@gmail.com

Keywords: Vaccine hesitancy, parental concerns, childhood vaccination, Albania.

Background:
Vaccine hesitancy (VH) is an increasing global concern, contributing to vaccine-preventable disease outbreaks in the last decade. In Albania, childhood immunisation coverage decreased from 94% in 2008–2009 to 75% in 2017–2018. In 2023, the World Health Organization (WHO) reported suboptimal 83% coverage for the first dose of the MMR vaccine. Evidence on the sociodemographic determinants, parental beliefs, and sources of vaccine-related concerns in Albania remains limited.

Research questions:
This study aims to identify the most hesitated and refused childhood vaccines, and to assess frequently reported parental concerns, behaviours and attitudes toward vaccinating children aged 0–18 years across all Albanian regions.

Method:
A cross-sectional survey with 4,082 randomly selected parents and legal caregivers of children aged 0–18 years (response rate 90.2%). Data were collected using a validated, anonymous questionnaire administered at randomly selected primary healthcare centres across Albania. The questionnaire asked for sociodemographic information, and elicited information on vaccine-related behaviours, attitudes, and beliefs by using questions with ‘yes/no’ and multiple-choice answers, as well as Likert-scale questions.

Results:
Among mandatory vaccines, MMR showed the highest hesitancy (15.3%) and refusal (5.0%). Hesitancy for DTP (5.5%), Hepatitis B (5.5%), and Hib (5.3%) was lower, with refusal rates for Pentavalent, Rotavirus, and PCV around 3%. Overall, 27.3% self-reported VH and 17.6% reported vaccine refusal. Common concerns among hesitant and refusing parents were vaccine safety or side effects (56% and 59%), negative media influence (32% and 30%), second-hand accounts of adverse reactions (26% and 25%), and beliefs that vaccines were unnecessary (19% and 22%).

Conclusions:
Addressing VH in Albania requires a multifaceted strategy involving parental education, trust-building, responsible media communication, and strong healthcare support. Tailored approaches using trusted community and healthcare professionals are critical to increasing childhood vaccine uptake.

Points for discussion:
1. What parental attitudes and concerns are associated with childhood VH in your country?

2. What are the similarities and differences among related parental attitudes and concerns about childhood vaccination in your country?

3. What are some targeted interventions that you use to improve childhood VH in your country?

Presentation on 15/05/2026 14:10 in "Parallel Session E - Freestanding Papers: Screening and Prevention" by Ledia Qatipi.

Freestanding Paper / Finished study

Essential Data Fields from German Primary Medical Care for Secondary Research

Johannes Hauswaldt, Nicole Schmidt, Dominik Schröder, Tanja Albrecht-Nock, Eva Hummers

University Medical Center Göttingen, Institute of General Practice, 37073 Göttingen, Germany. E-mail: johannes.hauswaldt@med.uni-goettingen.de

Keywords: electronic medical record, secondary data, health services research, semantic information

Background:
Secondary use of primary data from practice management systems for health services research is feasible; however, standardized formats, quality-assured comparability, interoperability between data storage systems, and open interfaces are missing.

Research questions:
To identify indispensable data fields (variables, parameters) suitable for secondary use across the Health Data Lab (FDZ), the Core Data Set of Medical Informatics Initiative (MII-KDS), and a generic RADAR data utilization framework.

Method:
Systematic literature review, analysis of source documentation. Data offerings from FDZ and MII-KDS were mapped to 11 semantic RADAR domains—diagnoses, medications, laboratory results, findings, therapies, other procedures, temporal data, patient demographics, practice-level data, payers, and billing information—for availability, granularity, and content alignment.

Results:
Semantic categorization reveals three essential domains:
Sociodemographic information: Basic attributes of patients are generally retrievable, socioeconomic status indicators are missing.
Biomedical: Diagnostic and medication data are consistently documented. Laboratory results, findings, and procedures appear as billing codes in FDZ dataset. MII-KDS allows for structured laboratory results representation.
Care pathways: FDZ encompasses longitudinal SHI-data from out- and inpatient care. MII-KDS records individual treatment episodes with procedural details, its Digital Progress Hubs aim to cross-sectoral longitudinal pathway-based data linkage.

Conclusions:
Neither FDZ nor MII-KDS alone sufficiently addresses all requirements for primary care research. FDZ billing data support population-based analyses restricted to SHI populations and lack key clinical data such as laboratory values or procedural details. MII-KDS provides detailed clinical documentation following international interoperability standards but does not yet capture cross-sectoral care pathways. All datasets lack socioeconomic variables.
Demographic baseline data, ICD-coded diagnoses, and medication information in FDZ and MII-KDS represent indispensable components for primary care research. Absence of laboratory values in FDZ significantly constrains epidemiological or clinical analyses to SHI patients. Effective utilization necessitates data integration from multiple sources: FDZ for population-based SHI care pathways, MII-KDS for structured individual clinical parameters, additional data linkage to incorporate socioeconomic information.

Points for discussion:
Which data fields (variables, parameters) are essential for research?

Are primary care EMR data "research-ready" in your country?

How to standardize European EMR information exchange for patient and research benefit?

Presentation on 15/05/2026 14:10 in "Parallel Session F: Freestanding Papers: Interesting Methodology Session" by Johannes Hauswaldt.

Freestanding Paper / Almost finished study

Frailty profiles based on Comprehensive Geriatric Assessment in primary care: a clustering analysis

Veronique Orcel, Emilie Ferrat, Etienne Audureau

Paris-Est Creteil University, 94100 Saint Maur Des Fosses, France. E-mail: veronique.orcel@laposte.net

Background:
Comprehensive Geriatric Assessment (CGA) is a cornerstone of patient-centred care for older adults, yet its implementation in primary care remains challenging. Results from the CEpiA study, a cluster-randomised trial evaluating the 12-month effectiveness of CGA, and other studies suggest that CGA may not be equally relevant for all patients, highlighting the need for better targeted approaches.

Research questions:
To identify frailty profiles among patients managed in primary care based on clinical data and CGA results from the CEpiA study, and to characterise these profiles in terms of prognosis and patterns of care.

Method:
This observational study included patients from the CEpiA study who underwent CGA. An unsupervised clustering approach based on Self-Organizing Maps (SOM) was applied. Clusters were characterised according to clinical features, care processes, and 12-month outcomes (hospitalisation, emergency visits, institutionalisation, mortality)

Results:
Among 369 patients, SOM analysis identified six homogeneous frailty clusters: “Relatively preserved older adults” (Cluster 1), “Autonomous men with cancer and cardiovascular comorbidities” (Cluster 2), “Neuro-psychological and pain-related frailty” (Cluster 3), “Polymedicated osteoporotic women” (Cluster 4), “Multimorbidity with social vulnerability” (Cluster 5), and “Very old adults with severe cardio-respiratory multimorbidity” (Cluster 6). A notable finding was that Cluster 3 combined high nutritional risk with no increase in nutritional interventions.
These profiles were grouped into three macro-profiles showing an increasing gradient of clinical and social complexity: a “relatively preserved” profile (Cluster 1) with low morbidity and limited care needs; an “intermediate frailty” profile (Clusters 2-4) with contrasted needs; and a “high-risk frailty” profile (Clusters 5-6), concentrating the highest levels of care use, hospitalisations, and 12-month mortality.

Conclusions:
Based on a large real-world primary care sample and a robust unsupervised clustering approach, these results support frailty profiling to personalise care. However, this study included selected patients and GPs, some missing data, and cross-sectional profiling linked to 12-month outcomes, limiting causal inference and generalisability.

Presentation on 15/05/2026 14:10 in "Parallel Session F: Freestanding Papers: Interesting Methodology Session" by Veronique Orcel.

Theme Paper / Almost finished study

Recognising Long COVID Before 20: Narrative Medicine and Semantic Phenotyping in Primary Care

Marc Jamoulle, Serhan Soylu

University of Liege, 6040 Jumet, Belgium. E-mail: marc.jamoulle@gmail.com

Keywords: Long COVID; children and adolescents; primary care; narrative medicine; semantic phenotyping; Human Phenotype Ontology; functional impairment; COOP/WONCA; family medicine

Background:
Long COVID in children, adolescents, and young adults remains under-recognized in primary care, despite growing evidence of persistent and disabling symptoms following SARS-CoV-2 infection. Fatigue, post-exertional malaise, cognitive dysfunction, and marked functional decline are frequently reported, yet these manifestations are often poorly captured by standard diagnostic frameworks.

Research questions:
To present a case-based method for identifying and characterizing Long COVID in individuals aged $\leq$ 20 years at the time of first SARS-CoV-2 infection, integrating narrative medicine with standardized digital phenotyping using the Human Phenotype Ontology (HPO).

Method:
From a longitudinal primary care cohort of over 400 patients with suspected Long COVID followed in Belgium between 2021 and 2025, 35 patients aged $\leq$ 20 years at first COVID infection were identified. Longitudinal family medicine records were analysed using a multimodal approach combining narrative clinical interpretation, semantic phenotyping based on the Human Phenotype Ontology (HPO), COOP/WONCA functional health charts, and the clinician-rated DUSOI severity index. HPO codes were used as a structuring tool and were not independently verified.

Results:
Patients presented heterogeneous, multisystem symptom profiles with prominent neurological, cognitive, pain-related, autonomic, fatigue-related, and exertional manifestations. Semantic mapping enabled transformation of real-world clinical narratives into structured phenotypic profiles while preserving clinical context. COOP/WONCA assessments revealed severe to extreme functional impairment in most patients, notably affecting daily activities, school attendance, and social participation. No meaningful correlation was observed between clinician-rated disease severity and patient-reported functional impairment.

Conclusions:
A substantial delay between acute SARS-CoV-2 infection and first clinical pickup was observed, with some patients accessing care only in late adolescence or early adulthood. Long COVID occurring before the age of 20 appears as a complex, multisystem condition with major functional impact that may remain unrecognized for prolonged periods in primary care. Integrating narrative medicine with semantic phenotyping may improve recognition and characterization of Long COVID in younger populations.

Points for discussion:
Think Long COVID early: Persistent fatigue, cognitive or exertional symptoms after COVID in young patients should raise suspicion, even without clear biomarkers.

Focus on function: Severe impact on school, daily life, or social participation may exist despite low clinician-rated severity.

Use continuity and narrative: Longitudinal family knowledge and simple functional tools help identify delayed and complex presentations.

Presentation on 15/05/2026 14:10 in "Parallel Session F: Freestanding Papers: Interesting Methodology Session" by Serhan Soylu.

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

A Photo-Based Qualitative Study of Medication Storage and Organization in Home Health Care Patients

Buse Duru Dikmen, Şeyma Handan Akyön, Irfan Sencan, Cafer Balcı, Hans Thulesius

Sincan Education and Research Hospital, 06560 Ankara, Türkiye. E-mail: drseymahandan@gmail.com

Background:
Medication adherence in chronic disease is frequently suboptimal, contributing to poorer outcomes and higher healthcare use. Home health care patients often live with multimorbidity and polypharmacy, which can further complicate self-management and adherence. In parallel, medication stability and safety can be affected by variable home storage conditions compared with controlled pharmacy environments, yet real-world home storage/organization practices are rarely assessed in a structured way.

Research questions:
What are the common medication storage locations and organization patterns in home health care patients with polypharmacy?
What medication safety risks are visible in home environments?

Method:
Cross-sectional qualitative study using convenience sampling of 15-20 patients (age ≥65 years, ≥2 chronic conditions, ≥5 daily medications) receiving home health care services who agree to participate. During routine home visits, one researcher will collect demographic/clinical data (including Turkish-validated Modified Morisky adherence scale), take 1-2 photographs per medication storage location with patient consent. Photographs will be analyzed by two independent researchers using thematic categorization examining storage locations (room type, specific container/furniture, visibility, co-storage items), organizational practices (original packaging vs. removed, labeling, separation by day/time, pill organizer use), and visible risks (expired medications, inappropriate storage conditions, hazardous items). Inter-rater reliability will be calculated, with disagreements resolved through discussion.

Results:
This is a study proposal; following ethical approval, data collection will commence, and preliminary findings will be presented at the conference.

Conclusions:
A photo-assisted descriptive approach may provide a feasible way to characterize real-world medication storage/organization and contextualize adherence challenges in home health care, informing future interventions and multicenter collaboration.

Points for discussion:
What is the best way to standardize home medication photos across sites while maximizing comparability?

For a future analytic phase, should we prioritize developing a quantitative photo-based risk assessment or expand qualitative methods first?

Which minimum descriptive variables are essential?

Presentation on 15/05/2026 16:00 in "Parallel Session G: One Slide Five Minute Presentations" by Şeyma Handan Akyön.

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

Continuity of Care as a Predictor of Subsequent Medication Adherence: A Temporally Sequenced Cohort Study Protocol

Shira Duhamel, Sophia Eilat-Tsanani, Orsan Yehia

Clalit health services, Afula, Israel. E-mail: shira.duhamel@gmail.com

Background:
Continuity of care is a fundamental attribute of primary care and has been associated with improved health outcomes. Its relationship with medication adherence, however, remains inconsistently demonstrated, largely due to methodological limitations, particularly the concurrent measurement of continuity and adherence. This issue is especially relevant in common chronic conditions managed in primary care—depression, hypercholesterolemia, and chronic obstructive pulmonary disease (COPD)—where long-term adherence to preventive pharmacotherapy is suboptimal.

Research questions:
Is higher longitudinal continuity of care during the first 12 months following a new diagnosis of depression, hypercholesterolemia, or COPD associated with higher medication adherence during the subsequent 12 months?
2. Does the association between continuity of care and subsequent medication adherence persist after adjustment for sociodemographic characteristics, comorbidity burden, and healthcare utilization during the continuity measurement period?

Method:
We will conduct a retrospective population-based cohort study using electronic medical records from a large integrated health system. Adults with newly diagnosed depression, hypercholesterolemia, or COPD will be included. Continuity of care will be measured during the first 12 months after diagnosis using validated indices (COCI and UPC). Medication adherence will be assessed in the subsequent 12 months using pharmacy refill data and expressed as the proportion of days covered (PDC ≥80%). Continuity and adherence periods will not overlap. Multivariable logistic regression will assess the association between continuity and later adherence, adjusting for sociodemographic factors, comorbidity burden, healthcare utilization, and physician-related variables, with condition-specific and sensitivity analyses.

Results:
We hypothesize that higher continuity of care during the first year after diagnosis will be independently associated with higher medication adherence in the following year across all three conditions.

Conclusions:
By enforcing strict temporal separation between continuity and adherence measurements, this study strengthens causal inference regarding the role of continuity of care in supporting medication adherence in common chronic diseases managed in primary care.

Presentation on 15/05/2026 16:00 in "Parallel Session G: One Slide Five Minute Presentations" by Sophia Eilat-Tsanani.

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

CORMAT: A Cluster Randomized Trial of Mail Reminders to Increase Colorectal Cancer Screening in Primary Care

Paul Aujoulat, Gaëlle Ragot, Yasmine Zaouche, Jean Yves Le Reste

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

Keywords: Colorectal cancer screening, Population screening, Cluster randomized controlled trial

Background:
Colorectal cancer (CRC) is a leading cause of cancer mortality worldwide. Organized screening using faecal immunochemical tests (FIT) remains underused in many countries. Prior interventions (telephone calls, GP-signed letters) improve uptake but are often resource-intensive. Scalable, low-burden strategies embedded in primary care are needed.

Research questions:
In primary care, does a physician-based mail reminder increase the proportion of patients up-to-date with colorectal cancer screening compared with usual care?

Method:
CORMAT is a cluster randomized controlled trial conducted in three French regions (Brest, Rennes, and Tours), in which general practitioners are randomized to either usual care or the intervention. The intervention consists of sending a mail reminder to patients aged 50 to 74 years who are not up to date with colorectal cancer screening. The primary outcome is the change in the proportion of screening-up-to-date patients per general practitioner at six months. A total of 80 general practitioners, representing approximately 16,000 patients, will be included.

Results:
By relying on a low-cost and minimally time-consuming strategy embedded in routine practice, CORMAT seeks to provide evidence for a pragmatic intervention that could be easily scaled up and potentially extended to other organized cancer screening programmes.

Conclusions:
By testing a pragmatic intervention embedded in routine general practice, the CORMAT trial aims to provide actionable evidence to improve colorectal cancer screening uptake and inform future national prevention policies

Points for discussion:
to what extent might a simple SMS reminder be more effective than phone or email-based approaches, particularly in populations with varying levels of digital literacy?

he CORMAT trial raises broader methodological considerations regarding the relevance of cluster randomized designs in primary care researc

this study contributes to the ongoing reflection on how healthcare systems should adapt to the growing digitalization of prevention strategies

Presentation on 15/05/2026 16:00 in "Parallel Session G: One Slide Five Minute Presentations" by Yasmine Zaouche.

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

Integrating cultural prior experiences into AI-enabled wearable Learning Health Systems for hyperlipidaemia management

Angelina Müller, Odi Stummer

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

Keywords: learning health systems, hyperlipidaemia, AI, wearables, adherence, prevention

Background:
Hyperlipidaemia is a major modifiable risk factor for cardiovascular disease, yet its management is strongly influenced by patients' cultural backgrounds, including health beliefs, dietary practices, technology acceptance, and trust in data-driven care. Learning Health Systems (LHS), particularly those integrating wearable technologies and artificial intelligence (AI), offer new opportunities for personalised and adaptive care. However, insufficient consideration of culturally shaped prior experiences may limit their effectiveness, equity, and adoption.
This study would aim to identify and systematically analyse culturally embedded prior experiences that should be considered when designing and implementing AI-enabled wearable LHS for the management of hyperlipidaemia.

Research questions:
Which culturally shaped prior experiences influence the management of hyperlipidaemia and should be considered in the design of AI-enabled wearable LHS?

Method:
The proposed research strives for a mixed-methods design. First, a scoping review should synthesise existing evidence on cultural determinants affecting hyperlipidaemia care, self-management behaviours, and digital health use. Second, qualitative interviews and focus groups with patients from diverse cultural backgrounds, as well as healthcare professionals, should explore experiences, expectations, and concerns related to lipid management, wearables, and AI-supported decision-making. Third, findings could be mapped onto LHS design principles to discover culturally sensitive requirements for data collection, feedback mechanisms, and adaptive AI models.

Results:
The study is expected to identify key cultural dimensions, such as dietary norms, perceptions of chronic risk, health literacy, attitudes toward continuous monitoring, and trust in algorithmic recommendations that significantly influence engagement with AI-enabled wearables in hyperlipidaemia care.

Conclusions:
By explicitly integrating cultural prior experiences into the design of AI-driven LHS, this research seeks to enhance patient involvement and equity in hyperlipidaemia management. The findings could optimize digital health interventions and contribute to the responsible implementation of AI in chronic disease care.

Points for discussion:
What are common challanges in shared decision making in European countries in hyperlipidaemia management?

Do we "believe" that hyperlipidaemia patients can profit from AI-driven wearable LHS?

Presentation on 15/05/2026 16:00 in "Parallel Session G: One Slide Five Minute Presentations" by Angelina Müller.

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

Investigating the association of cognitive behavioral physical activity and nutritional attitudes of patients with obesity in the interview using telehealth settings

Didem Kafadar, Sevda Seyrimez, Ahmet Emin, Ayşen Fenercioğlu, Nurver Sipahioğlu

İstanbul University-Cerrahpaşa , Cerrahpaşa School of Medicine, 34098 İstanbul, Türkiye. E-mail: didem.kafadar@iuc.edu.tr

Keywords: telehealth, obesity, nutrition, physical activity, cognitive behaviour

Background:
Attitudes towards physical activity and psychological, environmental, behavioural, and social factors as well as their impact on healthy lifestyles has obtained attention in literature.Sedentary living, unhealthy diet, and smoking are associated with chronic diseases and obesity. Individuals' attitudes towards healthy eating and physical activity vary according to the sociodemographic features and habits.Telehealth services can be used for initial interviews with patients, remote management, follow-up and evaluation of clinical parameters to ensure the continuity of care.

Research questions:
1.Is there a relationship between cognitive behavioral physical activity and physical activity levels in patients with obesity?
2.Which sociodemographic features are related to nutritional attitude and cognitive behavioral physical activity?
3.Is there an association between cognitive behavioral physical activity and healthy eating attitudes?

Method:
This cross-sectional study will be conducted with patients with obesity who would prefer to use remote telehealth services provided by the health institutions. Informed consent will be obtained from the participants. A questionnaire designed by the researchers to collect socio-demographic information, chronic diseases, habits, height and weight of the participants along with The Cognitive Behavioral Physical Activity Questionnaire (CBPAQ) and Nutritional Attitude Scale(NAS) and the International Physical Activity Questionnaire-Short Form(IPAQ-SF) will be used in telehealth interview of the patients. The patients will be asked to monitor their daily steps. Body mass index(BMI) will be calculated. The scale scores will be analysed for any associations and compared according to the characteristics of the patients using statistical programmes. The exclusion criteria will be the presence of a health problem that would prevent physical activity. Patients with obesity will be advised to physically visit the health institution for the routine physical and laboratory examinations.

Results:
TBD

Conclusions:
Telehealth services can be utilized for the initial interview for initiation of remote management, follow-up and evaluation of clinical parameters to ensure the continuity of care for patients with obesity.

Points for discussion:
Do you recommend any other scales for the initial interview of patients with obesity?

Presentation on 15/05/2026 16:00 in "Parallel Session G: One Slide Five Minute Presentations" by Didem Kafadar.

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

Medical Students' Perceptions of Telemedicine and Related Educational Needs

Boglárka Toplak, Ádám Becze, Ábel Perjés, Ágnes Szélvári

Semmelweis University, 1085 Budapest, Hungary. E-mail: perjes.abel@gmail.com

Keywords: Telemedicine, medical student, questionnaire, education

Background:
As telemedicine (TM) becomes increasingly widespread, it is essential—when preparing future healthcare professionals—to understand what knowledge, experience, and attitudes medical students have regarding digital forms of care.

Research questions:
1- What is the perception of medical students on the usefullnes and attractivenmess of TM?
2- How satisfied are med students with the opportunities they have in their curriculum to familiarize with TM?

Method:
Using convenience sampling, we conducted an anonymous, self-administered questionnaire survey among medical students (N = 142; ongoing study). The questionnaire assessed demographic data, awareness of and experiences with TM, attitudes toward TM, and educational needs. Quantitative variables were analyzed using descriptive statistics, while qualitative open-ended responses were evaluated using thematic analysis.

Results:
More (31 %) students expressed below sufficient knowledge on TM than satisfactory (23,2%). Overwhelming majority of them (88%) consider TM a useful accesory to regular care and a good tool to improve acces to care, however, already 33,1 % believe that TM doesn't improve the quality of care. While students have a very beneficial opinion on the more advanced form of TM (like live videoconsultations and distant monitoring via apps or connected medical devices), the most common TM forms available (email, instant messages or SMS) recieved mixed opinions. Despite a strong majority (79,6 %) of the students beleive that would be imporant to learn more about TM in their curriculum, only 44% of them reported receiving any formal TM education during their studies, and only 50 % of the students with educational experience on TM considerd the actual education useful. In the free-text section dedicated to ideas and suggestions, 10% of respondents spontaneously identified the family medicine course as an ideal opportunity for telemedicine education.

Conclusions:
Medical students have a favorable attitude toward telemedicine; however, there is substantial demand for expanding their knowledge and for systematic education on the topic.

Points for discussion:
Forms of telemedicine education in medical schools

Role of family medicine in TM education

Best way to scientifically analyze free text input

Presentation on 15/05/2026 16:00 in "Parallel Session G: One Slide Five Minute Presentations" by Ábel Perjés.

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

Sexual Harassment Among Family Medicine Residents in Israel

Ela Sadan, Omer Nisim, Ilan Yehoshua, Avital Bilitzky-Kopit

Maccabi health care services, south district., 6334614 Tel Aviv, Israel. E-mail: elasadan@gmail.com

Keywords: Sexual harassment; Family medicine residents; Medical education; Workplace harassment

Background:
Sexual harassment is a pervasive issue in global medical training, with North American studies reporting prevalence rates between 45% and 78%. Perpetrated by colleagues, supervisors, or patients, harassment leads to significant psychological distress, burnout, and compromised patient care. In Israel, there is a critical lack of comprehensive data concerning family medicine residents, who are particularly vulnerable within community-based clinical settings.

Research questions:
Main Research Question:

What is the prevalence and extent of sexual harassment among family medicine residents?

Secondary Research Questions:

What is the prevalence of sexual harassment perpetrated by supervisors and senior physicians in positions of authority?

To what extent is sexual harassment committed by patients within the clinical setting?

What is the frequency of sexual harassment by colleagues and other clinic staff members?

How do the experiences of sexual harassment compare across various genders, sectors, geographic regions, ages, and residency seniority levels?

Method:
This descriptive, cross-sectional study targets approximately 900 Israeli family medicine residents, requiring a minimum sample of 268 for statistical validity. Using validated anonymous questionnaires, the research will examine the relationship between demographic variables—such as gender, sector, and seniority—and harassment sources. Statistical analysis will employ Chi-square tests, T-tests, and multivariate logistic regression to identify independent risk factors. The study adheres to international ethical standards, ensuring total participant anonymity and informed consent.

Points for discussion:
We must introduce qualitative interviews to uncover the hidden harassment dynamics occurring behind closed doors in isolated community-based clinical settings.

We need to establish anonymous, non-threatening reporting channels to overcome the deep-seated fears of career repercussions that prevent residents from taking action. +1

We should develop sector-specific training programs to bridge cultural gaps and ensure a unified standard of safety across Israel’s diverse religious and ethnic communities.

Presentation on 15/05/2026 16:00 in "Parallel Session G: One Slide Five Minute Presentations" by Ela Sadan.

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

Unlocking Implementation: Key Needs of Ukrainian Family Doctors for Routine Depression Screening and Management

Pavlo Kolesnyk, Andrii Kolesnyk, Oksana Ilkov, Yurii Sich

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

Keywords: depression, depression screening, depression management, mhGAP, family physicians, PHQ-2, PHQ-9, Ukraine, healthcare implementation, physician support, needs assessment, implementation, family physicians, primary care.

Background:
The prevalence of depression is increasing, particularly in conflict-affected settings such as Ukraine during the full-scale Russian invasion. Many patients present in primary care with somatic complaints do not report emotional distress. While routine depression screening can uncover latent cases of depression, only depression assessment is insufficient without effective management. In Ukraine, primary care management of depression is guided by the WHO Mental Health Gap Action Programme Intervention Guide (mhGAP-IG). Despite intensified mhGAP training, routine depression screening and management in Ukrainian primary care remain insufficient. It is important to involve healthcare professionals into organizational decision-making. Therefore, exploring strategies that consider family doctors' needs is crucial for successful integration of depression screening and management into primary care.

Research questions:
What is the perceived importance of the exact family physicians` needs when implementing routine depression screening and management for adult patients presenting with somatic complaints?
What are the suggested ways to meet these family physicians` needs?

Method:
Family doctors will complete an online validated version of the Healthcare Professionals' Implementation-needs Questionnaire for Family Doctors (HPIQ-FD), distributed via professional chat groups. The questionnaire will assess needs related to implementing depression screening using Patient Health Questionnaire (PHQ-2, PHQ-9) and management using mhGAP-IG. Items will cover key domains, including clear instructions, practical skills, time, financial incentives, organizational support, and availability of resources. The perceived importance of each need will be assessed using closed questions rated on a 5-point Likert scale, with open-ended questions allowing clarification of these needs.

Results:
Quantitative data will be analyzed to assess family doctors' perceived importance of different implementation needs, while qualitative data will be used to further clarify and contextualize these needs.

Conclusions:
The study will identify key needs of family doctors to inform tailored implementation strategies for integrating routine depression screening and management into primary care practice in Ukraine.

Points for discussion:
How do primary care physicians in other countries implement routine depression screening and management? Which tools, guidelines, or frameworks are commonly used?

What are the main needs for implementing depression screening and management at the primary care level in other countries (e.g., training, time, organizational support, resources)?

Presentation on 15/05/2026 16:00 in "Parallel Session G: One Slide Five Minute Presentations" by Andrii Kolesnyk.

Freestanding Paper / Finished study

Assessment of Functional Independence, Frailty, and Cognitive Status Profiles in Individuals Aged 80 and Over: A Retrospective Descriptive Study in a Rural District

Büşra Çimen Korkmaz

Çanakkale Healthy Life Center, 17100 ÇANAKKALE, Türkiye. E-mail: bsracmn@hotmail.com

Keywords: Family medicine, aging, functional independence, frailty, cognitive status

Background:
Increase in elderly population, loss of functional independence and frailty have become significant clinical problems in primary health. Especially in individuals aged 80 and over, these conditions are closely related to cognitive decline, malnutrition, depression, and increased care needs.

Research questions:
1.Is there a relationship between functional independence and frailty in individuals aged 80 and over?

2.Are cognitive status, nutritional status, and depression related to functional independence in individuals aged 80 and over?

Method:
This study is a single-center, descriptive study that retrospectively reviewed the files of individuals aged 80 and over registered at the Van Gürpınar State Hospital Healthy Aging Unit. Functional independence was assessed using Lawton–Brody Activities of Daily Living Scale, frailty using Clinical Frailty Scale, and cognitive status using Mini Mental State Examination. Relationships between functional independence and categorical variables were analyzed using the chi-square test. Continuous or ordinal variables were analyzed using Spearman correlation analysis. Binary logistic regression analysis was performed with Lawton–Brody ADL as dependent variable to determine factors associated with functional independence.

Results:
Functional dependence was found to be statistically significantly associated with cognitive impairment, impaired nutritional status, and depression. Cognitive impairment was present in 71.0% of functionally dependent individuals, while 68.8% of functionally independent individuals had normal cognitive function ($p = 0.002$). Impaired nutritional status was found in 74.2% of functionally dependent individuals and 25.0% of independent individuals ($p < 0.001$). A strong negative correlation ($r = -0.658$; $p < 0.001$) was found between functional independence and frailty; moderate to strong correlations were observed with cognitive status, nutritional status, and depression.

Conclusions:
This study demonstrates that functional independence loss and frailty are prevalent among individuals aged 80 and older and are closely related to cognitive status. The routine implementation of comprehensive geriatric assessments in primary care is critical for improving early intervention and care outcomes.

Presentation on 15/05/2026 16:00 in "Parallel Session H - Freestanding Papers: Aging and Frailty" by Büşra Çimen Korkmaz.

Freestanding Paper / Finished study

Investigating Frailty in Swedish Primary Care Using a Prediction Model, Self-reported Assessment and the Clinical Frailty Scale

Magnus Nord, Bjorn Westerlind, Johan Lyth, Anna Segernäs

Linköping University, SE - 58216 Linköping, Sweden. E-mail: magnus.nord@liu.se

Keywords: Frailty, Prediction model, Clinical Frailty Scale, Primary Care, Quality of life

Background:
The increased life expectancy around the world imposes significant demands on health care systems, as it is accompanied by a rise in age-related morbidity, frailty and healthcare needs within the ageing population. The true prevalence of frailty is uncertain. Since manually frailty assessments are time-consuming and have limited accuracy, both electronic frailty scores and prediction models to identify older adults with a higher risk for unplanned hospitalisations have been developed during the last decade.

Research questions:
What is the prevalence of frailty in a Swedish primary care population at high risk of hospitalisation?

How strong is the association between physical frailty and self-reported loneliness, depression, memory problems, fear of falling, previous falls, and quality of life?

Method:
Community-dwelling people aged 75 years or older, within the 15% highest risk of hospitalisation according to the prediction model based on routine administrative healthcare data were included. A questionnaire was used to identify self-reported physical frailty. The questionnaire also included questions about perceived loneliness, depression, memory problems, fear of falling, previous falls and quality of life. In a subgroup CFS rating was performed.

Results:
Among 1169 participants, 497 (42.5%) were characterised as frail, 464 (39.7%) as pre-frail and 208 (17.8%) robust according to the questions selected to identify self-reported physical frailty. 488 individuals were rated with CFS, with 152 (31.1%) rated CFS 5-7, 153 (31.4%) CFS 4 and 183 (37,5%) CFS 1-3. There was a strong correlation between frailty and the prediction model risk index. Furthermore, there were strong correlations between self-reported physical frailty or pre-frailty and quality of life, perceived memory problems, perceived loneliness, self-reported fall episodes, and fear of falling.

Conclusions:
A prediction model that identifies older adults at high risk of hospitalisation can be used for an initial selection to initiate further frailty evaluation and subsequent proactive care.

Points for discussion:
What is your experience using frailty scales, such as the Clinical Frailty Scale, to identify vulnerable older adults in clinical practice?”

What barriers exist to implementing frailty tools in routine primary care?

What added value does an electronic prediction model provide compared with traditional frailty scales?

Presentation on 15/05/2026 16:00 in "Parallel Session H - Freestanding Papers: Aging and Frailty" by Magnus Nord.

Freestanding Paper / Finished study

Vitamin D Deficiency as a Modifiable Risk Factor for Mortality and Chronic Disease: Quantifying the Impact of Supplementation in Matched International Cohorts

Shlomo Vinker, Avivit Golan Cohen, Ilan Green, Ariel Israel

Leumit Health Services, Family Meidicine, 7740101 Ashdod, Israel. E-mail: vinker01@gmail.com

Keywords: Vitamin D deficiency, Vitamin D treatment, mortality, Chronic diseases

Background:
Vitamin D deficiency is prevalent, consistently associated with increased morbidity and all-cause mortality. However, confounding by sunlight exposure and healthy-behavior factors has persistently obscured its causal role and limited the adoption of routine supplementation guidelines.

Research questions:
To evaluate the independent contribution of severe vitamin D deficiency to chronic disease and mortality risks, and to quantify the benefits of prescribed vitamin D supplementation, independent of baseline status and confounders.

Method:
A large-scale, longitudinal matched-cohort analysis using electronic health-record data from two distinct healthcare organizations: Leumit Health Services (LHS) in Israel and the US-based TriNetX Research Network. The study included over 468,500 adults with >1.67 million Vitamin D measurements. We compared severely deficient individuals to those with sufficient levels (>30 ng/mL) using matched pairs. To isolate the effect of the intervention, we employed advanced time-dependent Cox proportional-hazards models that incorporated monthly pharmacy-dispensed vitamin D supplementation, effectively controlling for seasonality and baseline serum levels.

Results:
Severe vitamin D deficiency was independently associated with a significantly increased risk of all-cause mortality, cardiovascular events, end-stage renal disease, and diabetic complications in both cohorts. Supplementation was associated with a dose-dependent, independent reduction in mortality and most complications (e.g., HR = 0.69 [0.65–0.73] for >10 ng/mL serum-equivalent). The one-year number needed to treat to prevent one death declined markedly with age and severity, reaching approximately 10–15 in older adults (>70) with very low baseline levels, demonstrating a high-impact preventive benefit in this high-risk group.

Conclusions:
By using a time-dependent modeling approach that leverages pharmacy dispensing records, we provide strong observational evidence supporting a causal link between severe vitamin D deficiency and adverse clinical outcomes. The low NNT in vulnerable populations shifts the focus from population-wide screening to targeted therapeutic intervention. Severe vitamin D deficiency may be a highly modifiable, clinically significant risk factor and may offer a substantial mortality reduction.

Points for discussion:
Strength and weaknesses of the study, is it time for a prospective study on Vit D supplementation

Presentation on 15/05/2026 16:00 in "Parallel Session H - Freestanding Papers: Aging and Frailty" by Shlomo Vinker.

Theme Paper / Published

A contemporary ontology of continuity in general practice: Capturing its multiple essences in a digital age

Emma Ladds

University of Oxford, Oxford, United Kingdom. E-mail: e.ladds@nhs.net

Keywords: continuity, digital, remote, general practice

Background:
Continuity is a cornerstone of general practice. Traditional continuity i.e., the one-to-one doctor-patient relationship, is declining within the UK. This is driven by policies promoting complex and fragmentary systems, workforce alterations, and remote and digital practices. It is therefore timely to reconsider continuity's relational, organisational, sociotechnical, and professional/ethical characteristics and roles within contemporary practice.

Research questions:
What is continuity in contemporary general practice? How is it enacted and performed? What is continued? What characteristics/features enable continuity to play out in different clinical, social, and technological contexts and to what extent are these in tension or require trade-offs?

Method:
As part of a multi-case study, Remote-by-Default 2, data was generated from 11 UK general practices during their introduction of remote and digital services between 2021-2023. Collection included strategic, immersive ethnography, narrative interviews, stakeholder engagements, and material analyses of technologies. Thematic analysis identified granular subthemes, with combination and contrast between data sources, and interdisciplinary/sense-checking team discussions. Emergent analytical themes prompted engagement with theoretical literature and subsequent theory development.

Results:
Continuity was valued but differently defined across practices. It was situated and effortful, influenced by a range of contextual factors, values, and practices. It was often labour intensive, necessitating deliberate articulation by individuals. Remote and digital modalities extended possible continuity across space and time but added additional complexities. Enactment of continuity enabled one or more of four ontological forms: interpersonal, continuing psychodynamic features; biomedical, continuing features of the disease or illness; sociotechnical, continuing the distributed work of healthcare; or ethical/professional, continuing ethical or professional values.

Conclusions:
Continuity is effortfully and situationally enacted to enable a quadripartite ontology of continued elements. The diverse practice contexts and case-study depth here offered analytical strength but are limited to UK settings. This study will support how we conceptualize and achieve continuity in contemporary general practice.

Points for discussion:
How can policy makers/system leaders consider the different ontologies of continuity to better support its achievement in practice?

How can continuity be better embedded into systems/organisations/practices to reduce the effort on individuals that is currently required to achieve it?

How can we evaluate the wider (often hidden) benefits of the different forms of continuity to better inform policy decisions?

Presentation on 16/05/2026 09:10 in "Parallel Session I - Theme Papers: Designing the Future of Continuity" by Emma Ladds.

Theme Paper / Published

Fidelity evaluation of the compared procedures for conducting the PVS-PREDIAPS implementation strategy to optimize diabetes prevention in primary care

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

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

Keywords: Implementation strategy; Fidelity; Health promotion; Diabetes prevention

Background:
Assessing implementation strategy fidelity is important to understand why and how the strategy influences the uptake of evidence-based interventions.

Research questions:
What is the fidelity of the two procedures for engaging primary care (PC) professionals and for the deployment of an implementation strategy for optimizing type 2 diabetes prevention in routine PC?

Method:
Nine PC centers from the Basque Health Service were allocated to two different procedures to engage physicians and nurses and deploy a implementation strategy to model and adapt the clinical intervention and its implementation to their specific contexts. One group used a Global procedure, promoting the cooperation of all healthcare professionals from the beginning. The other group used a Sequential procedure, centered first on nurses who then engaged physicians. Process indicators of the delivery and receipt of implementation strategy actions, documented modifications to the planned implementation strategy, and a structured group interview with centers' leaders were conducted to assess adherence, dose, quality of delivery, professionals' responsiveness and program differentiation.

Results:
Generally, the procedures compared for engagement and deployment were carried out with the planned differentiation although some between-group differences were observed. Initial collaboration rate of nurses was higher in the Sequential vs Global group (93% vs. 67%). Exposure rate to the programed implementation actions (% of hours received out of those delivered) were similar in both groups by professional category, with nurses (86%) having a higher rate of exposure than physicians (75%). Professionals identified half of the planned discrete strategies and their rating of strategies' perceived usefulness was overwhelmingly positive, with few differences between groups.

Conclusions:
The implementation strategy was implemented with high fidelity and minor unplanned reactive modifications. Professionals' exposure to the implementation strategy was high in both groups. The centers' organizational context (i.e., work overload) led to small mismatches between groups in participation and professionals' exposure to implementation actions.

Points for discussion:
What role do primary care nurses play on primary care teams in your practice, especially regarding care for chronic conditions?

In your own research, are unplanned reactive modifications to interventions and/or implementation strategies common? How do you manage them?

In your own research, how do you measure fidelity of an intervention and/or implementation strategy?

Presentation on 16/05/2026 09:10 in "Parallel Session I - Theme Papers: Designing the Future of Continuity" by Heather L Rogers.

Theme Paper / Almost finished study

Medical student's view on setting up their own practice and on mandatory education on practice management – a cross-sectional questionnaire study

Solveig Weise, Johannes Fluch-Niebuhr, Marcus Heise, Irene Moor, Dietrich Stroevesandt, Thomas Frese

Medical Faculty, Martin-Luther-University Halle-Wittenberg, Magdeburger Str. 8, 06112 Halle (Saale), Germany, 06120 Halle (Saale), Germany. E-mail: solveigweise@posteo.de

Keywords: Medical Students; Medical teaching; practice management; setting up an own practice; cross-sectional questionnaire study

Background:
Outpatient care in Germany, particularly general practice (GP), is increasingly threatened by demographic change and workforce shortages. Universities play a central role in early recruitment by addressing barriers to medical students' (MS) intention to establish their own practice (OP) through targeted teaching, such as practice management (PM). However, PM remains underrepresented in German medical curricula.

Research questions:
What attitudes do MS have toward establish their OP? What are MS' attitudes toward a potentially mandatory university course on PM?

Method:
All MS in the second (N = 200) and tenth (N = 220) term at Martin-Luther-University (MLU), Germany, were invited to participate between April and July 2025. A cross-sectional questionnaire study was conducted using a self-designed, pretested instrument, administered online and in paper form. The survey assessed attitudes toward establishing an OP and toward a mandatory PM course. Data were collected anonymously. Ethical approval was obtained (MLU Ethics Committee 2025-067); funding was provided by Stiftung Perspektive Hausärztinnen und Hausärzte. Complete-case analyses were performed using R (version 4.5.2).

Results:
The response rate was 78.3% (329/420). Participants were 67.2% female with a mean age of 23.8 years. Overall, 69.2% intended to establish their OP, preferably as a group practice. A mandatory PM course was supported by 43.8%, rejected by 24.6%, and viewed indifferently by 31.6%. MS intending to specialise in GP were significantly more likely to plan establishing their OP (IRR = 6.96) and to support mandatory PM teaching (OR = 2.03). Openness toward establishing an OP increased from the 2nd to the 10th term (IRR = 2.83). No significant associations were found for sociodemographic variables.

Conclusions:
Approximately two thirds of MS intended to establish their OP. While most preferred PM as an elective rather than mandatory course, GP orientation was strongly associated with both outcomes. These findings may inform curriculum development at universities.

Points for discussion:
Is practice management included in the curriculum at university?

If yes, how are your classes on practice management designed?

What are your lessons learned from these classes and do you know any comparable studies on MS' views on practice management?

Presentation on 16/05/2026 09:10 in "Parallel Session I - Theme Papers: Designing the Future of Continuity" by Solveig Weise.

Freestanding Paper / Almost finished study

AutomédiQ : to shed the light on selfmedication

Louis Braun, Laure Rivet, Sarah Chateauneuf, Elodie Charuel, Hélène Vaillant-Roussel

Université Clermont-Auvergne - Clermont-Ferrand (France), 63000 Clermont-Ferrand, France. E-mail: louis.bbraun@gmail.com

Keywords: self medication - public health

Background:
Self-medication is a common practice that has been poorly studied in France. However, its prevalence is estimated at 67% worldwide. It can have a significant impact on patients due to drug interactions and adverse effects. Despite good practice recommendations, there is no validated French tool for studying it. Yet exploring it is essential in primary care in order to understand patients' practices.

Research questions:
To create a validated tool for self-medication study : the AutomediQ self-questionnaire.

Method:
A three step patient-centered method was used. First, the tool was created using a nominal group and validated by an expert group. Second, user testing was conducted with patients recruted from two community pharmacies and two general practices. It was conducted in two stages : patients answered the questionnaire using the “think-aloud method” and were invited to provide feedbacks after completion. Finally, with the contribution of a social psychologist, the tool was validated through an eDelphi method involving international french-speaking experts.

Results:
AutomediQ was designed as an online self-questionary accessible via QR code or web link. The nominal group composed of 17 professionals designed an initial questionnaire with 28 questions. The expert group's review narrowed the questionnaire down to 17 questions by transforming 11 questions into sub-questions exploring the methods, habits and determinants of self-medication. Four testing cycles were conducted, including three with patients. Finally the eDelphi process involved two cycles with the participation of 15 international experts in selfmedication, questionnaire design and primary healthcare. This process led to the validation of the final version of AutomediQ.

Conclusions:
AutomediQ is the first validated self-questionnaire in French for studying selfmedication for pain. An initial project using AutomédiQ is planned to assess its usability in large scale. Numerous studies will follow to shed light on self-medication practices.

Points for discussion:
It focuses on pain (to ensure acceptable length of completion)

It will require a method adapted for people with limited computer skills

It will require adjustments or traduction according to the national contexts of others countries.

Presentation on 16/05/2026 09:10 in "Parallel Session J - Freestanding Papers: Questionnaires and Measurement Tools" by Louis Braun.

Freestanding Paper / Almost finished study

Development of the Family Involment Levels of Physiciansn Scale-Turkish Version (FILoPS-T): Multilevel Factor Analysis

Mehmet Göktuğ Kılınçarslan, Heather L Rogers, Aygen Eğilmez İnan, Oktay Sarı, Erkan Melih Şahin

Çanakkale Onsekiz Mart University, 17100 Merkez, Türkiye. E-mail: goktugmk@gmail.com

Keywords: Family Practice; Psychometrics; Family-Centered Care

Background:
This study aimed to develop and psychometrically validate the Family Involvement in Care Scale-Turkish (FILOPS-T), a novel instrument designed to evaluate family-oriented clinical practices from the patient's perspective within the family medicine setting.

Research questions:
What is the structural validity and reliability of the FILOPS-T scale?

Method:
A multicenter scale development study was conducted across 88 family medicine units. The study sample comprised 1,400 participants (800 females and 600 males) with a mean age of 44.54 ± 15.76 years. To account for the nested structure of the data and ensure robust estimation, Hubert-White sandwich estimators were utilized in both Exploratory Factor Analysis (EFA, n=707) and Confirmatory Factor Analysis (CFA, n=693). A second-order CFA was performed to evaluate the scale's structural hierarchy and specifically to test whether the multidimensional structure exhibits higher-order unidimensionality.

Results:
The final 41-item scale demonstrated a five-dimensional structure in EFA, with factors showing strong conceptual alignment with the hierarchical stages of family involvement proposed by Doherty and Baird. The subsequent second-order CFA confirmed that these five dimensions load significantly onto a single, global "Family Involvement" latent construct. The model exhibited a good fit to the data (RMSEA=0.055, CFI=0.915, TLI=0.909, and SRMR=0.046). Reliability analysis further supported this structure, with omega values for sub-dimensions ranging from 0.871 to 0.967 and a general factor of 0.922.

Conclusions:
The FILOPS-T is a theoretically grounded and psychometrically robust tool. The confirmation of its unidimensionality through a second-order structure supports the dual utility of the scale; it allows for both detailed assessment of specific dimensions and the calculation of a global index of family involvement, enhancing its applicability for evaluating family-oriented care in primary health services. This work was supported by Çanakkale Onsekiz Mart University The Scientific Research Coordination Unit, Project number: TSA-2025-5231.

Points for discussion:
Our model identified five factors, two of which emerged from the structural decomposition of a single level in Doherty and Baird's framework, yet Level 5 was not detected. Could the 5th level be realistically measured in this setting, or does its absence confirm the practical boundaries of primary care?

Presentation on 16/05/2026 09:10 in "Parallel Session J - Freestanding Papers: Questionnaires and Measurement Tools" by Mehmet Göktuğ Kılınçarslan.

Freestanding Paper / Finished study

Experiences of the Visually Impaired with Healthcare Services: A Qualitative Research

Cahide Çelenk Biricik, Serap Çifçili, Pemra C. Unalan

MARMARA UNIVERSITY, 34885 ISTANBUL, Türkiye. E-mail: cahidecelenk@gmail.com

Keywords: Visiul impairment, primary care, accessibilty

Background:
Despite widespread primary care coverage in Türkiye, little is known about visually impaired individuals' experiences, persistent accessibility barriers, and coping strategies, which may hinder equitable and continuous primary healthcare delivery.

Research questions:
Individuals with visual impairment, counted among vulnerable populations, face various challenges and inequalities while accessing healthcare services. The aim is to examine, through qualitative methods, experiences of visually impaired individuals while accessing healthcare services, and accessibility barriers they encounter.

Method:
Study was designed using qualitative research approach within phenomenological framework. Focus group interviews were employed to gain comprehensive understanding of participants' lived experiences. Using purposive sampling, total 28 participants were recruited, and discussions were conducted with four focus groups, each consisting 6–8 participants. All interviews were audio-recorded, and transcripts were analyzed using thematic analysis. Data collection was concluded upon satisfactory data saturation. Coding process consisted of two researchers independently generating codes and identifying categories, which were subsequently evaluated in collaboration with a third expert researcher.

Results:
Individuals with visual impairment encounter various accesability barriers while accessing healthcare services, particularly related to physical layouts, accessibility of information, and the usability of healthcare technologies. Participants who reported positive communication experiences with their physicians tended to utilize primary healthcare services, whereas those with negative experiences indicated a preference for hospitals due to the availability of a wider range of physicians. In this study, there was a consensus regarding inadequacy of physical and informational accessibility in both primary care settings and hospitals.

Conclusions:
The inadequate level of disability awareness among healthcare professionals negatively impacts communication process with visually impaired patients, rendering their healthcare accesss difficult. Improvement is possible through patient-centered communication training. Inequalities faced by the visually impaired face while accessing to healthcare services can be addressed through collaborative practices between public institutions and organizations, based on the right to health, and visually impaired individuals as stakeholders.

Points for discussion:
How can continuity of care in primary healthcare be strengthened for visually impaired individuals beyond physical accessibility, particularly in communication, digital health use, and shared decision-making?

What practical changes at the primary care level (training, team-based care, organizational adaptations) are needed to reduce accessibility barriers for visually impaired patients in everyday clinical practice?

How can patients' lived experiences be systematically integrated into primary care policy and service design to ensure more equitable and person-centered healthcare for people with visual impairment?

Presentation on 16/05/2026 09:10 in "Parallel Session J - Freestanding Papers: Questionnaires and Measurement Tools" by Serap Çifçili.

Freestanding Paper / Finished study

Barriers and Facilitators of Antibiotic Prescription in Respiratory Tract Infections: A Qualitative Study of Family Physicians in the Field

Emine Köse Daldal, Gökçe İşcan, Funda Yıldırım Baş

Suleyman Demirel University School of Medicine, 32100 Merkez, Türkiye. E-mail: dr_gokcedilek@yahoo.com

Keywords: Antibiotic use, Family medicine, Primary care, Qualitative research, Prescribing behavior

Background:
Antibiotic prescribing in primary care plays a critical role in individual patient outcomes and public health, particularly in the context of antimicrobial resistance. Despite the availability of clinical guidelines, inappropriate antibiotic use remains common, especially for respiratory tract infections. Understanding the complex factors influencing primary care physicians' prescribing decisions is essential to inform effective antimicrobial stewardship strategies.

Research questions:
How do patient expectations, diagnostic uncertainty, and systemic pressures interact to shape antibiotic prescribing behavior among primary care physicians?
What nonclinical and systemic factors contribute to antibiotic prescribing in primary care beyond physicians' clinical knowledge and guidelines?

Method:
This qualitative study employed a phenomenological design to explore primary care physicians' experiences and perceptions regarding antibiotic prescribing. Semi-structured, in-depth interviews were conducted with 19 primary care physicians selected using criterion sampling. Data were analyzed using a hybrid thematic analysis approach, combining inductive and deductive coding to identify key themes influencing prescribing behavior.

Results:
Four major themes emerged as determinants of antibiotic prescribing decisions. These included: (1) physicians' clinical decision-making processes, particularly diagnostic uncertainty in respiratory tract infections; (2) patient expectations and the dynamics of the physician–patient relationship, with perceived pressure arising from patient demands for antibiotics; (3) physician-related and non-patient influences, such as professional experience and educational background; and (4) systemic pressures, including limited consultation time, performance-based evaluation systems, and the anticipation of repeat patient visits ("escape options"). Physicians reported that these social and systemic factors often led to antibiotic prescribing even when clinical indications were uncertain.

Conclusions:
Antibiotic prescribing in primary care is shaped not only by clinical knowledge but also by social interactions and systemic constraints. Efforts to promote rational antibiotic use should extend beyond physician education to include structural improvements in healthcare systems and interventions aimed at increasing patient awareness. Addressing these multidimensional influences is essential for sustainable antimicrobial stewardship in primary care.

Points for discussion:
Diagnostic uncertainty as a central driver of antibiotic prescribing

The influence of patient expectations and the physician–patient relationship

Systemic pressures and structural constraints shaping prescribing behavior

Presentation on 16/05/2026 09:10 in "Parallel Session K - Freestanding Papers: Improving Detection and Management in Primary Care" by Gökçe İşcan.

Theme Paper / Finished study

Dementia and Mild cognitive impairment screening in General Practice in Slovakia -Current status and barriers

Xénia Wöstmann, Anna Repovská, Ludmila Kutáková

SVLS/SGPS, 07635 Somotor, Slovakia. E-mail: podstranska@yahoo.de

Keywords: Dementia, Mild Cognitive Impairment, Screening, Barriers

Background:
In Slovakia, approximately 60,000 individuals are affected by dementia, with an estimated 30,000 cases remaining undiagnosed. General practitioners (GPs) play a pivotal role in dementia screening, however, multiple barriers hinder the routine assessment of patients over 60 years of age. The largest health insurance provider in Slovakia mandates the use of the Montreal Cognitive Assessment (MoCA) for dementia screening, which requires 10–15 minutes to administer. Meanwhile, the second largest insurer insists on its test and the third existing insurer does not support dementia screening at all.

Research questions:
This study aimed to assess the current status and barriers of dementia and mild cognitive impairment (MCI) screening by GPs in Slovakia

Method:
A cross-sectional qualitative survey conducted among 650 GPs affiliated with the Society of General Practitioners of Slovakia (SGPS). Participants were invited via email to complete an anonymous, structured 17-item questionnaire covering demographics, knowledge and implementation of dementia screening, perceived barriers, and suggestions for improvement. Data collection occurred over one month, and descriptive statistics were used for analysis.

Results:
99% of GPs recognized the importance of dementia screening. However, 58% expressed dissatisfaction with the current screening process. While 43% frequently encountered patients with suspected dementia, 54% reported rarely or never performing screening test. The most frequently cited barriers were lack of time (88%), limited access to specialists for definitive diagnosis and management (42%), and inadequate reimbursement (34%). Additional challenges included inconsistent screening requirements among insurers and patient reluctance due to potential consequences (e.g., loss of driving or firearms licenses).

Conclusions:
GPs in Slovakia find dementia and MCI screening important. Lack of time and poor follow-up care were identified as the strongest barriers.

Points for discussion:
What is the approach regarding demencia and MCI in primary care in your country?

Which of the validated short tests is suitable for the GPs office environment?

Presentation on 16/05/2026 09:10 in "Parallel Session K - Freestanding Papers: Improving Detection and Management in Primary Care" by Xénia Wöstmann.

Freestanding Paper / Finished study

Maccabi-RED, mHealth innovation in community emergency care: a 4-year analysis of adoption patterns and impact on healthcare utilization

Ilan Yehoshua, Osnat Bashkin, Tamar Shalom, Limor Adler

Maccabi health services, 7983000 Kfar Harif, Israel. E-mail: yehoshua_i@mac.org.il

Keywords: Community emergency care, Mobile Health

Background:
Emergency department overcrowding due to non-urgent visits places a considerable burden on the healthcare system. Mobile health (mHealth) technologies offer potential solutions by providing community-based alternatives for emergency care. In this study, we analyzed 4 years of implementation data from Maccabi-RED, a smartphone app-based emergency care service launched in 2019 by Israel's second-largest healthcare maintenance organization

Research questions:
Who are the patients using the service through mHealth ?What was their appointment adherence patterns, and subsequent healthcare utilization ?

Method:
Retrospective analysis of the electronic health records for all patient-initiated emergency care requests made through the Maccabi-RED app between January 2020 and December 2023.
The analysis encompassed 48,972 approved requests from 41,313 patients, comprising demographic characteristics, appointment adherence patterns, and subsequent healthcare utilization within 7 days. Statistical analyses included descriptive statistics, chi-square tests, t-tests, and multivariable logistic regression models.

Results:
Overall appointment attendance was 76.9%, improving from 52.4% in 2020 to 80.0% in 2023. Older patients (>51 years) had 29% higher attendance odds compared with younger patients (<19 years). Foreign body emergencies showed the highest attendance rates (72.6%), while surgical cases had the lowest (17.2%). The median wait time from request to appointment was 30.5 minutes, decreasing from 44.0 minutes in 2020 to 30.0 minutes in 2021–2023. Patients attending Maccabi-RED appointments had 16% lower odds of subsequent family physician visits and 41% lower odds of emergency medical center visits within 7 days, with no increase in emergency department visits or hospitalizations. However, geographic disparities emerged, with residents in peripheral areas showing lower attendance rates despite shorter wait times

Conclusions:
This study demonstrates that smartphone-based emergency care services can effectively reduce the burden on the healthcare system while maintaining patient safety, although targeted interventions are needed to address geographic and demographic disparities in access and utilization

Points for discussion:
How could the differences in appointment attendance between the ages could be explained ?

How could the time from request to appointment drop over the years could be explained ?

Was there a better way for conducting this study?

Presentation on 16/05/2026 09:10 in "Parallel Session K - Freestanding Papers: Improving Detection and Management in Primary Care" by Ilan Yehoshua.

Poster / Study Proposal / Idea

Adapting risk-based, nurse-led preventive care in general practice to strengthen continuity of care: a study proposal from Latvia

Darta Puriņa

Riga Stradiņš University, Riga, Latvia. E-mail: darta.purina@rsu.lv

Keywords: general practice, continuity of care, preventive care, nurse-led care, risk stratification, mixed-methods research

Background:
Continuity of care is essential in general practice, yet preventive care in several European systems — including Latvia — remains organised as uniform, episodic health checks with limited integration into longitudinal GP–patient relationships. This may weaken follow-up, fragment care and underuse primary care teams, particularly nurses. There is limited evidence on how preventive care models can be adapted in routine practice to strengthen continuity of care in specific national contexts.

Research questions:
How can risk-based, nurse-led preventive care be adapted in general practice to strengthen continuity of care for adult patients in Latvia?

Method:
This doctoral project uses mixed-methods design in Latvian general practice. It comprises four interconnected components: an evidence synthesis on risk-based and nurse-led preventive care and continuity of care; a situational analysis of preventive care organisation in a purposive sample of general practices; development of a context-adapted conceptual model of risk-based, nurse-led prevention; and a small-scale feasibility and qualitative evaluation exploring acceptability and implementation challenges among patients and primary care professionals. Continuity of care will be examined using established conceptual frameworks, encompassing organisational, relational and informational dimensions, with attention to digital tools supporting follow-up. Qualitative data will be analysed.

Results:
The study is expected to generate a context-sensitive preventive care model for general practice and clarify organisational, relational and informational mechanisms linking preventive care and continuity of care. It will provide insights into how nurse-led, risk-based prevention may support longitudinal GP–patient relationships and structured follow-up in routine practice, alongside methodological guidance for small-scale mixed-methods research.

Conclusions:
This study positions preventive care as an underexplored mechanism for strengthening continuity of care in general practice and provides a structured foundation for doctoral research and future implementation studies. By focusing on organisational adaptation and team-based delivery, the project may also inform comparative research and contribute to strengthening continuity-oriented primary care systems across different European contexts.

Points for discussion:
How can organisational, relational and informational continuity of care be operationalised and assessed within preventive care research in general practice?

What mixed-methods approaches are most appropriate for identifying mechanisms linking risk-based, nurse-led preventive care with continuity of care in small-scale general practice studies?

How can risk-based, nurse-led preventive care models be adapted across different national and organisational contexts while preserving continuity-oriented care?

Presentation on 16/05/2026 11:00 in "Poster Session 1: Multimorbisity and Aging" by Darta Puriņa.

Poster / Finished study

Associations of Chronic Condition Combinations With Treatment Burden and Health-Related Quality of Life in Multimorbidity

Olga Vasiliauskiene, Dovydas Vasiliauskas, Lina Jaruseviciene, Ausrine Kontrimiene

Lithuanian University of Health Sciences, LT-50161 Kaunas, Lithuania. E-mail: olga.vasiliauskiene@lsmu.lt

Keywords: Multimorbidity, Treatment burden, Quality of life, Heart failure, Chronic kidney diseases, Primary health care.

Background:
Management of patients with multimorbidity is a frequent challenge in primary care. Multimorbidity increases the day-to-day workload imposed by treatment-related tasks (treatment burden) and reduces health-related quality of life (HRQoL).

Research questions:
However, the relationship between specific constellations of chronic conditions and both treatment burden and HRQoL in patients with multimorbidity remains insufficiently understood.

Method:
This study was conducted in 2021–2023 within the EUFIAP TELELISPA project (Nr. 08.4.2-ESFA-K-616-01-0003) across seven primary healthcare centers in Lithuania. We included 789 adults with multimorbidity (≥2 chronic conditions), one of which was arterial hypertension. Treatment burden was assessed using the Multimorbidity Treatment Burden Questionnaire (MTBQ), and HRQoL using the EQ-5D-5L.

Results:
Treatment burden categories were: high 9.0%; moderate 25.0%; low 46.6% and no treatment burden 19.4%. A higher likelihood of greater treatment burden was observed in patients with heart failure ($p = 0.009$) and chronic kidney disease ($p = 0.011$) and was also associated with greater clinical complexity (more chronic conditions, polypharmacy, anxiety/depression) and rural residence. Overall, HRQoL was significantly poorer in patients with angina pectoris ($p = 0.025$), heart failure ($p = 0.026$), and atrial fibrillation ($p = 0.016$). Heart failure was associated with worse outcomes in mobility $p < 0.001$; self-care $p = 0.006$; usual activities $p < 0.001$; anxiety/depression $p < 0.001$. Atrial fibrillation was associated with worse mobility ($p = 0.004$) and anxiety/depression ($p = 0.035$). Chronic kidney disease was associated with poorer usual activities ($p = 0.016$), asthma/COPD with poorer usual activities ($p = 0.005$), and diabetes with greater pain/discomfort ($p = 0.013$). The strongest negative impact on HRQoL was observed for heart failure and joint diseases, and in older patients.

Conclusions:
Heart failure and chronic kidney disease are key markers of higher treatment burden among patients with multimorbidity, while cardiovascular and musculoskeletal conditions are most strongly associated with poorer HRQoL.

Presentation on 16/05/2026 11:00 in "Poster Session 1: Multimorbisity and Aging" by Olga Vasiliauskiene.

Poster / Finished study

Effectiveness Assessment of a Geriatric Mobile Team in Assessing the Elderly: A Retrospective Cohort Study

Zorian Radomyslsky, Dor Atias-Tzur, Bar Cohen, Ali Abu-Raya, Sara Kivity, Reuma Kurz, Eduardo Schejter, Jacob Segal, Ilan Yehoshua, Ori Liran, Miri Mizrahi-Reuveni, Galit Kaufman, Daniela Rahamim-Cohen, Limor Adler

Israel Association of Family Physicians, 7935100 Sde Yoav, Israel. E-mail: adler_l@mac.org.il

Keywords: Geriatric assessment; mobile team; rural areas

Background:
Mobile Geriatric Teams (MGTs) are outreach services designed to assess and treat elderly patients in their own environments, bridging the gap for those unable to access routine healthcare and reducing the risk of under-diagnosis and under-treatment.

Research questions:
To assess the effectiveness of initiated comprehensive geriatric assessment by an MGT for elderly patients living in the Northern district of Israel and compare the characteristics of this population with those of patients of similar age who did not use MGT services at the southern district of Israel.

Method:
A retrospective, database study serving as a proof-of-concept evaluation for MGT implementation in Israel.

Results:
A total of 8,152 individuals were included in the study; 4,348 were assessed by MGTs. The MGT group participants were slightly older, had a higher proportion of males, and had a lower socioeconomic status (SES) than the control group. The MGTs group had fewer diagnoses of MCI, dementia, and depression, compared to the control group. They also had more diagnoses of orthostatic hypotension, and they were more likely to be assessed for fall risk. The MGT group was also prescribed fewer medications in the months following the assessment. After the MGT intervention, we observed an increase in primary care visits among the relevant population in the district where it was implemented, whereas the control group did not show a similar trend.

Conclusions:
MGTs can reach a specific subpopulation of the elderly who might not otherwise undergo a geriatric assessment, primarily males, those of low SES, and possibly those with less urgent health concerns. These findings highlight the complementary role of MGTs in increasing accessibility, promoting equity, and addressing unmet needs in populations less likely to seek care on their own.

Points for discussion:
Are mobile teams good for continuity of care with elderly patients?

What are the best ways to assess such service?

Presentation on 16/05/2026 11:00 in "Poster Session 1: Multimorbisity and Aging" by Limor Adler.

Poster / Ongoing study no results yet

Implementing Goal-Oriented Care for Multimorbidity in Primary Care: Protocol for a Multinational Stepped-Wedge Cluster Randomised Trial (GOAL-MM / METHIS)

Margarida Gil Conde, Luis Lapão, Anna Dania, Johan Gustav Belika, Renira Corinne Angeles, Alice Milivinti, Sabrina Wong

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

Keywords: Multimorbidity, PBRN, Goal-Oriented Care

Background:
Multimorbidity is increasingly prevalent in ageing populations and poses major challenges to primary care systems traditionally organised around single disease-specific models. Goal- Oriented Care (GOC) has been proposed as a person-centred approach that prioritises what matters most to patients, yet evidence on its real-world effectiveness, cost-effectiveness, and scalable implementation remains limited. This pilot project is endorsed by the Global Practice-Based Research Network (PBRN) Initiative, aligning with its key research areas.

Research questions:
To evaluate the effectiveness, cost-effectiveness, and sustainability of a digitally supported GOC approach (METHIS) for adults with multimorbidity, supported by Learning Health System (LHS) principles embedded within participating PBRNs.

Method:
This multinational study will use a stepped-wedge cluster randomised controlled trial involving patients aged 60+ with multimorbidity in primary care practices within PBRNs in Portugal, Canada, and Norway. The intervention, introduced sequentially in each practice, comprises: (1) structured GOC training for primary care teams; (2) implementation of the METHIS digital platform to support goal elicitation, shared decision-making, and monitoring; and (3) application of LHS principles, including patient engagement to promote continuous learning and improvement.

Results:
The study will generate longitudinal data on health-related quality of life, healthcare utilisation, and implementation outcomes across participating practices. EQ-5D-5L changes from baseline will be assessed at 6-month intervals up to 24 months across intervention and usual care periods, alongside the incremental cost-effectiveness ratio (ICER) and quality-adjusted life years (QALYs). Secondary results will include patient-reported mental health, functional ability, care experience, professional experience, healthcare utilisation, and resource use. Adoption, fidelity of GOC, and digital engagement with the METHIS platform will inform assessment of implementation and sustainability.

Conclusions:
This study aims to generate robust, practice-based evidence on digitally reported GOC for people with multimorbidity, supported by LHS, and to inform future embedding and scaling of this person-centred model within diverse primary care systems.

Points for discussion:
To what extent can digitally supported, goal-oriented care improve patient-relevant outcomes for people with multimorbidity when implemented at scale in routine primary care and supported by Learning Health System (LHS) principles?

What are the implications of combining digital Goal-Oriented Care and LHS approaches for equity, particularly

for older adults and for patients with lower health, digital, or social literacy? Which components of the intervention (training, digital tools, LHS processes) appear transferable across different primary care systems and countries, and what adaptations are required to ensure local relevance and feasibility?

What can be learned from the application of LHS principles regarding continuous learning, feedback loops, and patient engagement in the implementation of Goal-Oriented Care in primary care? Which organisational, professional, and contextual factors influence the adoption, fidelity, and long-term sustainability of digitally supported Goal-Oriented Care within primary care practices and PBRNs?

Presentation on 16/05/2026 11:00 in "Poster Session 1: Multimorbisity and Aging" by Margarida Gil Conde.

Poster / Ongoing study no results yet

Long-Term Effects of SGLT2is and GLP-1RAs on Frailty Progression in Patients with Type 2 Diabetes

Maor Lewis, Anthony Heymann, Nitzan Burrack, Ran Abuhasira

Meuhedet Health Services, 6745467 tel aviv, Israel. E-mail: maorlew@gmail.com

Keywords: Frailty , SGLT2 inhibitors, GLP-1 receptor agonists, Type 2 Diabetes

Background:
SGLT2 inhibitors and GLP-1 receptor agonists improve glycemic control and provide cardiovascular and renal benefits, including in frail older adults. Frailty affects a substantial proportion of older adults with type 2 diabetes (T2D), a condition that accelerates biological aging and predisposes to frailty through multiple pathophysiologic mechanisms. Emerging preclinical and observational evidence suggests that SGLT2is and GLP-1RAs may attenuate frailty progression via anti-inflammatory and anti-senescent pathways, beyond cardiovascular risk reduction.

Research questions:
What is the effect of SGLT2is and GLP-1RAs treatment on long-term frailty progression?

Method:
A retrospective cohort study using electronic medical records from Clalit Health Services, Israel's largest health care organization. Adults aged ≥65 years with T2D who newly initiated SGLT2is or GLP-1RAs were compared with new users of DPP-4 inhibitors between 2015 and 2025. Using a propensity score–matched, active-comparator, new-user design, frailty progression was assessed longitudinally using electronic frailty index scores. Patients were followed from drug initiation until treatment discontinuation, treatment switch, death, loss of coverage, or study end. Potential mediators, including cardiovascular events, diabetes-related complications, glycemic control, kidney function, and weight change, were evaluated. Frailty was defined using a validated 28-item electronic frailty index based on the cumulative deficit model, classifying patients as non-frail or mildly, moderately, or severely frail.

Results:
No results yet

Conclusions:
No conclusions yet

Points for discussion:
The effect of SGLT2is and GLP-1RAs treatment on frailty progression

SGLT2is treatment in frail older adults.

GLP-1RAs treatment in frail older adults.

Presentation on 16/05/2026 11:00 in "Poster Session 1: Multimorbisity and Aging" by Maor Lewis.

Poster / Finished study

Prevalence, clinical characteristics and management of chronic kidney disease in primary care

Giulio Rigon, Luca Raccagni, Sonia Zenari, Ferraro Pietro Manuel

Primary Care, University of Verona School of Medicine, 37138 Verona, Italy. E-mail: giuliorigon@pm.me

Keywords: Chronic kidney disease, primary care, early diagnosis, clinical management, diagnostic protocols

Background:
Chronic Kidney Disease (CKD) represents a major public health concern characterized by structural or functional renal abnormalities persisting for at least three months. CKD is classified based on estimated glomerular filtration rate (eGFR) stages (G1-G5) and albuminuria grades (A1-A3). In Italy, the prevalence of CKD is projected to increase from 3.9 million patients in 2021 to 4.4 million by 2026, with escalating mortality rates. Notably, CKD remains a "silent epidemic," frequently under-diagnosed in primary care settings. General Practitioners (GPs) represent the first point of contact for patients and hold a pivotal role in early identification, diagnostic screening, and appropriate management to slow disease progression.

Research questions:
Evaluate the adequacy of diagnostic approaches adopted by GP in early detection of CKD and to assess the quality of clinical management of CKD patients according to current national guidelines

Method:
A single-center, retrospective study was conducted at Casa di Salute Verona. Patient data were collected over a four-year period (January 2020--December 2024) from a single GP's ambulatory practice

Results:
The study population demonstrated a median age of 72 years (range 50-99) with 48% female representation. Hypertension and diabetes mellitus were present in 90.7% and 18.3% of patients, respectively. CKD prevalence (defined as eGFR <60 mL/min and/or abnormal albuminuria) was identified in 13.2% of the analyzed cohort, with higher prevalence in older age groups. Only 54.2% of patients with documented CKD underwent microalbuminuria screening, and 58% had ACR determination; proteinuria measurements were performed in only 1% of eligible cases

Conclusions:
Current diagnostic protocols recommended by national guidelines are insufficiently implemented in primary care practice. Diagnostic tools remain inadequately adapted to support GPs in early detection and prevention of CKD. Implementation of clinical decision support systems, automated alerts for at-risk populations, and enhanced coordination between GPs and specialists represents essential strategies to improve patient outcomes and reduce healthcare costs.

Points for discussion:
How to improve adherence to guidelines

how to manage high-risk populations, especially in patients over 80 years

European experience in managing this condition with specialists

Presentation on 16/05/2026 11:00 in "Poster Session 1: Multimorbisity and Aging" by Luca Raccagni.

Poster / Finished study

Attitudes Toward Individuals with Dementia and Empathy Levels Among Family Physicians: A Cross-Sectional Study

Sıdıka Ece Yokuş, Fatih Özcan, Huseyin Elbi

Yildirim Family Health Center, 34045 Istanbul, Türkiye. E-mail: yokusece@gmail.com

Keywords: dementia, attitude, empathy, family physician

Background:
Empathy and attitudes significantly influence care quality and outcomes for individuals with dementia (IWD). Family physicians (FPs) are pivotal in dementia management, yet research has largely focused on diagnosis and disease management. The literature offers limited data on FPs' attitudes toward IWD and their empathy levels. This study contributes to the existing evidence in this area.

Research questions:
(1) to evaluate FPs' attitudes toward IWD and their empathy levels, and (2) to investigate the relationship between empathy levels and attitudes toward IWD.

Method:
This cross-sectional analytical study was conducted among FPs working in family health centers across Turkey. The minimum required sample size was 379. Data were collected using a demographic information form, the Dementia Attitudes Scale (DAS), and the Empathy Quotient (EQ). Quantitative data were analyzed using descriptive statistics and appropriate parametric or nonparametric tests.

Results:
A total of 412 FPs participated in the study. Mean DAS and EQ scores were 97.7 (95% CI: 96.1–99.3) and 50.5 (95% CI: 49.7–51.3), respectively. Participants with a higher percentage of older adults registered in their practice reported more positive attitudes toward IWD. DAS subscale analysis showed that exclusionary attitudes were less common among participants who were married, had children, and had an IWD among their first-degree relatives. Additionally, older age, longer work experience, and a higher number of registered IWD in the practice were associated with fewer exclusionary attitudes. A moderate positive correlation was observed between EQ and DAS scores ($r = 0.45$, 95% CI: 0.36–0.52). Empathy levels were positively correlated with supportive and accepting attitudes but not with exclusionary attitudes.

Conclusions:
Higher empathy levels are moderately associated with positive attitudes toward IWD among FPs. Results from standardized tools and a nationwide sample suggest implications for primary care training and indicate that empathy-focused approaches may enhance dementia care.

Points for discussion:
Are there any additional analyses you would recommend?

What strategies could support empathy development in family medicine practice?

Presentation on 16/05/2026 11:00 in "Poster Session 2: Mental Health and Vulnerability" by Sıdıka Ece Yokuş.

Poster / Finished study

Bridging the Gap: GPs' Perspectives on Paediatric Care in Germany – Training, Barriers, and the Path Forward

Annett Braesigk, Anne Schrimpf, Anne Werner, Markus Bleckwenn, Anne-Kathrin Geier

Institut für Allgemeinmedizin, Universität Leipzig, 04103 Leipzig, Germany. E-mail: annett.braesigk@medizin.uni-leipzig.de

Keywords: General practice, pediatric care, mixed methods, training, rural health, primary care,

Background:
In Germany, General Practitioners (GP) substantially contribute to paediatric care, especially in rural areas where there is a shortage of paediatricians. While GPs treat children, their training in paediatrics is limited, which raises concerns about quality and sustainability.

Research questions:
How do GPs perceive their role in paediatric care? What motivates or hinders them, and what conditions are needed for effective, long-term involvement?

Method:
A mixed-methods study was conducted in Saxony. Three focus groups with 14 GPs (including trainees) explored attitudes, experiences, and barriers, complemented by group of paediatricians (n=3) and medical assistants (n=5) for triangulation. Data were analysed using MaxQDA. A parallel online survey reached 1622 GPs in Saxony (response rate: 13.2%, n=214), assessing practice characteristics, paediatric care provision, and willingness to treat children in the future.

Results:
Of those GPs (84.1%) who treat children, 87.8% do it out of necessity GPs see paediatric care as part of their generalist identity and value continuity and family-centred care. Key enablers include mandatory paediatric training during residency, interdisciplinary networks, child-friendly practice adaptations, and experience. Barriers include insufficient training, fear of missing complex diagnoses, lack of billing options, and legal restrictions on referrals. Only 41.2% of GPs not currently treating children expressed future intention to do so, compared to 71.8% of those already involved.

Conclusions:
GPs play a central role in paediatric care, particularly in underserved regions, but systemic gaps in education and support constrain their role. Current training durations fall short of international recommendations, undermining confidence and competence. The strong demand for structured training and networking opportunities.

Points for discussion:
How can collaboration between GPs and paediatricians be fostered to ensure equitable, high-quality care?

How can financial and regulatory frameworks support GPs without undermining specialist roles?

What role should formal GP-paediatrician networks and telemedicine play in rural care?

Presentation on 16/05/2026 11:00 in "Poster Session 2: Mental Health and Vulnerability" by Annett Braesigk.

Poster / Study Proposal / Idea

IMPACT Project : Brief intervention by the general practitioner for the management of women victims of intimate partner violence

Emeline Pasdeloup, Maxime Pautrat

Faculté de Médecine de Tours, 45110 Chateauneuf sur Loire, France. E-mail: epasdeloup45@gmail.com

Keywords: Intimate Partner Violence ; Women ; Brief intervention

Background:
Intimate partner violence (IPV) is a major public health concern, affecting 10% women in France. Although systematic screening by general practitioners (GPs) has been recommended by the French National Authority for Health (HAS) since 2019, its implementation remains limited due to the lack of structured post-screening support. This gap hinders GPs from engaging fully in systematic screening, despite its key role in initiating protection and empowerment processes for victims.

Research questions:
The objective is to optimize the screening practice of women victims of IPV by GPs, by integrating a structured brief intervention (BI) according to the Screening and Brief Intervention and Referral to Treatment (SBIRT) model. Secondary step will assess the feasibility and acceptability of the BI among GPs and victims, and to analyze barriers and facilitators to its implementation.

Method:
The project includes four phases: (1) a qualitative exploratory study among healthcare professionals and victims, (2) the design of the BI using a structured consensus method combining nominal groups and a Delphi round, (3) a pre-test of the BI among volunteer GPs, and (4) a cluster-randomized controlled trial evaluating the impact of the BI on the rate of IPV screening in primary care. Evaluation criteria include the number of screenings performed, feasibility and acceptability of the BI, and GPs' confidence in conducting screenings.

Results:
This project received funding through the French RESP-IR 2025 call for projects (Primary Care Research – Interdisciplinary Network).

Conclusions:
This project could promote earlier and more systematic IPV screening, improve the support provided to victims in primary care, and help break the intergenerational cycle of violence, ultimately contributing to better public health outcomes.

Points for discussion:
Take advantage of this EGPRN meeting focused on continuity of care and multidisciplinary collaboration to seek advice on implementing this primary care project on intimate partner violence.

Presentation on 16/05/2026 11:00 in "Poster Session 2: Mental Health and Vulnerability" by Emeline Pasdeloup.

Poster / Almost finished study

Intersectionality and Common Mental Disorders: The Cumulative Impact of Social Inequalities

Ileana Gefaell, Claudia Iglesias Carabias, Javier Rubio Serrano, Daniel Cifo Arcos, Cristina Muntañola Valero, Ignacio Vidal Navarro, Isabel Del-Cura-González

Primary Care Research Unit, Madrid, Spain, 28014 Madrid, Spain. E-mail: ileanagefaell@gmail.com

Keywords: Intersectional Framework, Mental Health, Health Inequities

Background:
Intersectionality is a theoretical framework that examines how multiple dimensions of social identity (gender, class, or education) intersect and combine to generate experiences of discrimination, privilege, and marginalisation. In the field of mental health, intersectionality can offer a multidimensional explanation for these health problems.

Research questions:
What is the intersectional effect of sex, age, educational level on the mental health in the elder spanish adults?

Method:
Design: cross-sectional descriptive study from the Spanish National Health Surveys (N=17,903).
Population: participants aged >60 years old
Data analysis: Multilevel logistic regression analysis of individual heterogeneity and discriminatory accuracy (I-MAIHDA) to examine mental health inequities across 24 intersectional strata defined by age, sex, educational level, and survey year, and to quantify the contribution of their intersections to these inequities. An empty model and an additive model with covariates were estimated to assess additive effects. Estimate measures: Variance Partition Coefficient (VPC) and the percentage change in variance (PCV) were used. Finally, we calculated the difference in predicted probabilities between the total predicted probability for each stratum and the probability based solely on the additive main effects.

Results:
Twenty-four strata were generated. The prevalence of mental health problems was highest among women aged >75 years with a low educational level. The intersectional effect was VPC:5.8%, with a PCV of 97%, largely explained by low educational attainment and female sex. However, no differences were observed in predicted probabilities between the empty model and the additive effects model.

Conclusions:
Although there is moderate variability between social strata, most of the observed inequalities are explained by additive effects. Being a woman and having a low educational level were associated with a higher risk of depression and anxiety, while no relevant intersectional effects beyond these main factors were identified. These findings highlight the usefulness of the I-MAIHDA approach for distinguishing between additive and intersectional inequalities.

Points for discussion:
What dimensions of social inequalities have a higher impact on mental health?

Would an I-MAIHDA approach through social strata better define our patients in Primary Care?

Presentation on 16/05/2026 11:00 in "Poster Session 2: Mental Health and Vulnerability" by Ileana Gefaell.

Poster / Finished study

Positive and Negative Experiences of Informal Caregivers: A Population-Based Study Relevant to Primary Care

Lina Jaruseviciene, Apolinaras Zaborskis, Olga Vasiliauskienė, Aušrinė Kontrimienė

Lithuanian University of Health Sciences, 44434 KAUNAS, Lithuania. E-mail: ljaruseviciene@gmail.com

Keywords: Informal caregivers Caregiving experiences Caregiver Burden Primary Health Care

Background:
Informal home care is becoming increasingly important due to limitations in formal home nursing resources. Informal caregivers often remain “hidden patients,” experiencing both burden and fulfilment. Existing research has largely focused on specific caregiver groups, resulting in limited population-level evidence relevant to general practice. This study addresses this gap by using nationally representative data.

Research questions:
What experiences do informal home caregivers report, and how can these inform routine assessment and support of caregivers in primary care?

Method:
A cross-sectional, nationally representative household survey was conducted among Lithuanian residents aged ≥18 years (N=1000). Data were collected through face-to-face interviews using an original questionnaire. Informal caregivers were identified and asked to select up to five positive and five negative caregiving experiences from predefined lists (14 items each), developed from prior qualitative research with informal caregivers. Descriptive statistics, subgroup comparisons, and Spearman’s correlation analysis were performed.

Results:
A total of 168 respondents (16.8%) were identified as informal caregivers; 60.1% were women, with a mean age of 54.25 ± 14.70 years. Caregivers reported significantly more positive than negative experiences (mean 3.12 vs. 2.42; $p < .001$), particularly among women and single individuals. Positive and negative experience counts were moderately correlated (Spearman’s $\rho = .349$; $p < .001$), indicating the coexistence of reward and burden in caregiving. The most frequently reported positive experiences were a sense of being needed (49.4%), repayment of a moral debt (33.3%), and strengthened relationships (32.7%). The most common negative experiences included lack of rest (32.1%), lack of personal time (28.0%), and reduced ability to leave the home (26.8%).

Conclusions:
Informal caregiving involves both positive experiences and significant burden. Primary care professionals are well placed to identify caregiver burden and unmet support needs. Including caregiver assessment in routine primary care can help improve caregiver wellbeing and patient outcomes.

Points for discussion:
What key elements should be considered when developing strategies in primary care to identify caregiver burden?

Should caregiver support interventions in primary care focus on reducing burden or strengthening positive caregiving experiences—or both?

Presentation on 16/05/2026 11:00 in "Poster Session 2: Mental Health and Vulnerability" by Lina Jaruseviciene.

Poster / Published

The relationship between affective temperaments and type 2 diabetes mellitus among primary care patients in Hungary

Csenge Hargittay, Krisztián Vörös, Ajándék Előry, Zoltán Lakó-Futó, Anna Krolopp, Bernadett Márkus, Georgina Szabó, Ágnes Szélvári, János Zsuffa, Zoltán Rihmer, Xénia Gonda, Péter Torzsa

Semmelweis University, 1085 Budapest, Hungary. E-mail: hargittay.csenge@gmail.com

Background:
Affective temperaments (depressive, cyclothymic, hyperthymic, irritable and anxious) are inherited stable parts of the personality and determine the emotional mood, activity and reactivity. There are few studies on the relationship and mediating factors between affective temperaments and metabolic control among patients with type 2 diabetes mellitus (T2DM).

Research questions:
We aimed to investigate the association between affective temperaments and glycemic control among patients with T2DM in general practice, and whether temperaments affect metabolic control through depression or through impairing self-care.

Method:
We included 338 patients with T2DM from six primary care practices in this cross-sectional study. A self-administered questionnaire (patient history, anthropometric, socioeconomic, laboratory parameters), the Beck Depression Inventory (BDI), the Hamilton Anxiety Scale and the Temperament Evaluation of Memphis, Pisa, Paris, and San Diego Autoquestionnaire were used.

Results:
The mean age of the sample was 63.98 ± 11.51 (years±SD), 61.2% of participants were female. Cyclothymic affective temperament ($p=0.002$) and higher BDI score ($p=0.048$) were associated with worse HbA1c in univariate linear regression. Depressive, anxious, irritable, and hyperthymic affective temperaments were not associated directly with HbA1c, also, lifestyle factors, such as smoking, physical activity, and alcohol intake were not predicting HbA1c. In causal mediation analyses cyclothymic affective temperament was directly associated with higher HbA1c ($p=0.008$), with the effect not mediated by BDI. Hyperthymic affective temperament was indirectly associated with lower HbA1c, mediated by BDI ($p=0.034$). Depressive, anxious, and irritable affective temperaments were not associated with HbA1c neither directly nor indirectly.

Conclusions:
Among primary care patients with type 2 diabetes, cyclothymic temperament correlates with worse glycemic control independently of depressive symptoms. Hyperthymic temperament reduces depressive symptoms thereby improving glycaemic control. It is important to screen for affective temperaments in addition to depression among patients with type 2 diabetes in general practice.

Presentation on 16/05/2026 11:00 in "Poster Session 2: Mental Health and Vulnerability" by Péter Torzsa.

Poster / Almost finished study

Burnout-associated factors in a sample of General Practitioners from the Province of Modena, Italy

Federica Ferrara, Giada Zecchi, Michele Granata, Davide Luppi

School of Specific Formation in General Medicine of Modena, Modena, Italy. E-mail: dottfedericaferrara@gmail.com

Keywords: Burnout, General Practitioners (GPs), Maslach burnout inventory

Background:
High rates of burnout are a widespread social problem, especially among helping professions. GPs experience higher burnout rates than many other specialties, resulting in decreased quality of care and impacting both physician and patient health. Despite attracting the attention of many researchers, few studies have been performed to investigate burnout prevalence and related factors among Italian GPs.

Research questions:
The aim of this study was to investigate the prevalence of burnout among a sample of Italian GPs in the same district of the province of Modena (Italy). We evaluated the associated socio-demographic and managerial factors to identify those contributing to burnout, as well as protective factors.

Method:
An analytical-observational study was conducted through an online questionnaire for the GPs of the same district. A shortened, adapted version of the Maslach burnout inventory was administered to evaluate professional well-being and burnout. Socio-demographic data and information on working habits were also investigated.

Results:
In total, 46/64 (71.89%) GPs completed the questionnaire, of whom 28 were female (60.8%). The most represented age group was 31-40 years (32.6%). Overall, 6.5% (3) of the participants experienced burnout, 32.6% were at high risk, 43.5% moderate risk, 15.2% low risk, 2.17% (1) was not at risk of burnout. The 3 participants who experienced burnout were all female and assisted over 1200 patients. Among female GPs, a higher percentage was at high burnout risk (35.7%) than among males (27.8%). The only GP who resulted not at risk was male and assisted over 1500 patients. These results are preliminary: the analysis of working factors is still underway.

Conclusions:
Results suggest female GPs are at higher risk of developing burnout. The role of the number of assisted patients is unclear, suggesting a possible influence of social and managerial factors.

Points for discussion:
Is there an “ideal” managerial approach to fight or prevent burnout?

What other studies or tools are possible to investigate risk or protective factors for burnout in general medicine?

Presentation on 16/05/2026 11:00 in "Poster Session 3: Education and the GP Workforce" by Federica Ferrara.

Poster / Ongoing study with preliminary results

Frequent diagnoses in primary-care encounters and their representation in the residency certification tests

Lilach Aizenbud, Aviv Kav-Or, Yael Feinstein, Yochai Schonmann

Clalit Health Services, Tel Aviv Yafo district, Israel, Tel Aviv, Israel. E-mail: aizenli@yahoo.com

Keywords: Primary-care, diagnoses, residency training, curriculum, medical education

Background:
Training programs are a key topic within the increasingly important field of medical education in residency. As such, they address the knowledge and skills required by young physicians, based on anticipation of the expected work ahead of them

Research questions:
To describe the topics in primary-care training as reflected in the certification test and compare them to the common diagnoses in primary-care encounters

Method:
Analysis of questions from prior primary-care formal certification tests classified by body systems, compared to common diagnoses recorded in primary-care encounters from Clalit Health Services in 2023

Results:
29,470,855 primary-care encounters were analyzed for visit characteristics, including children (7%), adults (61%), and elderly (32%). Top 600 Diagnoses were classified into chapters according to ICPC2. Excluding procedural diagnoses, “Musculoskeletal” was leading, “Respiratory” following and “Digestive” third. Zooming on top diagnoses, “back pain”, “upper respiratory tract infection”, “abdominal pain”, “trauma” and “sore throat” were the chief complaints.
The 150 questions from a formal certification test were analyzed and found to represent all ICPC2 chapters. “Musculoskeletal” was prominent (20,14.9%) with both “Cardiovascular” and “Respiratory” next (14,10.4%), then “General & unspecified” (13,9.7%), and “Skin” (11,8.2%). The least frequent was “Male genital system” (2,1.5%) and “Blood/immune” (3,2.2%).
The most evident diagnoses in the exam were “other musculoskeletal disease” (6,4.5%), “other metabolic, endocrine and nutritional” (4,3.0%), and “pneumonia”, “osteoporosis” and “Adverse effect medical agent” (3,2.2% each).
No questions regarding dental conditions were observed, and only one question addressed directly issues of geriatric medicine.

Conclusions:
While the leading body-systems match between diagnoses and the exam, some frequent diagnoses as dental complaints are under-represented while rare ones are over-represented, medical reasoning to be discussed. Additionally, while pediatrics is represented beyond its proportion, questions engaging distinctive geriatric matters are spars.

Presentation on 16/05/2026 11:00 in "Poster Session 3: Education and the GP Workforce" by Lilach Aizenbud.

Poster / Finished study

Locus of Control and Motivation for a Career in General Practice: Evidence from Three Cohorts of Medical Students in Bulgaria

Yancho Madzharov, Daniela Mileva, Zornitsa Ambareva, Gergana Apostolova, Georgi Petrov, Georgi Tsigarovski, Gergana Foreva, Radost Assenova

Medical University of Plovdiv, 4000 Plovdiv, Bulgaria. E-mail: yancho.madzharov@gmail.com

Background:
Workforce shortages in GP remain a major challenge in Bulgaria and across Europe. Professional motivation and mobility are shaped not only by organisational and contractual conditions, but also by individual psychological orientations such as locus of control. Understanding how future physicians perceive responsibility and professional agency may help explain early motivation towards, or away from, a career in GP.

Research questions:
Is locus of control among 5th-year medical students associated with motivation to pursue a career in GP and with preferences for organisational and contractual factors related to GP practice?

Method:
A cross-sectional, multi-cohort survey was conducted among Bulgarian medical students in their 5th year of training using an anonymous online questionnaire administered via Microsoft 365 Forms. Three academic-year cohorts were included: 2020–2021(n = 177),2021–2022(n = 140), and 2025–2026 (n = 157), with response rates exceeding 87.5%. Locus of control was assessed using a validated forced-choice scale. Outcomes included intention to work as a GP and selection of organisational and contractual factors perceived as increasing the attractiveness of GP practice. Descriptive and comparative analyses were performed across locus-of-control orientations and cohorts

Results:
Students with a predominantly internal locus of control more frequently expressed intention to pursue a career in GP and prioritised professional autonomy and opportunities for practice ownership. Students with a more external locus of control more often reported uncertainty or lack of interest in a GP career and prioritised higher income, reduced administrative burden, and regulatory stability. Greater uncertainty was observed in the COVID-period cohorts.

Conclusions:
Locus of control is associated with motivation for a career in GP and with preferences for organisational and contractual mechanisms among medical students. Based on three comparable cohorts at the same stage of training, these findings provide relevant evidence for GP workforce planning and recruitment strategies in Bulgaria.

Points for discussion:
How can GP reforms better match future physicians ’ motivations?

Presentation on 16/05/2026 11:00 in "Poster Session 3: Education and the GP Workforce" by Yancho Madzharov.

Poster / Ongoing study no results yet

Mapping Continuing Medical Education in Family Doctors across 29 European Countries: Preliminary Results

Sara Ares Blanco, Marina Guisado Clavero, Sulakshana Nandi, Alex Harding, Aaron Poppleton, Fabian Dupont, Nele Michels, Tomas Zapata, Joachim Frølund, Euromapping Collaborative Group

Spanish Society of Family and Community Medicine semFYC, 28045 Madrid, Spain. E-mail: sararesb@yahoo.es

Keywords: Primary Health Care, Family Physician, Medical Education.

Background:
Continuing Medical Education (CME) is well established as a mechanism for family doctors (FDs) to update their knowledge and skills. In several countries across the WHO European Region, recertification is required to ensure professional competence, although the requirements vary widely.

Research questions:
What are the requirements to CME exist to remain in clinical practice as FDs, and what similarities and differences can be identified between countries?

Method:
A cross-sectional descriptive study was conducted using a structured questionnaire. National key informants (FDs) were recruited through WONCA Europe and WHO Europe networks. Each country submitted one response. Data were independently reviewed by two researchers, with clarification sought when needed. At the time of this interim analysis, 83 key informants from 41 countries had agreed to participate, with complete and validated data available from 29 countries.

Results:
CME was mandatory in 53.5% of countries (n=15). The average recertification interval was 5.1 years (95% CI: 4.2–6.0). CME requirements were expressed heterogeneously, including hours, CME credits, ECTS credits or college points. The average ECTS credits per 5 years was 201 ECTS in 5 years (95% CI: 156.6–246.2). Eight countries provided paid day leave for CME with a mean of 9.5 days per year (95% CI: 5.6–13.4). In ten countries (58.8%), recertification could not be obtained by private companies. One country required a formal examination for recertification. Mandatory courses were required in ten countries (52.6%), with defined lists in seven. Attendance at scientific conferences was mandatory in four countries (21.1%). Scientific publications were required in one country (5.3%) and recommended in two (10.5%).

Conclusions:
Although CME is established in most European countries, it is not universally mandatory, and assessment systems remain highly heterogeneous. These preliminary findings highlight the need for clearer legal frameworks and greater harmonisation—particularly within the EU—to ensure comparable professional development standards for family doctors.

Points for discussion:
What should be the optimal frequency for family doctor to recertificate?

Some specialties offer voluntary European Fellowship recertification to maintain Board-certified status, ensuring both skills and knowledge. How would European family doctors view a similar voluntary recertification model?

How can EURACT, WONCA Europe, and WHO Europe contribute to harmonising and strengthening CME across Europe?

Presentation on 16/05/2026 11:00 in "Poster Session 3: Education and the GP Workforce" by Sara Ares Blanco.

Poster / Ongoing study no results yet

Mentors' Attitudes and Experiences with Residents in difficulty

Marija Petek Šter, Davorina Petek, Eva Cedilnik Gorup, Aleksander Stepanovič, Mateja Kokalj Kokot

Medical faculty, Dep. for family medicine, University of Ljubljana, 1000 Ljubljana, Slovenia. E-mail: marija.petek-ster@mf.uni-lj.si

Keywords: Medical education, residents in difficuty, mentors, mixed methods

Background:
Medical education is a process of gradual development of knowledge, skills, and professional values, through which students and residents progress from theoretical understanding to independent clinical practice. While most residents progress in line with expectations, some of them have difficulties during training. The aim of this study is to explore mentors' attitudes and experiences regarding the identification and management of residents who do not meet expected competencies.

Research questions:
How do mentors perceive the factors that hinder residents' expected progress, what are their experiences with residents facing difficulties during training, and which strategies do they identify as effective in addressing these challenges?

Method:
A mixed-methods study will be conducted on a national sample of family medicine mentors involved in residency programs in Slovenia (N = 400). In the first phase, a questionnaire was developed based on a literature review and expert opinions to assess mentors' perceptions of factors contributing to difficulties in the mentoring process and their experiences with residents experiencing difficulties. In the second phase, in-depth semi-structured interviews will be conducted with mentors who report having worked with residents in difficulty. The analysis of the interview data employed qualitative content analysis.

Results:
The study is expected to provide a comprehensive insight into mentors' attitudes and experiences when working with residents who do not meet expectations. Based on the analysis of reported cases of residents with difficulties, recommendations will be developed for the early identification and effective management of residents who do not progress in accordance with expected competencies.

Conclusions:
Insights into the behavioral and professional characteristics of residents who do not meet expectations, in comparison with successful residents, as well as into mentoring strategies that have proven effective in addressing these challenges, may contribute to the development of best practice recommendations for mentors and coordinators of medical and dental residency programs.

Points for discussion:
How is the problem of residents who do not meet expectaion addressed in other countries

Presentation on 16/05/2026 11:00 in "Poster Session 3: Education and the GP Workforce" by Marija Petek Šter.

Poster / Finished study

Recruitment and Retention Initiatives in English General Practice: A National Training Hub Review

Cindy Heaster

Riga Stradins University, CR20HJ South Croyon, United Kingdom. E-mail: cindyheaster@gmail.com

Keywords: Recruitment, Retention, training, education

Background:
As healthcare systems increasingly prioritise cost-effective, primary care–led models, recruitment and retention of general practitioners (GPs) has become a global challenge. In the UK, several national initiatives aim to address GP workforce shortages; however, less is known about locally delivered recruitment and retention schemes implemented by England's 42 Integrated Care Boards (ICBs). Improved understanding of these initiatives is important to inform workforce planning and support sustainable general practice.

Research questions:
What recruitment and retention initiatives for general practitioners are currently provided by training hubs across England's Integrated Care Boards, and how do these vary by region and career stage?

Method:
A review of GP training hub websites across 42 ICBs in England was undertaken to identify information relating to recruitment and retention initiatives. Programmes were categorised by career stage, professional development focus, wellbeing support, and workforce sustainability.

Results:
A wide range of locally delivered initiatives were identified, supplementing national schemes such as the Return to Practice programme and the International Induction Programme. Fellowship programmes were the most prevalent local intervention, including new-to-practice, First5, mid-career, deprivation, leadership, educator, and specialty-specific fellowships (e.g. frailty and palliative care). Early-career support included ST3-to-salaried GP transition packages, GP partner launchpad schemes, and peer-support networks. Retention-focused initiatives placed strong emphasis on wellbeing, incorporating Balint groups, coaching and mentoring, facilitated peer groups, protected learning time and designated wellbeing champions. Targeted support was available for specific groups, including maternity and return-to-work coaching, international GP and trainee support, and development of extended roles. Considerable regional variation existed in the scope and accessibility of initiatives.

Conclusions:
English general practice benefits from a broad and innovative range of local recruitment and retention initiatives; however, provision is highly variable and information is fragmented. Greater coordination, standardised reporting, and alignment with national workforce strategy are required to improve awareness, equity, and effectiveness.

Points for discussion:
How should recruitment and retention intervention effectiveness be measured?

Presentation on 16/05/2026 11:00 in "Poster Session 3: Education and the GP Workforce" by Cindy Heaster.

Poster / Ongoing study no results yet

Appointment Scheduling in German General Practice – a Participatory Cross-Sectional Study from the Patient Perspective

Susanne Kersten, Ella Baumgärtner, Sabine Weissbach, Kathrin Schlößler, Achim Mortsiefer, Christine Kersting

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

Keywords: General practice; Appointment scheduling; Patient perspective; Participatory research; Primary care access

Background:
Appointment scheduling in general practice is a determinant of patient satisfaction and a component of quality management. Despite its relevance, patients' experiences with appointment systems have received limited empirical attention. On the initiative of the patient advisory board at the Institute of General Practice and Ambulatory Health Care (iamag), a study was developed to explore appointment scheduling from the patient perspective. To date, little participatory research in primary care has been conducted in Germany.

Research questions:
How do patients experience appointment scheduling in general practice? Where do they perceive a need for improvement?

Method:
This paper-based cross-sectional survey was conducted in general practice waiting rooms in Germany. The questionnaire was developed using a participatory approach involving a patient advisory board of eleven patients with long-standing primary care experience. Development included brainstorming, iterative questionnaire design, pretesting and piloting, in collaboration with researchers and GPs from Witten/Herdecke University and Ruhr University Bochum and medical practice assistants from a practice-based research network.
Data collection took place over one week per practice between October and November 2025. Patients completed the survey anonymously and returned it in a sealed collection box. Each practice received a unique identification code to allow anonymised practice-level analyses and feedback. After manual data entry and plausibility checks, data were analysed descriptively using SPSS, across practices and at practice level.

Results:
A total of 57 practices registered for participation, of which to date? 53 returned completed questionnaires. Overall, 3,616 patients participated , indicating interest among practices and patients. Data analysis is ongoing and final results will be presented at the conference.

Conclusions:
The participatory research approach proved feasible and practice-oriented. Involving patients in key stages of the research process enhanced relevance and acceptance of the study. The findings are expected to provide patient-centred insights to support optimisation of appointment scheduling and quality management in general practice.

Points for discussion:
How transferable are the findings to other health care systems or practice settings with different organisational structures?

How can practice-level feedback from patient surveys be effectively translated into sustainable organisational change?

What role can participatory research approaches play in improving access to care and practice organisation in primary care?

Presentation on 16/05/2026 11:00 in "Poster Session 4: Continuity, Access & Practice Organisation" by Susanne Kersten.

Poster / Ongoing study with preliminary results

Bridging the Gap: A Systematic Review to Forge Effective Health Literacy Strategies Across the Cancer Journey

Gabriel Iglesias-Caride, Noemí López Rey, Ana Luísa Neves, Tiago Jacinto, Nikolina Dodlek, Ana Clavería, Andreas Charalambous, Intervene Study-Group

Instituto de Investigación Sanitaria Galicia Sur, 36201 Vigo, Spain. E-mail: gabriel.iglesias@iisgaliciasur.es

Keywords: Systematic review; health literacy; cancer treatment and care; primary care; Artificial Intelligence.

Background:
Health literacy (HL) is crucial for cancer care outcomes, as limited HL correlates with poor adherence and increased disparities. However, evidence on interventions remains fragmented: comprehensive synthesis examining intervention effectiveness, assessment tools, and contextual factors across the cancer continuum is lacking. Understanding enablers and barriers is essential for developing sustainable, evidence-based strategies.

Research questions:
Across the cancer continuum:
• What is the effectiveness of HL interventions?
• Which validated tools measure HL domains?
• What barriers and enablers influence intervention effectiveness?

Method:
This PRISMA-compliant systematic review (PROSPERO: CRD420251165432), part of iNTERVENE (GA 101219203, Call EU4H 2024 PJ 02), searched six databases (2016-2025) for controlled trials examining HL interventions in adults across cancer continuum. From 600+ records, two independent reviewers screened titles/abstracts: 214 advanced to full-text assessment (212 retrievable). AI-assisted methodology employed Mistral Teams for full text data extraction and bias assessment (RoB-2 for RCTs; ROBINS-I V2 for single-arm studies), with human verification ensuring accuracy. Interventions classified using WHO-ICHI framework. Random-effects meta-analysis when homogeneity permits, otherwise narrative synthesis. GRADE assesses evidence certainty.

Results:
AI-assisted text extraction is ongoing using Mistral Teams (pilot validation: 12 papers with 28 variables of interest; accuracy=80%, precision=80%, recall=97%, F1=87%). Preliminary screening reveals heterogeneity across intervention modalities (educational programs, professional training, peer support…), target populations (patients, caregivers, healthcare professionals…), validated assessment instruments, cancer types, and care continuum phases (prevention, diagnosis, treatment…). Intervention intensity varies from single-session to comprehensive year-long programs. Narrative synthesis will characterize all included studies; meta-analyses or statistical pooling will be conducted if sufficient studies with similar HL outcomes are available. Complete results are expected by end of April 2026.

Conclusions:
This systematic review will provide comprehensive evidence on HL intervention effectiveness across cancer continuum, identifying optimal implementation strategies to reduce disparities and improve outcomes in primary care oncology across diverse European healthcare contexts.

Points for discussion:
How can primary care physicians integrate validated HL assessment tools into routine cancer care consultations without increasing consultation time burden?

How can findings from this systematic review be translated into practical, sustainable interventions implementable within resource-constrained primary care systems across different European healthcare contexts?

Can AI models nowadays be trusted as independent reviewers in systematic reviews, replacing traditional dual human screening and extraction processes? What quality benchmarks should guide this already ongoing transition?

Presentation on 16/05/2026 11:00 in "Poster Session 4: Continuity, Access & Practice Organisation" by Noemí López Rey.

Poster / Finished study

Continuity of preventive care in geographically isolated settings: screening practices of general practitioners on Breton islands

Paul Aujoulat, Yasmine Zaouche, Vincent Borgne, Jean Yves Le Reste, Benoit Chiron, Nadine Pellen

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

Keywords: Prevention, screening, continuity of care

Background:
Non-communicable diseases, including cancers and cardiovascular diseases, are the leading causes of death in France. Prevention and screening are crucial but vary across regions, particularly in island areas.

Research questions:
The aim of this study was to assess the prevention measures and cancer screening practices of general practitioners (GPs) on the islands of Brittany.

Method:
Qualitative study conducted between February and May 2025, using semi-structured interviews with GPs practicing on the islands of Finistère. The interviews, which were recorded and transcribed, were analyzed using a method inspired by grounded theory. Data saturation was achieved after eight interviews.

Results:
Eight GPs (average age 43; 3 women, 5 men) participated. Three main areas emerged. The main areas of prevention involving GPs, nurses, and local associations, concerning cardiovascular risks factors, addictions, aging, and vaccination. Screening practices with colorectal cancer screening little affected by insularity; breast cancer screening was limited by the need to travel to the mainland; cervical cancer screening facilitated by the proximity of doctors to patients; and prostate cancer screening discussed on a case-by-case basis. Screening facilitators, including screening reminders, a variety of informational materials, mobile mammography units, and advanced specialist consultations. New perspectives are being considered, including consultations dedicated to prevention, training general practitioners in motivational interviewing, and more individualized screening.

Conclusions:
Prevention and screening practices on the islands of Brittany are broadly similar to those on the mainland, but insularity exacerbates certain barriers, particularly in term of access to breast cancer screening. The central role of GPs, combined with local initiatives and innovative solutions (mobile mammography units, self-testing), opens up avenues for improving equitable to preventive care.

Points for discussion:
Continuity of care in isolated island

Technology helping rural and remote health

GPs as the main role on isolated areas

Presentation on 16/05/2026 11:00 in "Poster Session 4: Continuity, Access & Practice Organisation" by Vincent Borgne.

Poster / Finished study

General Practice Trainees' Perspectives on Preventing Patient Discontinuity in Prostate Cancer Care

Snejina Kirilova, Yancho Madzharov, Daniela Mileva, Zornitsa Ambareva, Gergana Apostolova, Georgi Petrov, Georgi Tsigarovski, Gergana Foreva, Radost Assenova

Medical University of Plovdiv, 4000 plovdiv, Bulgaria. E-mail: sneja_kirilova@yahoo.com

Keywords: GP / FD, Primary Healthcare, Multidisciplinary Team, Oncology, Prostate cancer

Background:
Continuity of care is fundamental to the effective management of complex conditions such as prostate cancer, where patients frequently transition across multiple levels of the healthcare system. GPs play a central role in ensuring continuity; however, systemic fragmentation can impede coordinated and effective care.

Research questions:
What strategies do postgraduate GP trainees propose to prevent patients from becoming "lost" in the healthcare system during prostate cancer management?

Method:
A qualitative study was conducted among 86 postgraduate GP trainees. Participants were presented with a vignette depicting an informal multidisciplinary interaction involving a patient with prostate cancer and provided written responses to the question: "What strategies can be implemented to prevent patients from becoming 'lost' as they navigate the healthcare system?" Data were analysed using reflexive thematic analysis following Braun and Clarke's six-step approach. Inductive coding with repeated reading and comparison across responses was used to identify recurring strategy-focused themes, ensuring analytical rigour through transparent theme development.

Results:
Three categories of strategies were identified. First, trainees proposed active GP-led follow-up, including systematic recall, monitoring of referrals, and re-engagement after specialist encounters. Second, structured communication mechanisms were emphasised, such as clear referral pathways, direct GP–specialist contact, and shared access to relevant clinical information beyond electronic health records. Third, trainees highlighted patient and family empowerment strategies, including clear explanation of care pathways, shared decision-making, and involving relatives to support continuity. Overall, trainees stressed that continuity requires intentional organisational actions rather than informal solutions.

Conclusions:
GP trainees propose concrete, practice-oriented strategies to prevent patient discontinuity, centred on proactive GP coordination, structured interprofessional communication, and patient engagement. Embedding these strategies within GP education and healthcare systems may reduce the risk of patients becoming "lost" in complex cancer care pathways.

Points for discussion:
Which of these trainee-proposed strategies could be realistically implemented in everyday General Pracitce healthcare systems?

How can GP training programmes operationalise proactive follow-up as a core competency?

How can patient and family engagement be formally integrated to support continuity of care?

Presentation on 16/05/2026 11:00 in "Poster Session 4: Continuity, Access & Practice Organisation" by Daniela Mileva.

Poster / Ongoing study no results yet

Home visits in a changing primary care system: a qualitative study of general practitioners' perspectives

Angelica Salvadori, Enrico D'alessandro, Valerio Andretta, Valentina Chianale, Ilaria Gazzaneo, Matteo Bova, Niccolò Fabbri, Alessia Barcellini, Claudia Mantica, Giulio Rigon, Lucia Luzi Crivellini, Lorenzo Rizzotto, Maria Francesca Altimari, Pietro Benini, Francesco Del Zotti, Sonia Zenari

Primary Care, University of Verona School of Medicine, 37039 Tregnago, Italy. E-mail: zenarisoniagp@gmail.com

Keywords: Home visits, General practitioners, Primary care, Qualitative study, Aging population

Background:
Home visits will continue to represent a historical component of primary care. In the current context, the Italian National Recovery and Resilience Plan (NRRP) aims to strengthen home-based care, with the target of reaching at least 10% of the population aged 65 years and over. However, despite population ageing and the expected increase in the need for home care, the number of home visits performed by general practitioners (GPs) seems to be declining in Italy, in line with the trend observed in other European countries.

Research questions:
This study will aim to explore, through a qualitative approach, the main factors that may contribute to the reduction in home visits, by investigating GPs' perceptions, experiences, and representations of the role and meaning of home visits in the current context.

Method:
A qualitative study based on focus groups will be conducted. Two comparable focus groups will be organized, one in Verona and one in Turin, each including 8–10 GPs selected through purposive sampling to ensure representation by sex, age group, and practice setting (urban and rural). The focus groups will be conducted using a shared semi-structured topic guide, moderated by experienced researchers, and will be analyzed using thematic analysis to identify relevant categories and interpretative dimensions.

Results:
The analysis is expected to identify a plurality of factors influencing the provision of home visits, encompassing clinical, relational, organizational, and ethical dimensions. Both converging and divergent themes are anticipated to emerge between the two territorial contexts, highlighting tensions between care needs, organizational sustainability, and ongoing changes in the role of the GP.

Conclusions:
This study will contribute to an in-depth understanding of the factors underlying the decline in home visits, in a context characterized by increasing care needs and policy objectives aimed at strengthening home-based care under the NRRP.

Points for discussion:
This study will contribute to an in-depth understanding of the factors underlying the decline in home visits, in a context characterized by increasing care needs and policy objectives aimed at strengthening home-based care under the NRRP.

Extending the study to include patients' perspectives could allow a comparison between professionals' views and users' expectations and needs, contributing to a more comprehensive understanding of the role of home visits and informing strategies to improve home-based care.

Presentation on 16/05/2026 11:00 in "Poster Session 4: Continuity, Access & Practice Organisation" by Angelica Salvadori.

Poster / Almost finished study

Minutes, Medicine, and Multi-Tasking: A Snapshot of Irish General Practice Consultations

Marcella O' Callaghan, Mary O' Callaghan, Laura Cash, Bryan Yelverton, Fiona Fitzpatrick, Laura Hennessy, Michael O'callaghan

TCD/HSE General Practice training scheme, Irish College of General Practitioners, D24 DH74 Dublin, Ireland. E-mail: ocallaghanmarcella@gmail.com

Keywords: General Practice, Primary Care, Consultation, Consultation Complexity, Workload, Observational, Ireland

Background:
General practice (GP) is critical to healthcare provision in Ireland, yet little empirical evidence describes routine GP consultations. International studies suggest increasing consultation complexity, with multiple problems addressed per encounter. However, comparable Irish observational data are limited. Better understanding of consultation content, duration, and outcomes is needed to inform GP education, workforce planning, and service delivery.

Research questions:
This study examines the number and types of problems addressed in routine GP consultations; the timing of consultations and post-consultation workload; consultation outcomes (including new prescribing, referrals, investigations, and follow-up arrangements); and whether or not consultation characteristics vary by patient eligibility (public vs private), GP age or gender.

Method:
This prospective observational study is being conducted in Irish general practices affiliated with a GP training scheme. Five GP registrars each observe their supervising GPs during four routine clinical sessions. Adult patients (≥18 years) attending selected sessions are invited to participate following informed written consent. Using a structured proforma, observers record consultation duration, problems addressed (coded using ICPC-2 chapters), post-consultation administrative work, and consultation outcomes. There is no audio-visual recording. Data are anonymised and analysed descriptively. Approximately 150 consultations are expected.

Results:
Analysis of two datasets (n = 61) shows that multiple problems were commonly addressed within single consultations, with frequent initiation of new medications and arranged follow-up. Consultation length and problem load varied: patients with public entitlement had a median consultation duration of 12.5 minutes and two problems addressed, while private patients had a median duration of 14 minutes and three problems addressed. Consultations involving more problems tended to be longer. Further analysis will examine referral and investigation patterns and associations with GP characteristics.

Conclusions:
This study will provide observational evidence on the current structure and workload of routine GP consultations in Ireland, examining how patient characteristics, care eligibility, and GP characteristics are associated with consultation complexity.

Points for discussion:
Consultation complexity and workload by patient eligibility

Effect, if any, of GP age and gender

Implications for roll out of free GP care in Ireland (Slainte Care)

Presentation on 16/05/2026 11:00 in "Poster Session 4: Continuity, Access & Practice Organisation" by Marcella O' Callaghan.

Poster / Finished study

"My life check" – a comparative study of cardiovascular health among current and future healthcare professionals and patients

Krisztián Vörös, Csenge Hargittay, Anna Krolopp, Zoltán Lakó-Futó, János Zsuffa, Ágnes Szélvári, Bernadett Márkus, Majláty Bence

Semmelweis University Budapest, 1085 Budapest, Hungary. E-mail: voros.krisztian@semmelweis.hu

Keywords: cardiovascular health, physicians' health, lifestyle

Background:
Previous studies have reported a higher incidence of cardiovascular disease and premature mortality among physicians.

Research questions:
Our goal was to assess the cardiovascular health of patients and students/residents/physicians (health professionals) and to analyze whether the higher morbidity of physicians can be explained by their lower cardiovascular health.

Method:
We used the Life Essential 8 / My Life Check questionnaire developed by the American Heart Association to assess cardiovascular health among patients visiting their family doctor and among healthcare professionals. The questionnaire assesses cardiovascular health based on eight lifestyle factors (scored between 0 and 100 points). It also asks about social environment, mental and physical health.

Results:
Among healthcare professionals, hypertension, diabetes, and hyperlipidemia were less common (46% vs. 7%, 10% vs. 3.3%, 18% vs. 8.2%, $p<0.001$, $p=0.011$, $p=0.008$, respectively).
Healthcare professionals scored better in seven of the cardiovascular scores: Physical activity (72 vs. 60, $p=0.008$), Smoking (90 vs. 66, $p<0.001$), Sleep (89 vs. 83, $p=0.013$) BMI (87 vs. 65, $p<0.001$), Diet (41 vs. 36, $p=0.01$), Blood pressure (74 vs. 51, $p<0.001$), Cholesterol (74 vs. 72, NS), Blood sugar (94 vs. 65, $p<0.001$), and Total score (70 vs. 62, $p<0.001$).
Healthcare professionals rated their health as better overall (3.7 vs. 3.0 points out of 5, $p<0.001$). There was no difference in the monthly number of days with physical complaints, but the number of days with mental complaints was higher among healthcare professionals (7.3 vs. 5.4, $p<0.001$).
Students reported more days with mental complaints per month (9.8 vs. 5.2 vs. 5.6; $p<0.001$) than residents and doctors.

Conclusions:
Healthcare professionals live healthier and have fewer cardiovascular risk factors than patients visiting family doctors, thus these factors do not explain the higher cardiovascular morbidity described earlier. However, their poorer mental health, which is already evident in students, deserves attention and may be a risk factor for higher morbidity.

Points for discussion:
Lifestyle of physician

Coping with stress as primary health care providers

Screening and diagnosing family doctors - who should do it?

Presentation on 16/05/2026 11:00 in "Poster Session 5: Prevention and Screening" by Krisztián Vörös.

Poster / Study Proposal / Idea

Bridging the gap in mental health care: A qualitative study on GP/FM interns' readiness to use WHO mhGAP in Ukraine

Marianna Semianiv

Bukovinian State Medical University, 58002 Chernivtsi, Ukraine. E-mail: m.semianiv@bsmu.edu.ua

Keywords: continuity of care, mental health care services, mhGAP, readiness, primary health care, general practice, family medicine, early career physicians, Ukraine, qualitative research

Background:
Mental health conditions are chronic and often coexist with somatic diseases, requiring continuity of care in primary health care. The WHO mhGAP programme supports primary care physicians in managing these conditions, yet implementation remains limited despite 157,000 trained physicians in Ukraine. Internship represents a critical window for habit formation, shaping physicians' long-term clinical behaviour. Limited evidence exists on how prepared early-career GP/FM interns are to apply mhGAP and maintain continuity of mental health care services.

Research questions:
How do GP/FM interns perceive their readiness to apply WHO mhGAP recommendations, and how do capability, opportunity, and motivation factors influence this readiness?

Method:
This proposed qualitative study will use semi-structured individual interviews. A purposive sample of 15-20 participants (or until data saturation is reached) 1st- and 2nd-year GP/FM interns who completed online WHO mhGAP training will be recruited from Bukovinian State Medical University to capture variation in exposure and context. Interviews (40–45 minutes) will explore experiences, perceived preparedness and contextual influences on continuity of care. Data will be analysed using thematic analysis (Braun & Clarke, 2019), informed by the COM-B model to understand how capability, opportunity and motivation influence readiness to implement mhGAP and ensure continuity of care. Ethical approval will be obtained from the institutional ethics committee.

Results:
The study will identify key facilitators and barriers to readiness, specifically examining clinical supervisors, role-modelling, professional identity and confidence in shaping readiness. Findings will highlight how training gaps and system-level constraints may disrupt continuity of care, while supportive educational and team-based models may strengthen it.

Conclusions:
Understanding interns' readiness to apply mhGAP provides insight into strengthening continuity of mental care health services in primary health care now and in the future. Findings may inform the design of internship curricula, supervision models and integrated care approaches for continuous, coordinated and patient-centred care.

Points for discussion:
Which COM-B domain (Capability, Opportunity, or Motivation) represents the biggest bottleneck for Ukrainian interns?

How should GP/FM training programmes structure mental health education to develop interns' capacity for delivering continuous, coordinated mental health care?

What systemic and organisational supports are essential to enable trainee physicians to maintain continuity of mental health care services within the Ukrainian primary health care context?

Presentation on 16/05/2026 11:00 in "Poster Session 5: Prevention and Screening" by Marianna Semianiv.

Poster / Ongoing study with preliminary results

Colorectal cancer screening in General Practice in Slovakia -Current status and future challenges

Ludmila Kutakova, Xénia Wöstmann

SVLS/SGPS, 85101 Bratislava, Slovakia. E-mail: ludmila.kutakova@kafit.sk

Keywords: colorectal cancer, screening, participation, incidence, mortality

Background:
In Slovakia, colorectal cancer (CRC) is the most frequently diagnosed malignancy, with about 4,000 new cases annually; by world age standardised rates, CRC ranks third for both incidence (35.7/100,000) and mortality (17.2/100,000). A national CRC screening programme using faecal occult blood testing (FOBT) for people aged ≥50 years was launched in 2002, with the expectation that at least 50% of the target population would participate and that incidence and mortality would decline.

Research questions:
This study aimed to assess the current status and outcomes of CRC screening delivered by GPs in Slovakia.

Method:
A retrospective quantitative study was conducted using data from the National Cancer Registry and data reported by health insurance companies to the National Health Information Centre. The target population was invited by GPs or health insurance companies to undergo FOBT. Descriptive statistics were used to analyse time trends in CRC incidence, mortality, clinical stage at diagnosis, and survival.

Results:
Participation in CRC screening remained suboptimal for most of the study period, but in 2023–2024 approximately 50% of individuals aged 50–75 years completed FOBT. Since 2008, the absolute number of new CRC cases has stabilised, and age standardised incidence has declined since 2016. From 2020, the absolute number of CRC related deaths has decreased, with age standardised mortality decreasing since 2013. Five year survival has improved modestly since 2019, from 0.49 to 0.51. Earlier national analyses had already suggested that CRC screening is economically highly effective in Slovakia and internationally, regardless of the screening method used.

Conclusions:
GPs in Slovakia actively participate in CRC screening, and the programme has recently achieved the target participation rate of 50% in the 50–75 year age group. Stable or declining incidence and mortality and modestly improving survival suggest favourable population level impact but maintaining high participation and documenting stage shifts at diagnosis remain priorities.

Points for discussion:
How can participation in CRC screening be sustained above 50% in General Practice?

How can General Practitioners most effectively motivate and engage patients who initially refuse participation in colorectal cancer screening programme?

Presentation on 16/05/2026 11:00 in "Poster Session 5: Prevention and Screening" by Ludmila Kutakova.

Poster / Almost finished study

Feasibility of Capillary Self-Blood Collection with Mail Shipment in General Practice: Implications for Continuity of Care

Linda Hoffmeister, Frank Mueller, Alexandra Dopfer-Jablonka, Eva Hummers, Georg Behrens, Christopher Schuchardt, Angelika Hafke, Julie Schanz, Christine Happle, Christiane Mueller, Dominik Schröder

University Medical Center Göttingen, 37073 Göttingen, Germany. E-mail: linda.hoffmeister@med.uni-goettingen.de

Keywords: Capillary self-blood collection, Chronic disease management, Remote monitoring, Rural primary care

Background:
Patients with chronic conditions require regular blood monitoring, posing logistical challenges, particularly in rural areas. Long travel distances burden patients and healthcare systems. Capillary self-blood collection (SBC) with mail shipment could enhance continuity of care by reducing in-person visits while maintaining reliable laboratory monitoring. However, feasibility regarding pain perception, usability, and analytical reliability under postal conditions remains insufficiently investigated in general practice populations.

Research questions:
Is capillary self-blood collection with mail shipment feasible for general practice patients in terms of comparable analytical quality to venous blood draws and usability?

Method:
Cross-sectional study including 106 participants from two rural German general practices. Participants performed capillary SBC using the Tasso+® upper-arm device during routine blood draw appointments. Each participant provided three samples: one capillary sample and two venous samples from the same access, one mailed and one transported by courier. We assessed pain perception, usability (System Usability Scale), blood volume yield, and concordance of laboratory parameters (HbA1c, lipid panel, creatinine, liver enzymes, CRP, ferritin, TSH). Transport characteristics were logged.

Results:
More than half of participants (57.5%) performed SBC without assistance and 59.4% achieved sufficient blood volumes (≥130µL plasma). SBC caused significantly less pain than venipuncture. High usability was reported, with over three-quarters of participants achieving System Usability Scale scores ≥80. Comparison of mailed versus couriered venous samples demonstrated high concordance, confirming minimal impact of postal transport on sample quality. Similarly, high concordance was observed between capillary and venous samples for clinically relevant laboratory parameters.

Conclusions:
Capillary SBC with mail shipment is feasible in general practice and provides analytical quality comparable to venous blood draws. This approach can enhance continuity of care by reducing routine blood draw appointments and patient burden, particularly in rural settings. Despite higher current costs, SBC enables remote monitoring for chronic disease management and supports multicenter research.

Points for discussion:
How can self-blood collection systems be integrated into existing primary care workflows to enhance continuity of care?

Which patient populations would benefit most from remote blood monitoring via SBC?

What implementation strategies could improve usability for patients with lower educational levels or digital literacy?

Presentation on 16/05/2026 11:00 in "Poster Session 5: Prevention and Screening" by Linda Hoffmeister.

Poster / Ongoing study with preliminary results

What factors influence patients' adherence to follow evidence based recommendation of prevention?

Pavlo Kolesnyk, Sofia Kucheriavchenko

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

Keywords: evidence based medicine, prevention, public health, adherence.

Background:
The web based program called "Check Me" was developed as a personalized health assessment tool that automatically estimates individual disease risk based on patient-specific factors, including age, sex, emotional status, lifestyle habits, and the presence of chronic conditions. Despite its individualized, risk-based approach, a subset of users not always adhere to the recommended screening tests, which may limit the overall effectiveness of the prevention company in primary care.

Research questions:
To identify factors influencing patients' adherence to personalized diagnostic recommendations generated by the Check Me program.

Method:
A survey was conducted among patients of the "Interfamily" clinic who received a personalized screening plan generated by their physicians using the Check Me program. Follow-up phone interviews were conducted three weeks after the visit. Open-ended questions "Why did you not attend the medical check-up?" were used. Responses were recorded verbatim. Qualitative data were independently analyzed by two experts with subsequent transcription. Non-verbal elements of communication, including pauses, sighs, and exclamations, were also documented.

Results:
Thematic analysis revealed several factors associated with non-adherence, including lack of time, low prioritization of preventive care in the absence of symptoms, and forgetfulness. Some participants expressed skepticism regarding the necessity of recommended tests. Additional barriers included psycho-emotional factors, financial constraints, and technical difficulties related to program use.

Conclusions:
Non-adherence to personalized preventive recommendations generated by the Check Me program is multifactorial and influenced by behavioral, emotional, financial, and technical factors. Addressing these barriers should be considered when optimizing advisory strategies and improving patient engagement in preventive healthcare.

Points for discussion:
How do behavioral, psycho-emotional, organizational, and technical factors interact to influence patients' engagement with and adherence to recommendations provided by the personalized Check Me advisor?

What modifications to the design and implementation of the Check Me program could reduce identified barriers and strengthen facilitators to improve patient use of preventive examination recommendations?

Presentation on 16/05/2026 11:00 in "Poster Session 5: Prevention and Screening" by Pavlo Kolesnyk.

Poster / Almost finished study

What factors influence General Practitioners' engagement with colorectal cancer screening? Results from a study in Latvia.

Jelena Danilenko, Vija Silina, Michael Harris

Riga Stradiņš University, LV-2167 Marupe, Latvia. E-mail: jelena.danilenko@gmail.com

Keywords: General Practitioner, Faecal Immunochemical Test, Colorectal Cancer Screening, Physician Engagement

Background:
Colorectal cancer (CRC) screening aims to detect asymptomatic precancerous and cancerous lesions. A CRC prevention strategy should include active patient education and screening reminders. In Latvia, faecal immunochemical test (FIT) screening can be performed every two years by those aged 50 to 74. The screening system is opportunistic, and patients are not sent invitation letters. While the European Commission recommends that 90% of the eligible population are offered such screening, in 2024, the uptake in Latvia was 26.5%.

Research questions:
What factors influence Latvian General Practitioners' (GPs) engagement with colorectal cancer screening?

Method:
A mixed-methods, cross-sectional study using an anonymous online GP survey, which included multiple-choice, Likert scale and open-ended questions. We sent the survey to EGPRN experts for comment, and then we conducted four pilots, three in-person and one online. Two Latvian GP associations supported us in dissemination. We sent three reminder letters to non-responders.

Results:
A total of 284 GPs participated, 25.9% of all Latvia's GPs. Most (231, 81.4%) were satisfied with the CRC screening coverage in their own practices. GPs <40 years old were more likely to state that they understood the CRC screening programme than their older colleagues (P=0.04). We found a weak but statistically significant negative correlation between GP age and perceived lack of time to discuss CRC screening with patients (r=−0.037; P=0.037). There was a negative correlation between GPs' understanding of the screening programme and reporting time constraints for patient discussion (r=−0.164; P=0.006).

Conclusions:
Despite low national CRC screening rates in Latvia, most surveyed GPs expressed satisfaction with their own rates. Younger GPs tended to have a better understanding of the screening programme, but were more likely to report that time constraints stopped them discussing CRC screening with patients. These findings highlight potential areas for targeted GP support and education.

Points for discussion:
1. Why might GPs be satisfied with their CRC screening coverage, when national rates are lower than recommended?

2. How much does GPs' satisfaction with their screening rates create a barrier to improving those rates?

3. Why might older GPs report having more time to initiate screening conversations?

Presentation on 16/05/2026 11:00 in "Poster Session 5: Prevention and Screening" by Jelena Danilenko.

Poster / Finished study

Do common medications influence hip fracture risk in older women? Long-term follow-up from Swedish primary care

Elias Engström, Hans Thulesius, Daniel Albertsson, Yochai Schonmann

Linköping University, 60345 Norrköping, Sweden. E-mail: elias.engstrom11@gmail.com

Keywords: hip fracture, women, medications, cohort study

Background:
Hip fractures are a major cause of disability and mortality among older women. Established risk factors include age-related decline in physical function, balance, and bone strength. However, the long-term impact of commonly prescribed medications on hip fracture risk remains incompletely understood. Clarifying medication-associated risks may support fracture prevention strategies in primary care.

Research questions:
Is baseline regular medication use associated with the risk of subsequent hip fracture during long-term follow-up among women aged 70 years and older?

Method:
This observational cohort study was embedded in a population-based hip fracture prevention project in Sweden. In 2001, 1,248 women aged 70–100 years were recruited; 414 women in the intervention group provided complete baseline data on regular oral medications. Hip fracture outcomes were identified through radiology department fracture registries from 2002 to 2025. Cox proportional hazards regression models estimated hazard ratios (HRs) for time to first hip fracture across more than 20 medication classes, adjusting for age and established fracture risk factors. Follow-up continued until first hip fracture, death, or end of study.

Results:
Among the 414 women with complete medication data (mean age 79.4 years), 85 (21%) sustained a hip fracture during follow-up (mean follow-up 124 months). Increasing age was strongly associated with hip fracture risk (HR per year 1.10, 95% CI 1.06–1.15; $p<0.001$). Additional significant risk factors included body height >167 cm (HR 2.2, 95% CI 1.2–4.0; $p=0.009$), body weight <60 kg (HR 1.9, 95% CI 1.2–3.1; $p=0.01$), and corticosteroid use (HR 2.7, 95% CI 1.2–6.1; $p=0.02$). No other medication classes showed significant associations.

Conclusions:
Age was the dominant determinant of hip fracture risk. Among medications, only corticosteroid use was independently associated with increased risk. Body height and low body weight were also significant predictors, consistent with existing literature data.

Points for discussion:
Do the results surprise you?

Could early mortality in frailer participants have obscured potential associations between some medications and hip fracture risk?

Presentation on 16/05/2026 11:00 in "Poster Session 6: Medicines & Safer Prescribing" by Elias Engström.

Poster / Ongoing study with preliminary results

Familiarity with and integration of tools for detecting potentially inappropriate prescribing in older people in European primary care: preliminary results from a collaborative study

Naldy Parodi López, Luisa Ocampo, Sara Ares Blanco, Limor Adler, Maria Bakola, Michiel J. Bakkum, Sabine Bayen, Sherihane Bensemmane, Gazmend Bojaj, Beata Borgström Bolmsjö, Nicola Buono, Claire Collins, Jurgita Daukšienė, Thomas Drivsholm, Rosario Falanga, Hector Falcoff, Şeyma Handan Akyön, Sandra León-Herrera, Eleni Jelastopulu, Didem Kafadar, Snežana Knežević, Vanja Lazic, Heidrun Lingner, Juan Antonio Lopez-Rodriguez, Rita Lopes, Hendrika J. Luijendijk, Roar Maagaard, Richard Mayne, Pekka Mäntyselkä, Matic Mihevc, Achim Mortsiefer, Katarzyna Nessler, Bernardino Oliva-Fanlo, Hálfdán Pétursson, Clara Podmore, Andris Pūce, Willeke Ravensbergen, Vija Silina, Sven Streit, Pär-Daniel Sundvall, Renata Vidonscky Lüthold, Eva Wikström, Staffan Svensson, Susanna M. Wallerstedt

Sahlgrenska Academy, Sahlgrenska University Hospital, 413415 Gothenburg, Sweden. E-mail: naldy.parodi@gmail.com

Keywords: inappropriate prescribing, older people, primary care, screening tools, survey

Background:
Older people in primary care often have multiple morbidities and are consequently prescribed multiple medications, posing significant prescribing challenges. Although screening tools to detect potentially inappropriate prescribing have been developed to support prescribers in day-to-day practice, their use in primary care and integration into electronic medical record (EMR) systems have not been investigated.

Research questions:
To what extent are primary care physicians across European countries familiar with screening tools for potentially inappropriate prescribing, and to what extent are such tools integrated into EMR systems?

Method:
Since September 2025, primary care physicians across European countries have been invited by national collaborators to participate in an ongoing survey study. Responses collected until 31 December 2025 were analysed descriptively. The proportion of responses to questions on the physicians' familiarity with tools to detect potentially inappropriate prescribing in older people and the integration of such tools into EMR systems were examined.

Results:
A total of 322 physicians from 26 countries were included (1–46 per country, median age 46 years). In countries with ≥10 respondents (n=13), between 0% and 67% of physicians reported that they were not at all familiar with any screening tool for potentially inappropriate prescribing. The screening tool that physicians most often reported having some degree of familiarity with was the STOPP criteria (n=184, 57%).
In total, 266 (83%) physicians reported using an EMR system in their daily practice. In countries with ≥10 such respondents, between 26% and 100% reported that their system did not include any tool for detecting potentially inappropriate prescribing, while 0% to 33% reported having such a tool fully integrated.

Conclusions:
Familiarity with screening tools for detecting potentially inappropriate prescribing varies substantially across Europe. Although most physicians use an EMR system in their daily practice, only a minority have access to fully integrated tools.

Points for discussion:
How can awareness of screening tools for detecting potentially inappropriate prescribing be increased among primary care physicians across Europe?

How can European EMR systems ensure equitable access to screening tools for detecting potentially inappropriate prescribing in older people?

Presentation on 16/05/2026 11:00 in "Poster Session 6: Medicines & Safer Prescribing" by Naldy Parodi López.

Poster / Ongoing study with preliminary results

Knowledge and Attitudes Toward Antibiotic Use Among the Hungarian Population

Nóra Horváth, Csongor István Szepesi, Viktor Rekenyi, Eszter Kovács, Anna Nánási, László Róbert Kolozsvári

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

Keywords: Antibiotic use, Primary care, Patient attitudes, Antimicrobial resistance

Background:
Antimicrobial resistance (AMR) represents an increasing global health threat, enabling microorganisms to withstand antimicrobial agents and complicating infection control. While inappropriate antibiotic use has been widely recognized as a major contributing factor, patient expectations and misconceptions remain potent drivers of unnecessary prescribing. Previous studies have shown significant differences among European populations in antibiotic-related attitudes, yet national-level data on the Hungarian population remain limited.

Research questions:
The objective of this research is to assess knowledge, attitudes, and behavioral patterns related to antibiotic use among Hungarian adults and to evaluate their role in inappropriate community antibiotic use.

Method:
A cross-sectional survey is being conducted among Hungarian adults, recruited from collaborating general practices. Participants complete a structured self-administered questionnaire assessing: (1) knowledge (e.g. indications, mechanisms, and appropriate use); (2) emotional attitudes toward antibiotics (e.g. perceived safety, trust, disappointment if not prescribed); and (3) behavioral patterns including self- medication, storage of leftover antibiotics, and adherence. Data analysis will focus on identifying patterns and associations between knowledge, attitudes, and behaviors, as well as exploring demographic predictors of antibiotic misuse.

Results:
Preliminary findings show a mean age of 53 years (SD=17.3), with 66.7% female participants. A total of 64.3% correctly identified antibacterial effects of antibiotics, whereas 66.7% believed they have anti-inflammatory properties and 14.3% attributed antiviral effects to them. Moreover, 52.4% considered antibiotic treatment indicated in case of fever. Most respondents (78.6%) appreciated thorough clinical examination before prescription, and 78.6% fully rejected antibiotic use without prior consultation with a physician.

Conclusions:
Preliminary findings suggest considerable misconceptions about antibiotic indications among Hungarian patients but generally cautious attitudes toward self-medication. These results highlight the need for targeted public health campaigns to enhance antibiotic literacy and support rational antibiotic use in primary care.

Points for discussion:
Mixed antibiotic knowledge: reasonable awareness of antibacterial effects but frequent misconceptions about anti-inflammatory and antiviral properties.

The general rejection of self-medication and appreciation of physician-led decision-making suggest that antibiotic misuse is more likely driven by misunderstanding rather than intentional overuse.

The potential role of general practitioners in correcting specific misconceptions (e.g. anti-inflammatory and antiviral beliefs) during routine visits without substantially increasing workload.

Presentation on 16/05/2026 11:00 in "Poster Session 6: Medicines & Safer Prescribing" by Nóra Horváth.

Poster / Ongoing study with preliminary results

Overuse of Benzodiazepines and Z-Drugs in Croatian Family Medicine – Preliminary Results

Vanja Pintarić Japec, Jelena Šakić Radetić, Anja Gačina Jazvić, Ema Dejhalla, Adriana Babić, Juraj Jug

Association of Teachers in General Practice/Family Medicine, 10000 Zagreb, Croatia. E-mail: vanja.pintaric@hotmail.com

Keywords: anxiety, benzodiazepines, depression, insomnia, mental health, prescription drug overuse

Background:
Benzodiazepines (BZDs) and Z-drugs are frequently prescribed for treating anxiety and insomnia, but their long term use is strongly discouraged by many international expert societies. Nevertheless, prescribing rates for these drugs continue to rise in many countries, with frequent inappropriate use.

Research questions:
Do family physicians (FPs) prescribe BZDs and Z-drugs long term and for which clinical indications?

Method:
We conducted a cross-sectional study on a purposive sample in four family medicine practices (FMPs) across Croatia (caring for 6899 insured patients). Patients who were prescribed one or more BZDs and Z drugs at least twice in the last five years (1.1.2019–31.12.2024) were included. We recorded when, for which indication, and who first suggested the medication (FP or other specialist), duration of therapy, changes made, and whether the patient took antidepressants. All data were shown as absolute values and ratios.

Results:
A total of 1139 patients (average 59.6±15.9 years) were prescribed at least one benzodiazepine or Z drug (15.5 – 23.1% of patients in each FMP, 67.5% female). Two or more prescribed drugs were found in 149 patients (13.1%). Diazepam was the most prescribed in 538 patients (42.2%), followed by alprazolam in 369 (28.9%). Long term use (>3 months) was identified in 509 patients (39.5%), but only 154 of them were prescribed an antidepressant (30.2%). In 832 patients (64.5%), a benzodiazepine or Z drug was initiated by a FP. The main indications were anxiety disorders in 398 (30.9%), insomnia in 193 (15.0%), and back pain in 158 patients (12.3%). These are preliminary findings of an ongoing study.

Conclusions:
The results from this study show that FPs in Croatia frequently prescribe BZDs and Z-drugs long term, with anxiety and insomnia being the most frequent indications. Greater insight into (over)prescribing trends may inform interventions to improve adherence to evidence-based guidelines in mental health care.

Points for discussion:
For which indications are benzodiazepines most frequently being prescribed outside of their intended use by EBM guidelines?

Are EBM guidelines for treating mental health conditions usable in an FP’s practice?

What are the potential consequences of widespread benzodiazepine overuse long term?

Presentation on 16/05/2026 11:00 in "Poster Session 6: Medicines & Safer Prescribing" by Vanja Pintarić Japec.

Poster / Finished study

Pelargonium sidoides extract (EPs® 7630) versus usual care for acute bronchitis in Swiss primary care (Phytobronch): a pragmatic, open-label, randomised controlled trial

Angélique Bourqui, Océane Corpataux, Federico Bonofiglio, Julie Dubois, Nazanin Abolhassani, Stéphanie Baggio, Chantal Csajka, Pierre-Yves Rodondi, Clara Podmore

University of Fribourg, 1700 Fribourg, Switzerland. E-mail: clara.podmore@unifr.ch

Keywords: antibiotic use; bronchitis; randomised controlled trial; Pelargonium sidoides extract

Background:
Acute bronchitis is a common primary care condition and a major cause of unnecessary antibiotic prescribing. The effectiveness of Pelargonium sidoides extract (EPs®7630) in the management of acute bronchitis remains uncertain due to a lack of pragmatic trials.

Research questions:
Does EPs®7630 reduces symptom duration or antibiotic use compared with usual care among adults with acute bronchitis?

Method:
We conducted a pragmatic, open-label, superiority randomised-controlled trial across 36 primary care practices and five walk-in clinics in Switzerland. Adults (≥18 years) consulting a general practitioner for the first time for a new episode of acute bronchitis, with a cough of up to eight days' duration, were eligible for inclusion. The co-primary outcomes were (1) number of days required to achieve a 50% reduction in symptoms from the peak value, and (2) the proportion of participants who used antibiotics. Both outcomes were analysed in the intention-to-treat population.

Results:
332 participants were enrolled and randomly assigned: 155 to EPs®7630 and 177 to usual care. No significant difference in time to 50% reduction of symptoms between the EPs®7630 and usual care groups was observed (adjusted regression coefficient 0.05 [95% CI −0.13–0.23]; p=0.578). Antibiotic use was 7 percentage points lower in the EPs®7630 group (17.4%, 20 of 155) than in the usual care group (25.2%, 33 of 177), adjusted risk ratio 0.78 [95% CI 0.49–1.26]; p=0.309. Adverse events were reported more frequently in the EPs®7630 group (32.3%, 50 of 155) than in the usual care group (21.5%, 38 of 177; hazard ratio 1.40 [95% CI 1.03–1.89]; p=0.030); all adverse drug events were mild.

Conclusions:
Although EPs®7630 did not reduce symptom duration or antibiotic use significantly, EPs®7630 may contribute to lowering antibiotic use, by offering a well-tolerated alternative for acute bronchitis in primary care.

Points for discussion:
Does the pragmatic, open-label design strengthen or weaken the relevance of these findings for everyday primary care practice across different European health systems?

Should a non-significant reduction in antibiotic use, combined with higher but mild adverse events, be considered clinically meaningful when guiding primary care recommendations?

In the absence of statistically significant benefit, how should primary care clinicians interpret and communicate the potential role of herbal medicines such as EPs®7630 in antibiotic stewardship?

Presentation on 16/05/2026 11:00 in "Poster Session 6: Medicines & Safer Prescribing" by Clara Podmore.

Poster / Finished study

Practice of prescribing novel antidiabetic medications among GPs in Croatia - a nation-wide cross-sectional study

Tomislav Kurevija, Ines Bilić-Ćurčić, Silvija Canecki-Varžić, Ljiljana Majnaric

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

Keywords: Type 2 diabetes, Cardiovascular risk, SGLT2ins, GLP-1RAs, Therapeutic inertia, Family medicine, Diabetology

Background:
Type 2 diabetes (T2D) treatment has undergone major changes in the last decades. Earlier glucocentric approach was advanced to more comprehensive strategy of simultaneous monitoring of glycemia and cardiovascular (CV) risk. This approach was enabled by introducing novel medications into practice, SGLT2ins and GLP-1RAs. Despite proven beneficial CV effects, worldwide research indicates their low prescription, commonly attributed to therapeutic inertia.

Research questions:
What is the prescribing practice and attitudes of Croatian general practitioners (GPs) towards novel antidiabetic medications and which factors influence their self-confidence in the prescribing?

Method:
This cross-sectional study examined 218 GPs (10% of the total GP population in Croatia) using an anonymous, self-designed questionnaire, delivered via e-addresses of the practices. Both open- and closed-ended questions were included, and some used a 5-point Likert scale. Exact data on the respondents' and patients' characteristics were obtained from the e-health records. The assessment of the influence of inertia factors on the probability of lower self-confidence was done using bivariate and multivariate logistic regression.

Results:
A total number of 30,660 (8.7%) individuals with T2D under the care of respondent GPs participated in the study. Of them, nearly 60% were treated solely in primary care without referral to a diabetologist. The same proportion had at least one associated CV comorbidity and only half had well-regulated hemoglobin A1c. SGLT2ins were prescribed in 21.4%, GLP-1RAs in 14.8% and both medications in 7.6% of patients. Around 75% and 55% of GPs declared high self-confidence for autonomous prescription of SGLT2ins and GLP-1RAs respectively. The most prominent predictor of lower self-confidence was lack of knowledge or clarity of guidelines, while one that could support their confidence was familiarity with medication's side effects.

Conclusions:
Identification of barriers that GPs encounter while prescribing novel antidiabetic medications is of the utmost importance for suggesting the strategies for mitigation of therapeutic inertia and T2D treatment optimization.

Points for discussion:
Should SGLT2ins and GLP-1RAs be autonomously prescribed by GPs for individuals with T2D?

Is CV risk sufficiently and timely assessed in individuals with T2D?

Which methods for improving the quality of care for T2D individuals should be implemented?

Presentation on 16/05/2026 11:00 in "Poster Session 6: Medicines & Safer Prescribing" by Tomislav Kurevija.

Poster / Ongoing study with preliminary results

A Survey on the Use of Artificial Intelligence in General Practice Among Fifth-Year Hungarian Medical Students

Csongor István Szepesi, Nóra Horváth, Viktor Rekenyi, Eszter Kovács, Anna Nánási, László Róbert Kolozsvári

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

Keywords: Artificial intelligence; General practice; Attitudes; Medical students; Digital health

Background:
Integrating artificial intelligence (AI) into healthcare poses new challenges for primary care, where human interaction is central. While AI's potential in diagnostics and administrative support is acknowledged, little is known about the readiness of future general practitioners to use these technologies. This study offers novel insights into Hungarian medical students' attitudes and preparedness regarding AI in general practice.

Research questions:
Our study aims to examine Hungarian medical students' understanding of artificial intelligence and their willingness to implement it in selected tasks routinely performed by general practitioners.

Method:
A cross-sectional questionnaire-based study was carried out among fifth-year medical students at a Hungarian medical university (N = 183). Using a 5-point Likert scale, participants assessed their perceived level of knowledge regarding artificial intelligence, its anticipated role, and their preferences for AI applications in administrative, diagnostic, and human-centered domains. Statistical analysis included descriptive measures and correlation testing to explore associations between knowledge levels and willingness to adopt AI. This ongoing research will be broadened to include practicing specialists to facilitate comparative analyses.

Results:
The mean age of the respondents was 24 years. Participants reported a high level of self-perceived knowledge of artificial intelligence (mean = 4.6) and low levels of job-related insecurity (mean = 2.51). A distinct preference pattern was observed, with strong support for AI use in patient documentation and imaging diagnostics, and clear resistance to its application in empathetic or psychiatric care. Higher perceived AI knowledge was significantly correlated with greater willingness to use AI ($p < 0.001$). These results constitute preliminary findings of an ongoing investigation.

Conclusions:
Hungarian medical students view AI primarily as a supportive digital assistant, rather than a competitor. Our findings from a sizable sample (N=183) highlight implications for medical education and primary care, with ongoing expansion to practicing specialists facilitating comparative analyses.

Points for discussion:
How might AI adoption in primary care reshape workload distribution, patient flow, and resource utilization within healthcare systems?

How should the responsibilities between physicians and AI systems be outlined in general practice to ensure safety and accountability?

What ethical and regulatory safeguards are needed in primary care to address privacy, bias, and accountability when deploying AI tools at scale?

Presentation on 16/05/2026 11:00 in "Poster Session 7: Digital Tools & New Care Models" by Csongor István Szepesi.

Poster / Finished study

Active management of COPD patients in general practice: a model of proactive medicine

Marco Peres, Vittorio Gradellini, Davide Luppi

Corso di formazione specifico in Medicina Generale, polo di Modena, 41121 Modena, Italy. E-mail: marco.pe96@gmail.com

Keywords: COPD; proactive medicine; general medicine; teamwork; appropriate prescribing.

Background:
Chronic obstructive pulmonary disease (COPD) is a significant cause of morbidity in the general population, often underdiagnosed and suboptimally managed in general practice. Proactive medicine allows for early identification of clinical issues, improving diagnostic and therapeutic appropriateness and outcomes.

Research questions:
The study (retrospective audit followed by an observational study) aims to evaluate a proactive medicine model for the active management of COPD in general practice, through the administration of validated questionnaires (CAT and mMRC) by the study team, which led to a subsequent reassessment of patients with clinical criticalities.

Method:
In the first phase, of the 1,500 patients assisted by a GP, 41 (2,7%, like HealthSearch) were identified with a diagnosis of COPD, using the software Milleutility/MilleGPG; 39 were included.
The following data were collected:
- Personal data;
- Smoking habit (data updated within the last three years at the latest);
- Flu vaccination status in the past year;
- Number and severity of exacerbations in the previous two years.
In the second phase, teamGP collaborators administered the CAT and mMRC questionnaires to the patients included in the study. Patients were then stratified by the physician into COPD groups, taking into account symptoms and exacerbations, current treatment, and smoking habits.

Results:
Following the stratification performed, it emerged that:
- 17 patients (43,6%) need to repeat spirometry;
- 29 patients (74,4%) need to receive a clinical re-evaluation, and in particular:
- 13 patients require a therapeutic change, due to the absence or insufficient drug according to current guidelines
- 5 patients require priority anti-smoking counseling
- 7 patients need both procedures
- 4 patients need to be re-evaluated for the reported symptoms

Conclusions:
The proposed proactive medicine model has proven to be feasible and clinically relevant in general medicine practice enabling the identification and stratification of patients with critical conditions, and consequently their management.

Points for discussion:
It would be interesting to observe if a reduction of exacerbations will be registered a year after therapy correction

How to standardize a definitive version of this method to uniform provided care?

Presentation on 16/05/2026 11:00 in "Poster Session 7: Digital Tools & New Care Models" by Marco Peres.

Poster / Finished study

Can an mHealth application be an assistant to family physicians in managing newly diagnosed patients with hypertension?

Sashka Janevska, Atanas Godjoski, Katerina Kovachevikj, Marta Tundzeva, Biljana Gerasimovska

GPO ,, Vita Katerina", 1000 Skopje, North Macedonia. E-mail: sashkamitovska@yahoo.com

Keywords: mHealth application, hypertension, family doctor, ,, face to face " visit

Background:
Hypertension is a leading cause of overall morbidity and mortality worldwide. The use of telemonitoring opens new opportunities for close monitoring of patients with hypertension through self-monitoring of blood pressure at home and timely transfer of these values to primary care physicians.

Research questions:
Will the use of the mHealth application improve the management of patients with newly diagnosed hypertension at the primary health care level?

Method:
A prospective randomized controlled multicenter study with 12-months follow-up of newly diagnosed patients with hypertension. The intervention group received standard care + mHealth application, while the control group received standard care only. The mHealth application enabled transmission of measured blood pressure values in real time and two-way doctor-patient communication via SMS messages. The study monitored blood pressure control and the number of additional visits in the primary care clinic.

Results:
95 participants in intervention group and 97 in control group were recruited. After 12 months, in the intervention group for systolic blood pressure a decrease of 26 mmHg was recorded, i.e. by 21 mmHg (Mann-Whitney U Test: Z=[-2,793; p=0,005) in the standard care group and 15.5 mmHg, i.e. by 12.7 mmHg (Mann-Whitney U Test: Z=[-3,182; p=0,001) for diastolic blood pressure in the intervention and control groups, respectively, with a significant statistical difference in all 4 follow-up times after the intervention. 24.21% from the participants in the intervention and 53.61% in the control group (Difference test: 29,40% [(15,69-41,58) CI 95%) had an additional visit in the clinic. No adverse events were recorded in either group.

Conclusions:
An mHealth application with two-way patient-physician communication represents an additional intervention to standard care that can improve hypertension management at the primary care level and provides an opportunity for better organization of work in family doctor outpatient clinics.

Points for discussion:
Is an mHealth application suitable for use by all patients, especially the elderly population?

Can an mHealth application to a greater extent replace the management of HTN in the family doctor's outpatient clinic?

Presentation on 16/05/2026 11:00 in "Poster Session 7: Digital Tools & New Care Models" by Sashka Janevska.

Poster / Almost finished study

Case report: the Palliative Care Pathway in a Long-Term Care Facility for a Patient with Advanced Multimorbid Dementia, balancing guidelines and proportionality of Care.

Francesca Abate, Davide Luppi

Corso di formazione specifica in Medicina Generale, polo di Modena, Modena, Italy. E-mail: francesca.abate@medici.progetto-sole.it

Keywords: BPSD, Palliative Care, Continuity of care, deprescribing, LTCF

Background:
The management of advanced dementia in Long-Term Care Facilities (LTCFs) requires shifting from a "curative" to a "palliative" model, focused on comfort and quality of life. The case of Carmela, a 90-year-old patient with vascular dementia with behavioural and psychological symptoms of dementia (BPSD) resistant to common pharmacological and non-pharmacological treatments, multimorbidity (chronic heart disease, atrial fibrillation COPD, CKD), and rapid functional decline, illustrates the complexity of ethical and clinical decision-making challenges in frail patients subject to frequent hospitalizations for acute events and shows the feasibility and efficacy of a palliative approach.

Research questions:
How can BPSD management be integrated with proportionality of care and deprescribing in a context of extreme frailty, while reconciling clinical guidelines with patient well-being and family expectations?

Method:
Case Report

Results:
A multidisciplinary approach was implemented, based on the review of the Individualized Care Plan and clear communication with the caregiver, regarding the patient's irreversible prognosis. The plan included: therapeutic optimization (suspension of edoxaban), BPSD management via the introduction of gabapentinoids, following the failure of commons neuroleptics and benzodiazepines, and off-label use of midazolam. Starting Midazolam resulted in better sleep patterns significantly improving the quality of life for the patient and their caregivers alike The therapeutic alliance with the caregiver led to the acceptance of limits of care, drastically reducing hospitalizations and allowing for the management of acute events within the facility. Discontinuing futile therapies and deprescribing the anticoagulant, balancing hemorrhagic risk with theoretical stroke-preventive role according to guide-lines, were deemed ethically defensible to realign treatment with comfort goals.

Conclusions:
This case report demonstrates that palliative care in LTCFs is a daily clinical and relational skill and a suitable approach to the treatment of resistant BPSD in advanced dementia. Restraint reduction, therapeutic harmonization and avoiding hospitalization are essential tools for reducing delirium and ensuring the well-being of the frail patient.

Points for discussion:
In the context of improving quality of life, to what extent is the deprescribing of anticoagulants considered and implemented for frail patients with comorbid dementia?

To what extent is the use of midazolam considered in the treatment of refractory BPSD in advanced dementia?

How widely practiced and accepted is Palliative Care within Long-Term care facilities (LTCFs)?

Presentation on 16/05/2026 11:00 in "Poster Session 7: Digital Tools & New Care Models" by Francesca Abate.

Poster / Finished study

E-kid: early detection of screen overexposure for child: tool validation and web score for primary care

Juliette Chambe, Maurine Moerckel

Faculté de médecine de Strasbourg, General practice, 67200 Strasbourg, France. E-mail: juliette.chambe@unistra.fr

Keywords: Screen overexposure, kid, prevention

Background:
Excessive screen time is associated with developmental, behavioral, and health risks in children. Despite growing concern, no validated tool currently exists in any language to identify screen overexposure in routine clinical practice.

Research questions:
To validate e-KID, a novel screening tool for detecting screen overexposure among children and adolescents aged 0 to 18 during primary care consultations.

Method:
This was a prospective, multicenter, cross-sectional validation study conducted between December 2023 and March 2024. A total of 439 children aged 0 to 18 years were recruited by 74 primary care physicians and 3 child health institutions in France. The tool was originally developed during a previous thesis through a systematic literature review and Delphi consensus process.

Results:
A threshold score of 6 out of 21 was identified as the optimal cutoff for screen overexposure, yielding a sensitivity of 96% and specificity of 74.1%. The tool's total score correlated strongly with clinician assessment (AUC = 0.925; 95% CI, 0.899–0.951; $p < .001$). Age-specific thresholds were established, and weighted scoring was proposed for each age group. Professional participants rated the tool as easy to use, well integrated into clinical practice, and effective in initiating discussions with families. Known risk and protective factors (e.g., maternal education, screen rules, outdoor space) were confirmed.

Conclusions:
This study validates the first screening tool for screen overexposure in children, designed for use in everyday primary care settings. The tool meets a widely recognized clinical need and provides a practical method to support prevention, early detection, and family education in pediatric consultations. An online score is developed for practitioners

Points for discussion:
Develop this tool for follow up

Discussion on threshold

Discussion on age variations

Presentation on 16/05/2026 11:00 in "Poster Session 7: Digital Tools & New Care Models" by Juliette Chambe.

Poster / Finished study

Pilot study of a gender-sensitive intervention in primary care for patients with chronic non-cancer pain receiving long-term opioid therapy (GESCO)

Achim Mortsiefer, Alexandra Piotrowski, Alexandra Schmidt, Neele Kufeld, Veronika Bencheva, Petra Thürmann, Birgitt Wiese

Witten/Herdecke University, Institute of General Practice and Primary Care (iamag), Chair of General Practice II and Patient-Centredness in Primary Care, 58448 Witten, Germany. E-mail: achim.mortsiefer@uni-wh.de

Keywords: chronic non-cancer pain; gender-sensitive care; intervention study

Background:
Treatment of chronic non-cancer pain (CNCP) is influenced by psychiatric comorbidities, is often unsuccessful, and can lead to frustration or resignation among patients and doctors. Increasing evidence indicates that sex- and gender-related factors affect CNCP management, including pain experience, pharmacotherapy, and doctor–patient communication.

Research questions:
To evaluate the feasibility of a novel, complex sex- and gender-sensitive intervention for patients with CNCP receiving long-term opioid therapy (LTOT) in primary care.

Method:
We conducted a single-arm mixed-methods trial. The intervention comprised two consultations including medication review, goal-setting, biographical interviews, and an empowerment dialogue based on the “Positive Health” concept. Qualitative feedback and quantitative outcomes were assessed at baseline (T0), 2 months (T1), and 5 months (T2). The primary outcome was the Pain Disability Index (PDI).

Results:
Of the 38 included patients, 31 received at least one comprehensive GESCO consultation. Between T0 and T2, the PDI decreased by −3.38 points (p=0.078). Pain intensity (0–10) decreased from 5.7 to 5.1 in men and from 6.1 to 5.5 in women. Improvements in pain intensity were associated with PDI reductions (p=0.026). Opioid dosage was reduced in six patients and increased in three. GPs reported improved patient access (93.0%) and new therapeutic impulses (76.7%). Qualitative analyses showed that biographical interviews frequently revealed gender-related influencing factors, and that men particularly benefited from structured psychosocial counseling tools.

Conclusions:
The GESCO intervention appears feasible in terms of exploratory clinical effects and warrants further evaluation in larger studies. Although consideration of gender-specific aspects facilitated access to doctors and patients, it was not perceived as a dominant factor during implementation. Overall, the intervention enabled greater personal attention, relationship building and more in-depth conversations.

Points for discussion:
Which methodological and practical considerations are essential when designing a larger, controlled follow-up study?

How can identified gender-related differences be translated into targeted and effective interventions to improve medical care?

Presentation on 16/05/2026 11:00 in "Poster Session 7: Digital Tools & New Care Models" by Achim Mortsiefer.

Poster / Ongoing study no results yet

A Pilot Study on Enhancing Self-Management for Multimorbid Asthma and COPD Patients in Remote Populations

Ausrine Kontrimiene, Lukas Vitkauskas, Leonas Valius, Lina Jaruseviciene

Lithuanian university of health sciences, 44307 Kaunas, Lithuania. E-mail: ausrine.kontrimiene@lsmu.lt

Keywords: Respiratory diseases; Remote population; self-managment; multimorbidity; primary healthcare

Background:
Patients with chronic respiratory diseases, such as asthma or COPD, living in remote areas face significant challenges in managing their conditions. Limited access to timely medical care, insufficient disease self-management hinder effective health outcomes. As part of the JARED (Joint Action for Respiratory Diseases; No EU4H-2023-JA-3-IBA) initiative, this pilot study investigates strategies to improve self-management for multimorbid patients using a telemedicine platform. The study emphasizes tailored self-management recommendations and nurse-led remote supervision to address the unique challenges faced by these populations.

Research questions:
Can nurse-led interventions improve self-management and patient engagement among multimorbid patients with asthma or COPD in remote areas compared to independent self-management using a telemedicine platform?

Method:
This randomized, intervention-controlled pilot study recruits multimorbid patients with asthma or COPD from regional primary healthcare centers. Participants are randomly assigned to an intervention group or a control group. During their first visit, all patients receive training on using the telemedicine platform and educational materials on disease management, identifying warning signs, and maintaining self-management routines. For a period of six months, both groups will complete monthly self-management questionnaires for asthma or COPD. The intervention group receives monthly nurse-led support in self-management, while the control group completes self-management independently. Quantitative analyses will assess patient engagement, adherence, and self-management improvement. Additionally, focus group interviews with patients and nurses will explore experiences with the program and identify opportunities for process refinement.

Results:
The study is currently in progress. Notable achievements so far include conducting nurse training sessions and recruiting multimorbid patients with asthma or COPD.

Conclusions:
This research will provide insights into the effectiveness of nurse-led interventions in improving self-management in primary healthcare for patients with chronic respiratory diseases in remote regions. Focus group interviews will offer insights into patient and nurse experiences, identifying challenges and opportunities to enhance telemedicine-based self-management for multimorbid patients.

Points for discussion:
Telemedicine as a Tool for Multimorbid Patients: the potential of telemedicine platforms in overcoming challenges faced by multimorbid asthma and COPD patients in remote areas, including limited access to specialized care and resources.

The Role of Nurse-Led Interventions in Remote Care: Exploring how nurse-led interventions, such as monthly support and personalized guidance, can enhance patient engagement, adherence, and self-management compared to independent self-monitoring.

Presentation on 16/05/2026 11:00 in "Poster Session 8: Complex Care and Supportive Pathways" by Ausrine Kontrimiene.

Poster / Almost finished study

Attitudes of family medicine residents in Croatia regarding coordination of palliative care – A repeated cross-sectional study

Ema Slapnicar, Marion Tomicic

University of Split, School of Medicine, 21000 Split, Croatia. E-mail: eslapnicar@gmail.com

Keywords: family medicine residents, palliative care, coordination of care, primary healthcare, attitudes, Croatia

Background:
Palliative care in Croatia is strategically rooted in primary healthcare, with general practitioners acting as central coordinators and providers of primary palliative care within multidisciplinary teams.

Research questions:
To evaluate and compare the attitudes of family medicine residents regarding the palliative care organizational model in Croatia, specifically focusing on their role as primary coordinators of care.

Method:
A repeated cross-sectional study was conducted among family medicine residents in Croatia at two different time points: in 2023 (n=95) and 2025 (n=122). Data were collected using a survey questionnaire with eight sociodemographic questions and eight statements about residents' attitudes regarding the existing palliative care system and the feasibility of the coordinator role, measured by five-point Likert scale. Differences between the two cohorts were statistically analysed to identify shifts in perception over the two-year period. $P < 0.05$ was considered as significant.

Results:
Participants in the 2025 cohort had statistically significantly more clinical experience compared to the 2023 cohort. There was no statistically significant difference in general attitudes toward palliative care between the cohorts. Both groups demonstrated a relatively low overall score on attitudes questionnaire (mean score 26.8 vs. 28.0). The item receiving the lowest rating in both cohorts was the statement: "I am familiar with the National Program for the Development of Palliative Care in Croatia." Notably, this was the only item where the 2025 cohort showed a statistically significant improvement compared to the 2023 cohort, although the absolute score remained low.

Conclusions:
Despite a slight increase in clinical experience in the more recent cohort, attitudes toward the palliative care system among family medicine residents remain suboptimal and stagnant. While the 2025 cohort showed improved awareness of strategic documents, further efforts are needed to integrate palliative care coordination into residency training to better prepare future family physicians for their role as primary provider of care.

Points for discussion:
How to achieve useful education of family medicine residents in matters of palliative care?

Presentation on 16/05/2026 11:00 in "Poster Session 8: Complex Care and Supportive Pathways" by Ema Slapnicar.

Poster / Ongoing study no results yet

Continuity Through Collaboration: A Mobile Diabetes Nurse Model for Older Adults in Primary Care

Monika Lund, Hans Thulesius, Eva Melin, Karin Johansson, Viveca Ritsinger

Region Kronoberg, 34142 Ljungby, Sweden. E-mail: lundhmonika@gmail.com

Keywords: Mobile diabetes nurse; older adults; diabetes care; home healthcare; insulin management; interprofessional collaboration; continuous glucose monitoring; electronic medical records

Background:
The proportion of older adults living with diabetes is increasing worldwide. Many experience difficulties attending hospital-based follow-up due to reduced mobility and cognitive decline highlighting the need for collaborative care models that improve access to specialist diabetes support in the community.

Research questions:
Can a Mobile Diabetes Nurse model be integrated with primary care for safe insulin management and continuity of diabetes care for older adults living at home?

Method:
A Mobile Diabetes Nurse model was tested in a Swedish semi-rural municipality with 28,000 inhabitants. The model combined home visits, digital telehealth follow-up, and structured clinical support and education for home healthcare nurses within primary and municipal care. Twenty (20) older adults aged 75–95 years with type 1 or type 2 diabetes treated with insulin and continuous glucose monitoring (CGM) were enrolled via a hospital-based diabetes clinic and received ongoing primary care and home healthcare. Fifty (50) home healthcare nurses completed a two-hour education session focusing on insulin management and CGM use. Interviews with patients and healthcare professionals explored experiences of the model.

Results:
Home-based diabetes nursing improved access to care, increased patients' sense of safety, and strengthened continuity across primary care, home healthcare, and specialist services. Identified challenges included limited digital infrastructure, fragmented medication and prescription records, and unclear responsibility for insulin dose adjustments between care levels. Educational initiatives increased home healthcare nurses' confidence and competence. Shared electronic medical records and digital telehealth between specialist services and primary care facilitated coordination and continuity.

Conclusions:
The Mobile Diabetes Nurse model represents a promising approach to safer and more continuous diabetes care for older adults. Strengthened collaboration between specialist services, primary care, and home healthcare supports coordination of insulin-treated patients. Shared medical records and telehealth follow-up were key success factors.

Points for discussion:
How can primary care best coordinate insulin adjustments across specialist and home healthcare services?

What level of diabetes training is required for home healthcare nurses to ensure patient safety?

Presentation on 16/05/2026 11:00 in "Poster Session 8: Complex Care and Supportive Pathways" by Monika Lund.

Poster / Finished study

Outcomes of Sedation-Assisted Diagnostics in Non-Cooperative Adults with Disorders of Intellectual Development at a Medical Center for Adults with Disabilities – A Secondary Analysis

Saskia Karina Bücker, Kristin Rolke, Nessia Rachma Dianti, Eva Münster, Jörg Stockmann

Institute of General Practice and Primary Care, Chair of General Practice I and Interprofessional Care, Witten/Herdecke University, 58448 Witten, Germany. E-mail: kristin.rolke@uni-wh.de

Background:
In Germany, approximately 800,000 people live with intellectual disabilities, many of whom also have severe physical impairments and an increased risk of comorbidities and premature mortality. A substantial proportion is unable to cooperate adequately during medical examinations, making sedation necessary to enable essential diagnostics. However, data on the frequency, indications, and outcomes of sedation-assisted diagnostic procedures in this population are limited.

Research questions:
This study aimed to determine how often patients with intellectual and/or complex multiple disabilities required sedation for diagnostic procedures at a Medical Center for Adults with Disabilities (MZEB), to identify the indications and methods of sedation, and to assess the clinically relevant findings obtained.

Method:
A retrospective secondary analysis of anonymized medical records was conducted, including paper files and electronic health records from the hospital information system. All cases involving diagnostic procedures performed under sedation between January 2021 and November 2023 at a cooperating MZEB were included. Data were entered into Excel and analyzed descriptively using SPSS version 29.

Results:
During the observation period, 807 patients were treated at the MZEB; 112 patients (13,9%) underwent at least one sedation-assisted diagnostic procedure due to insufficient cooperation. Most procedures were planned (94,6%) and commonly triggered by newly emerging symptoms (75,0%). Ultrasound (54,5%) and CT-Scan (43,8%) were the most frequent procedures. Previously unknown pathological findings were identified in 69,6%. As a consequence, further diagnostic workup was initiated in 28,2%, new medication prescribed in 57,7 % and structured follow-up care planned in 51,3% of patients. No severe adverse events related to sedation were observed.

Conclusions:
Sedation-assisted diagnostics enabled the detection of clinically relevant findings in a substantial proportion of non-cooperative patients in a specialized outpatient setting. When carefully indicated and ethically considered, sedation represents a safe and valuable tool to ensure equitable access to medical diagnostics for adults with intellectual and complex disabilities.

Points for discussion:
1. How sedation-assisted diagnostics contribute to equal access to medical care for adults with intellectual and complex disabilities

2. The high proportion of newly identified pathological findings and its implications for routine diagnostic strategies in this population.

3. The role of specialized outpatient care settings in the quality and safety of sedation-assisted diagnostics in adults with intellectual and complex disabilities.

Presentation on 16/05/2026 11:00 in "Poster Session 8: Complex Care and Supportive Pathways" by Kristin Rolke.

Poster / Almost finished study

Physicians' views on proactive work and care planning for vulnerable older people – a qualitative study in Swedish primary healthcare.

Anna Segernäs, Magnus Nord, Lisa Kastbom

Linköping University, 58943 Linköping, Sweden. E-mail: anna.kvitting@gmail.com

Keywords: Primary health care, frailty, care planning, continuity, qualitative research.

Background:
Vulnerable, older people often have complex healthcare needs that are difficult to address in an ordinary primary care setting. The intervention trial "Secure And Focused primary care for older pEople" (SAFE), includes early identification and assessment of these patients to assure proactive healthcare with care agreements based on person-centred patient goals and care planning. The SAFE project is registered at https://clinicaltrials.gov (identifier: NCT05706272).

Research questions:
The aim of this qualitative study is to explore physicians' experiences of proactive work and care planning for vulnerable, older people at high risk of frailty in a Swedish primary care setting.

Method:
Individual semi structured interviews were conducted with 20 physicians working at 13 different primary healthcare care centres (PHCC) enrolled in the SAFE trial. Analysis of the interviews was made through qualitative content analysis without predetermined categories (Graneheim et Lundman, 2004).

Results:
Physicians' experiences of working with the SAFE model in elder care teams in a primary care setting generated three categories: SAFE – Who is it for?, where physicians share their opinions regarding the structure and implementation of the SAFE work model in their primary healthcare centres; Cornerstones for a safe relationship, describing the importance of patient participation and healthcare continuity and accessibility: and Person-centred care and individual goals, emphasizing the significance of individualized proactive care planning.

Conclusions:
According to the study participants a structured work model such as the SAFE working model could support early identification of high-risk individuals, enable assessments and guide proactive interventions toward those with the greatest needs. Furthermore, the introduction of a mutual care agreement within the SAFE model represented a new tool, integrating patients' preferences, values, and goals, an approach that, despite being challenging to formulate, often enhanced patient involvement. However, the risk of increased workload at the PHCCs must be considered.

Points for discussion:
Is a team based, proactive care model for older adults at risk of frailty feasible to implement in European primary care?

How do you view the physician's role in the early identification and care of vulnerable older adults?

How and to what extent are care plans used in primary care across different European countries?

Presentation on 16/05/2026 11:00 in "Poster Session 8: Complex Care and Supportive Pathways" by Anna Segernäs.

Poster / Ongoing study with preliminary results

The Role of General Practitioners in the Care of Pallative Patients in Hungary

Ágnes Szélvári, Krisztián Vörös, Csenge Hargittay, Anna Krollop, János Zsuffa, Bernadett Márkus, Zoltán Lakó-Futó, Péter Torzsa

Semmelweis University, Department of Family Medicine, 1085 Budapest, Hungary. E-mail: szelvari.agnes@semmelweis.hu

Keywords: Palliative Care, Training, GP

Background:
Little is known about the experiences of Hungarian family doctors (FD) regarding hospice-palliative care.

Research questions:
The aim of this study was to evaluate how much of a burden it is for FDs to manage their patients in the palliative phase, how they assess their own role in this field, and how accessible the different care options are in their practices.

Method:
In this cross-sectional survey of Hungarian FDs, data was collected using a 47-item questionnaire compiled by the authors.

Results:
A total of 131 doctors completed the questionnaires. The number of respondents aged under 40, between 40 and 60, and above 60 was 9%, 44% and 47%, respectively.
Almost two thirds of responding FDs had never received training in palliative care.
Fifty-four percent of FDs provided palliative care at patients' homes. On average, practices had 6 patients with palliative needs per year. Communication with 'problem' relatives and coping with emotionally distressing situations were the main problems identified.
Few respondents (11.5% (15)) did not have a regional hospice provider near their practices, and 3.1% (4) did not have information about available palliative care services.
Only 11 FDs felt that they had sufficient knowledge to care for patients with palliative needs in all cases.
Most FDs (80%) agreed/mostly agreed that FDs were responsible for the care of dying patients, but they held interdisciplinarity important and believed that care should be based on a consensus of several professions.

Conclusions:
The age of respondents reflected the aging FD population in Hungary.
The low number of palliative cases, and the lack of training may be a barrier for FDs to maintain their knowledge of palliative care, and may explain the low number of confident FDs, and the relatively low rate of palliative care provision at patients' homes. There is a need for training of family doctors in palliative care.

Presentation on 16/05/2026 11:00 in "Poster Session 8: Complex Care and Supportive Pathways" by Ágnes Szélvári.

Theme Paper / Finished study

Characteristics Associated with Person-Centered Care Attitudes Among European General Practitioners: Findings from the PACE GP/FP Study

Goranka Petricek, Heather L Rogers, Zoi Tsimtsiou, Zalika Klemenc-Ketiš, Davorina Petek, Sara Willems, Torunn Eide, Sara Ares Blanco, Thomas Frese, Kathryn Hoffmann, Erika Zelko, Péter Torzsa, Bohumil Seifert, Adam Windak, Katarzyna Nessler, Rosa Magallon Botaya, Jesús González-Lama, Radost Assenova, Mehmet Ungan, Heidrun Lingner, Esther Van Poel, Katarina Stavrikj, Claire Collins, Sabine Bayen, Joana Azeredo, Sanda Kreitmayer, Milena Kostić, Iliana-Carmen Busneag, Tuomas Koskela, Alice Serafini, Joanne Butterworth, Dorien Louise Maria Zwart, Gorka Vuletić, Ksenija Tušek Bunc, Didem Kafadar, Canan Tuz, Martin Seifert, Mina Piiksi Dahli, Bruno Heleno, Krzysztof Studzinski, Ádám Becze, Christine Brütting, Davide Fornaciari, Aileen Barrett, Jasone Basterretxea Oyarzabal, Kiril Soleski, Fátima Méndez-López, David Lerma Irureta, Vildan Mevsim, Oğulcan Çöme, Marta Tundzeva, Abeer Ahmad, Jelena Rakić Matić, Marion Tomičić, Marko Rađa, Ino Kermc, Miroslav Hanzevački, Pero Hrabač

University of Zagreb School of Medicine, 10000 Zagreb, Croatia. E-mail: goranka.petricek@mef.hr

Keywords: Patient-centered care; General practice; Physician attitudes; PACE GP/FP study

Background:
Person-centered care (PCC) emphasizes patients' preferences, values, and experiences and is a core value of general practice. However, its adoption in practice remains variable and challenging for many general practitioners (GPs).

Research questions:
Which characteristics of European GPs are associated with self-reported person-centered attitudes?

Method:
A cross-sectional online survey was conducted among GPs in 24 European countries, with invitations sent via national medical associations. The survey collected GP and practice characteristics, the Perceived Stress Scale (PSS), the Patient-Physician Orientation Scale (PPOS), and facilitators and barriers to PCC. The study was coordinated by the Department of Family Medicine, University of Zagreb, in collaboration with EQuiP and EGPRN, and approved by the Zagreb Medical School Ethics Committee. Statistical analyses were performed using Statistica 7.1.

Results:
A total of 3,813 GPs participated (mean age 46.8 ± 11.8 years; 67.2% female; 74% specialist-trained), with an average of 15.8 years of experience. Over half were involved in teaching. Most worked in urban practices (45.6%) and in practices with >2 GPs (53.7%). About one-third reported a higher-than-average proportion of patients with chronic conditions (39.3%) or aged >70 years (36.2%). PPOS scores indicated moderate patient-centered attitudes (Total 4.21 ± 0.68; Caring 4.40 ± 1.04; Sharing 3.74 ± 0.98). Higher PCC scores were observed among older, specialist-trained, experienced, and teaching-involved GPs, whereas younger GPs (<30 years) scored lower ($p < 0.001$). Fewer daily patient contacts, GPs in practices with >2 GPs, or serving rural-urban populations were associated with higher PCC ($p < 0.01$). Higher work stress was linked to lower total and subscale PPOS scores ($p < 0.05$).

Conclusions:
European GPs reported moderately favorable patient-centered attitudes, with higher PCC among older, specialist-trained, experienced, and teaching-involved practitioners with lower work stress. GPs with fewer patient contacts, in multi-GP practices, and serving rural-urban populations also reported higher PCC. Further research is needed to clarify associations.

Presentation on 16/05/2026 13:30 in "Parallel Session L - Theme Papers: Continuity of Care Through Communication and Trust" by Goranka Petricek.

Theme Paper / Finished study

Effect of a Digitally Supported 4-7-8 Diaphragmatic Breathing Intervention on Sleep Quality in Adolescent Female Volleyball Players: A Quasi-Experimental Study

Fatma Aybar, Emine Doğan, Cigdem Apaydin Kaya, Serap Çifçili

Marmara University, Family Medicine, 34890 Istanbul, Türkiye. E-mail: cigdemapaydin@yahoo.com

Keywords: Diaphragmatic Breathing, adolescents, sleep quality, continuity of care, female athletes

Background:
Sleep disturbances are common among adolescent athletes and negatively affect physical performance, recovery, mental well-being, and injury risk. However, sustainable, non-pharmacological interventions that can be consistently reinforced and monitored over time remain limited.

Research questions:
What is the effect of a four-week, digitally supported 4-7-8 diaphragmatic breathing program on sleep quality in adolescent female volleyball players compared with usual care?

Method:
This quasi-experimental study with a pre- and post-intervention control group design was conducted in Istanbul, in 2025. A total of 80 licensed female volleyball players aged 12–18 years were allocated to an intervention group (n=40) or a control group (n=40). The intervention group practiced the 4-7-8 diaphragmatic breathing technique for 10 minutes nightly before bedtime over four weeks. To support continuity of care and adherence, participants received daily digital reminders via mobile messaging, complemented by brief weekly follow-ups. The control group continued routine training without intervention. Sleep quality was assessed using the Pittsburgh Sleep Quality Index (PSQI) at baseline and post-intervention. Data were analyzed using intention-to-treat principles. Between-group comparisons were conducted using chi-square tests for categorical variables, while within- and between-group differences in PSQI scores were analyzed using Wilcoxon test.

Results:
At baseline, poor sleep quality (PSQI≥5) was prevalent in both groups (intervention: 75.0%; control: 83.3%). After four weeks, the intervention group demonstrated a statistically significant improvement in overall sleep quality compared with the control group ($p<0.001$). The proportion of participants achieving good sleep quality increased to 75.0% in the intervention group, while remaining at 26.2% in the control group. Significant improvements were observed in sleep latency, habitual sleep duration, and sleep efficiency.

Conclusions:
4-7-8 diaphragmatic breathing exercises significantly improved sleep quality in adolescent athletes. Supported by digital reminders and regular follow-up, this self-managed intervention aligns well with primary care continuity of care by enabling longitudinal monitoring, consistent management strategies, and sustainable behavior change.

Points for discussion:
How can non-pharmacological sleep interventions, such as diaphragmatic breathing, be sustainably integrated into routine primary care follow-up for adolescents?

What role can digital reminders (e.g., messaging apps or mobile health tools) play in strengthening continuity of care without increasing clinician workload?

Could this intervention be adapted for everyday primary care practice within a continuity of care framework?

Presentation on 16/05/2026 13:30 in "Parallel Session L - Theme Papers: Continuity of Care Through Communication and Trust" by Fatma Aybar.

Theme Paper / Finished study

Exploration of Parents' Opinions Who Are Vaccine-Opposed or Vaccine-Hesitant Regarding Childhood Vaccinations in Primary Care Setting

Ummügülsüm Varolgüneş, Canan Tuz, Tuncay Müge Alvur

Kocaeli University, 24600 Erzincan, Türkiye. E-mail: drcanantuz@yahoo.com

Keywords: vaccine hesitancy, vaccine refusal, parental attitudes, qualitative research

Background:
Vaccine-preventable diseases remain among the leading causes of morbidity and mortality in childhood. Vaccine opposition and hesitancy have become significant global public health concerns, threatening herd immunity. The aim of this study is to explore the factors influencing parents' vaccination decisions and to propose solutions that may help address vaccine hesitancy.

Research questions:
What are the factors that influence parents from vaccine hesitancy?

Method:
This study is a qualitative research designed with a phenomenological approach. In-depth semi-structured interviews were conducted with twenty-one parents. Participants were identified using the snowball sampling method, and the diversity of the study was increased by reaching parents from seven different provinces of Türkiye: Ankara, Bursa, Bingöl, Diyarbakır, İstanbul, Kocaeli, and Muş. The interviews were conducted via telephone. The data were analyzed using thematic analysis with the MAXQDA 2024 software. Themes and subthemes were created based on the participants' statements.

Results:
The data obtained were grouped under several themes, including vaccine ingredients, personal experiences, the concept of natural immunity, distrust in the healthcare system, religious beliefs, and conspiracy theories. A significant number of participants stated that they avoided vaccination due to concerns about the chemical substances in vaccine ingredients, the coercive attitudes of healthcare professionals, and negative information circulating on social media.

Conclusions:
Vaccine hesitancy is a multidimensional phenomenon and arises not only from a lack of knowledge but also from factors based on trust, values, and beliefs. To combat vaccine refusal, it is recommended to strengthen the communication skills of healthcare professionals, ensure transparent information-sharing, collaborate with religious leaders, and disseminate accurate information through social media.

Presentation on 16/05/2026 13:30 in "Parallel Session L - Theme Papers: Continuity of Care Through Communication and Trust" by Canan Tuz.

Theme Paper / Finished study

Non-disclosure of Complementary and Alternative Medicine Use in Primary Care: Patient Motivations and Barriers

Taras Griadil

Uzhhorod National University, 88016 Uzhhorod, Ukraine. E-mail: taras.griadil@uzhnu.edu.ua

Keywords: Complementary and Alternative Medicine, Doctor-Patient Communication, Primary Care, Non-disclosure, Patient Safety.

Background:
The use of Complementary and Alternative Medicine (CAM) is prevalent globally, yet non-disclosure to General Practitioners (GPs) remains a significant safety concern regarding drug-herb interactions. While general prevalence is documented, the psychosocial drivers and systemic barriers leading patients to withhold this information in the primary care setting require further elucidation to improve clinical safety.

Research questions:
The primary objective of this study was to determine the prevalence of non-disclosure of CAM use among primary care patients and to identify the specific reasons and barriers preventing patients from informing their GPs.

Method:
Conducted a cross-sectional study across 12 diverse urban and rural primary care practices. Adult patients (n=450) who reported using CAM in the past 12 months completed a structured questionnaire regarding disclosure habits. Logistic regression analysis was used to identify sociodemographic predictors of non-disclosure. Additionally, semi-structured interviews with a subset of patients (n=20) were analyzed using thematic analysis to explore underlying motivations, specifically focusing on the doctor-patient relationship and perceived relevance of CAM to conventional treatment.

Results:
Of the 450 CAM users, 48% (95% CI: 43.4–52.6%) did not disclose their use to their GP. The primary reasons cited for non-disclosure were the physician's failure to inquire (58%), the belief that CAM was irrelevant to their medical treatment (34%), and fear of a judgmental response (22%). Thematic analysis revealed a "don't ask, don't tell" culture. Younger age (OR 1.8, 95% CI: 1.2–2.6) and lower chronic disease burden (OR 2.1, 95% CI: 1.4–3.1) were significant independent predictors of non-disclosure.

Conclusions:
A significant proportion of patients withhold CAM information, largely due to a lack of proactive inquiry by GPs rather than active concealment. These findings suggest that GPs must initiate non-judgmental conversations about CAM to ensure patient safety. The results are robust given the mixed-methods design and applicable to general practice settings aiming to reduce adverse interaction risks.

Points for discussion:
How can GPs integrate CAM inquiries into routine history taking without significantly extending consultation time?

What educational interventions are required to reduce patient fear of judgment regarding alternative therapies?

The role of Electronic Health Records (EHR) in prompting physicians to ask about non-prescribed supplements.

Presentation on 16/05/2026 13:30 in "Parallel Session L - Theme Papers: Continuity of Care Through Communication and Trust" by Taras Griadil.

Web Based Research Course Presentation / Finished study

Adolescents and General Practitioners: Pilot Study on Health Needs in Northeast Italy

Turco Matteo, Enrico Peterle, Gallea Mariateresa, Gaudino Rossella, Perry Adler, Malus Michael

PRIMARY CARE UNIT - Distretto 1 - Padova Arcella, 35134 PADOVA, Italy. E-mail: matteo.turco@aulss6.veneto.it

Keywords: Adolescent health/Primary care/ General practitioners

Background:
Adolescents often experience physical, psychological, and behavioral health challenges but rarely consult general practitioners (GPs), highlighting communication barriers and low engagement with primary care.

Research questions:
The aim of this study was to assess adolescents' health-related behaviours and perceived health needs, and to explore communication barriers between adolescents and GPs.

Method:
A cross-sectional survey using the Teenage Health Questionnaire – Pre-Visit Questionnaire (PVQ), translated and culturally adapted, was administered to 1,245 adolescents aged 14–19 years in Northeast Italy. In parallel, 118 GPs completed a self-report questionnaire assessing their routine practices and preventive approaches to adolescent healthcare. Statistical analyses included descriptive and inferential methods.

Results:
Adolescents reported multiple physical and psychological concerns; however, across the different health domains, only 4.5% to 11% of them discussed these issues with their GP. Despite a high level of interest in information about sexual health and substance use, related discussions with GPs remained infrequent. Most GPs acknowledged the importance of dedicated consultations and confidentiality, although barriers to consistent preventive counselling were reported

Conclusions:
Findings indicate substantial unmet health needs among adolescents and persistent barriers in adolescent–GP communication. Strengthening structured communication strategies, confidentiality practices, and preventive education within primary care may improve adolescent engagement with healthcare services.

Points for discussion:
How can GP/adolescent communication be improved to better address adolescents' reported health concerns?

What role do confidentiality and trust play in adolescents' low engagement with primary care?

How can preventive activities and counselling be more systematically integrated into routine general practice care for adolescents?

Presentation on 16/05/2026 13:30 in "Parallel Session M- Web Based Research Course Presentations" by Turco Matteo.

Web Based Research Course Presentation / Study Proposal / Idea

Dynamics of primary care physicians' preparedness to manage dementia following mhGAP training: a mixed-methods study in Western Ukraine

Oksana Petrynych

National University of Kyiv-Mohyla Academy, Kyiv, Ukraine. E-mail: o.petrynych@ukma.edu.ua

Keywords: dementia, primary care physician, preparedness, GPACS-D, Theoretical Domains Framework, Ukraine, Mental Health Gap Action Programme, mhGAP

Background:
In Ukraine, approximately 500,000 people live with dementia, but the predicted underdiagnosis rate of this syndrome may be up to 94%. This means that only a small proportion of people with this condition are actually "visible" to the healthcare system – most cases remain unnoticed, undiagnosed, and, consequently, without proper care. Since 2023, medical care for patients with mental health issues has been included in the list of medical services at the primary healthcare level. In parallel, training under the Mental Health Gap Action Programme is being scaled up across Ukraine.

Research questions:
Does the level of preparedness of primary care physicians in the Chernivtsi region change after they participate in the training under the mhGAP program, which includes the "Dementia" module (4.5 hours)?
What are the facilitators and barriers to providing medical care to patients with dementia?

Method:
The study employs a mixed-methods explanatory sequential design. The quantitative component combines descriptive, correlational, and longitudinal quasi-experimental strategies. The qualitative phase uses qualitative description with deductive thematic analysis. Participants are 150-200 primary care physicians attending the mhGAP training, which includes the 4.5-hour "Dementia" module. Instruments include an online questionnaire (sociodemographics, GPACS-D) and a semi-structured interview guide. Quantitative analysis includes descriptive statistics, correlations, quasi-experimental testing, CFA, and Cronbach's α. Qualitative data undergo deductive thematic analysis (based on the Theoretical Domains Framework), allowing for inductive wartime-specific themes.

Results:
It will be obtained after the study is conducted.

Conclusions:
The study will allow for translation, cultural adaptation, and initial psychometric validation of the Ukrainian version of the GPACS-D. It will assess the dynamics of changes in primary care physicians' preparedness to provide dementia care following mhGAP training and at 3-month follow-up. Qualitative data will identify modifiable contextual factors that facilitate and hinder the provision of dementia care in primary care settings.

Points for discussion:
Is short-term training sufficient to ensure the preparedness to provide care to patients with dementia?

How can the sustainability of primary care physicians' preparedness to provide dementia care be ensured?

What contextual factors can help or hinder physicians in providing medical care to patients with dementia?

Presentation on 16/05/2026 13:30 in "Parallel Session M- Web Based Research Course Presentations" by Oksana Petrynych.

Web Based Research Course Presentation / Finished study

Exploring the association between pain types and mental health with four-dimensional symptom questionnaire

Nurver Turfaner Sipahioğlu, Ayşen Fenercioğlu, Veliddin Selçuk Engin, Ebru Unur Demircan, Didem Kafadar

Istanbul University-Cerrahpasa, 34750 KADIKÖY, Türkiye. E-mail: nurver@iuc.edu.tr

Keywords: Pain, headache, 4DSQ, mental health

Background:
This study was designed to enhance our understanding of the mediating role of sociodemographic factors in the relationship between mental health and pain .

Research questions:
1.Is there a correlation between mental health status and pain perception?
2.Which sociodemographic factors influence or are influenced by pain symptom?
3. Is there a difference between type of pain and related mental health symptoms?

Method:
Four-dimensional symptom questionnaire (4DSQ) was used to determine the mental health status of 158 participants who were separated into four groups as follows: 1: Control group (CG), 2:Headache group (HG), 3: Physical pain group (PPG), 4: Mixt pain group (MPG). A demographic data form, and a pain questionnaire were also applied. The Chi-square test or Fisher's exact test was used to compare the categorical variables. The Independent samples t-test or Mann-Whitney U test was used to compare continuous variables between two independent samples, and the one-way ANOVA test or Kruskall-Wallis test was used to compare continuous variables between more than two independent samples.

Results:
Female gender was significantly more expressed in mixt pain group. Mixt pain group had higher VAS scores ($p=0.002$) and higher BMI scores ($p=0.025$) than headache group. The group with headache was significantly younger than the group with physical pain ($p<0.001$). Headache and mixt pain groups reported lower income compared with controls and physical pain group ($p<0.001$). Unemployment rate was higher in mixt pain group than physical pain and control groups ($p<0.001$). Psychiatric diagnoses were more common in the mixt pain group than the other groups ($p=0.047$). Among all participants expressing pain, 88.9% of them felt that their quality of life (QoL) either partially or completely was affected.

Conclusions:
Socioeconomic and individual factors influence the relationship between headache, physical pain and mental health. It is crucial in primary care to understand the multifaceted etiology of chronic pain.

Points for discussion:
emphasizing the need of a biopsychosocial approach when assessing chronic pain

Differentiating social and individual stress from other organic and psychiatric causes in chronic pain syndromes

Initiating an individualized, person-centered approach

Presentation on 16/05/2026 13:30 in "Parallel Session M- Web Based Research Course Presentations" by Nurver Turfaner Sipahioğlu.

Web Based Research Course Presentation / Ongoing study with preliminary results

Inflammation of Disconnection: Exploring the Link Between Continuity of Care and Systemic Immune-Inflammation Index (SII) in Rural Primary Care

Busra Bilik Sezer, Solmaz Alkan, Emel Ucarer

Tuzluca Family Health Center, 76103 Igdir, Türkiye. E-mail: busrabilik@gmail.com

Keywords: Continuity of Care (CoC), Systemic Immune-Inflammation Index (SII), Family Medicine, Dyslipidemia, Inflammation

Background:
Continuity of Care (CoC) is a fundamental determinant of health outcomes; fragmented care may induce psychosocial stress and low-grade systemic inflammation. In dyslipidemic patients, persistent inflammation despite achieving LDL targets represents a significant "residual risk." This pilot study investigated whether the Systemic Immune-Inflammation Index (SII)-an accessible hemogram-derived parameter-could serve as a biological reflection of CoC and an indicator of persistent inflammatory risk.

Research questions:
1)Can SII serve as a biological indicator of CoC in primary care populations?
2)Does SII predict residual inflammatory risk in dyslipidemic patients achieving LDL targets?
3)How do interactions between age, CoC, and SII influence long-term cardiovascular outcomes in family medicine?

Method:
This retrospective cross-sectional study included 198 patients (97 screening, 101 follow-up) from a rural primary care unit in Türkiye. Participants were registered for 1 year and screened or treated for dyslipidemia. CoC levels (High/Low) were categorized via the Bice Index over 12 months. SII was calculated as (neutrophils x platelets) / lymphocytes.

Results:
The follow-up group had significantly higher mean primary care visit (9.3 ± 4.38) and hospital admission frequencies (9.6 ± 6.25) than the screening group ($p < 0.05$). A positive correlation was observed between age and SII ($r = 0.171$, $p = 0.016$). Mean SII was higher in the high-CoC group (500.5 ± 246.8) compared to the low-CoC group (438.7 ± 186.9), though the difference was not statistically significant ($p = 0.317$). The predictive value of SII for cardiovascular risk was limited (AUC: 0.505, $p = 0.91$), while age remained the strongest independent predictor (OR: 1.073, $p < 0.001$).

Conclusions:
SII may reflect age-related inflammatory burden as an accessible “biological mirror.” The absence of a significant CoC–SII relationship may relate to the small low-CoC subgroup. Persistent SII elevation despite LDL control supports integrating inflammatory markers as potential “early warning systems” in cardiovascular risk monitoring.

Presentation on 16/05/2026 13:30 in "Parallel Session M- Web Based Research Course Presentations" by Busra Bilik Sezer.

Freestanding Paper / Finished study

Facilitating Reflective Practice Groups in General Practice Training: A Qualitative Study of Facilitators' Perspectives

Jérôme Fonseca, Brieux Longépé, Jeanlin Viala, Marie Barais

SPURBO Research Unit (UR 7479), 29790 Pont-croix, France. E-mail: jeromefonseca@hotmail.com

Keywords: : General Practice – Education, Medical, Graduate – Peer Group – Faculty – Residents.

Background:
Postgraduate training in general practice has progressively shifted towards learner-centred, experiential and reflective approaches. Reflective Practice Groups are integrated into general practice training to support critical thinking, peer learning, and professional identity development. While the experiences of general practice trainees (GPTs) within these groups are well documented, facilitators' perspectives remain underexplored, despite their key role in guiding reflection and group dynamics.

Research questions:
To explore facilitators' lived experiences and perceptions of their role in faculty-led reflective practice groups for general practice trainees (GPTs), and to identify perceived benefits, challenges, and areas for improvement.

Method:
A qualitative study using an interpretative phenomenological approach was conducted in a university department of general practice (XXX). Fifteen experienced facilitators participated in semi-structured interviews conducted between March and July XXXX, either face-to-face or via videoconference. Interviews were audio-recorded, transcribed verbatim, anonymised, and analysed using inductive thematic analysis with independent double coding. Data collection continued until sufficient thematic depth was achieved. Ethical approval was obtained in accordance with national regulations (XXX).

Results:
Facilitators described a progressive learning of their role through peer observation and experiential learning. Facilitating these groups was perceived as professionally rewarding, fostering pedagogical skills, reflexivity, and a sense of belonging to an educational community. However, challenges were frequently reported, including workload, time constraints, and emotional fatigue. Group size and uneven general practice trainee engagement were perceived as barriers to effective facilitation. Co-facilitation was consistently valued, providing complementary perspectives and mutual support. Four main themes emerged: training and preparation, organisation and workload, group dynamics and trainee engagement, and facilitators' well-being and motivation.

Conclusions:
Facilitators perceive reflective practice groups as meaningful yet demanding educational settings. Addressing workload, optimising group size, and strengthening facilitator training—particularly for online facilitation—may enhance their sustainability and pedagogical impact. These findings are transferable to similar reflective learning contexts within general practice training.

Points for discussion:
Balancing facilitation and expertise in Reflective Practice Groups.

Training needs and support for facilitators in reflective learning settings.

Sustainability and educational value of Reflective Practice Groups in general practice training.

Presentation on 16/05/2026 13:30 in "Parallel Session N - Freestanding Papers: GP Work and Well-Being" by Jérôme Fonseca.

Freestanding Paper / Finished study

If the Helper Needs Help: Exploring the Second Victim Phenomenon in Estonian Primary Health Care

Kadri Suija, Tatjana Meister, Kaja Põlluste, Ülle Voog-Oras, Inga Karton, Heli-Kaja Kübarsepp, Käthlin Vahtel, Kristi Siimso, Ellise Leismann, Sofia Kuzmina, Kadri-Ellise Lasn, Jelena Burtseva

Institute of Public Health and Clinical Nutrition, University of Eastern Finland, Finland, Institute of Family Medicine and Public Health, University of Tartu, 70211 Tartu, Estonia. E-mail: kadri.suija@uef.fi

Keywords: second victim; mental well-being; health care professionals

Background:
The term second victim refers to any healthcare professional who has been directly or indirectly involved in an adverse event or medical error that resulted in patient harm or death and who is negatively affected by the experience. The second victim phenomenon can lead to significant mental and physical health problems, reducing overall well-being and work performance.

Research questions:
This study aimed to assess the prevalence and impact of the second victim phenomenon among primary health care professionals in Estonia.

Method:
A cross-sectional study was conducted using an online survey in 2025. Participants were recruited through professional associations, social media platforms, and press releases. We used Estonian version of the second victim questionnaire (SeVID). Quantitative methods were applied for data analysis.

Results:
A total of 134 primary health care workers completed the questionnaire, of whom 71% (n=95) were physicians. Among respondents, 61% (n = 82) reported experiencing the second victim phenomenon, and 40% of them had encountered it more than once. The leading causes were patient death (37%), preventable harm (29%), aggression from patients or relatives (20%), and non-hazardous event (11%). Common reactions among professionals included guilt (87%), self-doubt (83%), depressive mood (78%), concentration difficulties (66%), and sleep disturbances (57%). Primary health care professionals expressed a strong preference for support measures, including trained peer support offered by the workplace (97%), emotional support from colleagues (96%), forum for discussion of emotional and ethical values (95%), open and blame-free conversations (96%), legal counseling (95%) and 91% expressed the need for psychiatrist care. However, only 41% of professionals reported receiving any support following such incidents.

Conclusions:
There is an urgent need for systemic changes, including the development of clear organizational protocols, peer-support programs, and access to legal counseling and care for primary health care professionals affected by the second victim phenomenon.

Points for discussion:
Best practices from other countries for supporting second victims in primary care.

Presentation on 16/05/2026 13:30 in "Parallel Session N - Freestanding Papers: GP Work and Well-Being" by Kadri Suija.

Freestanding Paper / Almost finished study

Illegitimate tasks in general practice and their associations with well-being at work

Outi Öhman, Taina Hintsa, Nina Tusa, Pekka Mäntyselkä

Institute of Public Health and Clinical Nutrition, University of Eastern Finland, 70840 Kuopio, Finland. E-mail: outi.ohman@uef.fi

Keywords: illegitimate tasks, primary healthcare, general practitioner, well-being, job satisfaction

Background:
Illegitimate tasks are work tasks that employees perceive as unnecessary or unreasonable. They are associated with decreased well-being at work, job dissatisfaction, and impaired intrinsic motivation, but their significance in healthcare is poorly known. This study aims to explore the extent of illegitimate tasks perceived by general practitioners in Finland and their associations with well-being at work.

Research questions:
1. What is the frequency of illegitimate tasks perceived by GPs, and does it vary according to gender, work experience and working sector?
2. How are illegitimate tasks associated with work engagement, job satisfaction, stress symptoms, and meaningfulness of work experienced by GPs?

Method:
Data was gathered via an online questionnaire in fall 2023. Illegitimate tasks were assessed using the Bern illegitimate tasks scale. As indicators of well-being at work, work engagement, job satisfaction, stress symptoms, and meaningfulness of work were measured. The Mann-Whitney U-test and Kruskal-Wallis test were used for group comparisons. The associations between illegitimate tasks and well-being at work were analyzed using hierarchical regression analysis.

Results:
Participants were 526 GPs. Almost 80 % of the respondents reported often having tasks that wouldn’t exist if things were organized differently, and 76 % reported often having tasks that should be done by someone else. Public sector GPs reported a higher level of illegitimate tasks than GPs in other sectors. Unreasonable tasks were associated with lower work engagement (β=-0.23, $p<0.001$), lower job satisfaction (β=-0.33, $p<0.001$), lower meaningfulness on work (β=-0,25, $p<0,001$), and higher stress (β=0.37, $p<0.001$).

Conclusions:
Illegitimate tasks are abundant in GPs’ work in Finland. The nature of the tasks perceived as illegitimate should be investigated to improve GPs' working conditions and the productivity of their work. As unreasonable tasks may lead to decreased well-being of GPs, attention should be paid to the appropriate division of tasks and availability of service personnel in primary care.

Points for discussion:
Strenghts and limitations of the study

Practical implications

Future research: how to explore the nature of illegitimate tasks in the future?

Presentation on 16/05/2026 13:30 in "Parallel Session N - Freestanding Papers: GP Work and Well-Being" by Outi Öhman.

Freestanding Paper / Almost finished study

Learning from patient safety incidents in primary care: a mixed-methods study from Sweden

Elinor Nemlander, Olesja Fornara, Solvig Ekblad, Rita Fernholm

Karolinska Institutet, 11240 Stockholm, Sweden. E-mail: susanna.elinor.nemlander@ki.se

Background:
Early identification of potential cancer symptoms in primary care is challenging, yet most patients with cancer first present in this setting. Prioritising patients with suspected cancer places demands on primary care clinicians and missed or delayed cancer diagnoses account for a proportion of diagnostic errors. Understanding system and process failures is essential for learning and improvement.

Research questions:
To examine system and process failures contributing to diagnostic delay in primary care through a structured review of patient safety incident reports in Sweden.

Method:
We conducted a mixed-methods study in primary care in Region Stockholm, Sweden. Patient safety incident reports related to diagnostic delay were identified from a region-wide incident reporting system. All primary care centres were invited to contribute anonymised reports. Descriptive statistics summarised incident characteristics. Free-text responses to two predefined template questions were analysed separately using reflexive thematic analysis.

Results:
Thirty-four primary care centres contributed 696 incident reports; 71% involved patient harm or potential harm considered avoidable. Diagnostic delay was identified in 38% of reports, approximately one third of which were cancer-related.
Reported contributory factors were mainly clinician- and practice-level: gaps in clinical knowledge, unclear or poorly adhered-to routines, and human factors leading to missed follow-up or delayed re-assessment. Additional factors included patient-related disruptions, work pressures, administrative or IT failures, and poor coordination across care transitions.
Suggested learning and improvement actions focused on standardising diagnostic and follow-up routines, targeted education, strengthening patient-centred communication and safety-netting, improving working conditions and continuity of care, and enhancing collaboration and information sharing across organisational boundaries.

Conclusions:
Synthesising patient safety incident reports from multiple primary care centres provides system-level insight into diagnostic pathway failures. Delays were linked to recurring, modifiable process weaknesses rather than isolated mistakes. Systematic use of incident data can inform practical, transferable interventions to support earlier cancer detection and reduce avoidable diagnostic delays in primary care.

Presentation on 16/05/2026 13:30 in "Parallel Session N - Freestanding Papers: GP Work and Well-Being" by Elinor Nemlander.

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

Comparative study of type 2 diabetes management practices in primary health care across European countries

Nina Tusa, Ulla Mikkonen

Syly ry., 70910 Vuorela, Finland. E-mail: nina.tusa@pshyvinvointialue.fi

Keywords: type 2 diabetes, follow-up system, primary health care, chronic disease management

Background:
The prevalence of type 2 diabetes (T2D) has emerged dramatically across world in last decades. Evidence-based global guidelines direct the treatment of T2D. Nevertheless, we do not know what kind of follow-up system will provide the best clinical response for patients with T2D. In addition, many elements such as a variety of health care systems and financing, culture, role division of health care professionals, and available resources influence the treatment in clinical practice.
It is important to gather and describe these practices to provide good care for patients with T2D. Comparing clinical practices in organizing T2D treatment supports health care professionals to improve the operation of own country's system. The aim of this study is to use a cross-sectional survey to gather new insights on the implementation of T2D treatment at the clinical practices level across Europe.

Research questions:
1. How are the clinical practices of T2D treatment organized across Europe?
2. Which underlying system-based elements have influence on these clinical practices?

Method:
A cross-sectional digital survey among primary care physicians across Europe will be conducted. The survey will be guided to European General Practice Research Network collaborators in each participating country. The survey will cover relevant topics for the clinical practices of T2D treatment. Data will be analysed using quantitative and qualitative methods. Informed consent will be obtained from all respondents in a questionnaire.

Results:
The study will provide new insights on the organization of T2D treatment and clinical practices in different European countries.

Conclusions:
This data can be used in developing systems and sharing information in the treatment of chronic disease requiring longitudinal care relationship.

Points for discussion:
How can a representative sample be collected so that it is sufficient, but allows for a consensus to be formed across different countries?

What are the underlying factors affecting the frequency of follow-up?

Are the T2D clinical outcomes available nationally in every country?

Presentation on 16/05/2026 15:50 in "Parallel Session O - One Slide Five Minutes Presentations" by Nina Tusa.

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

FITT-Based Exercise Prescription with a 2-Week Check-in to Support Continuity of Lifestyle Care in Prediabetes: A Primary Care Pilot Study

Ozan Can Polat, Huseyin Elbi, Fatih Ozcan

Manisa Celal Bayar University Faculty of Medicine, İzmir, Türkiye. E-mail: ozancp41@gmail.com

Background:
Prediabetes is common in the population and is associated with an increased risk of progression to type 2 diabetes. Evidence shows that early lifestyle changes can reduce this risk. Exercise recommendations are often given at the primary care level, but they often lack sustainability because follow-up is not consistently monitored over time. Current data indicate that continuity of care between the patient and physician after a prediabetes diagnosis may be associated with a reduction in progression to type 2 diabetes within 3 years.

Research questions:
Can a follow-up two weeks after prescribing exercise to our primary care patients with prediabetes be integrated into the routine workflow?

Method:
We plan a prospective pilot feasibility study. Adults aged 30–60 diagnosed with prediabetes during routine check-ups (HbA1c 5.7–6.4 and/or fasting blood sugar 100–125) with no contraindications to exercise will be included. Participants will be prescribed a personalized exercise plan, and a scheduled follow-up appointment will be documented in the records. In week 2, patients will be contacted by phone to assess adherence. Main barriers (time, workload, motivation, transportation, etc.) will be briefly documented. Primary outcomes are feasibility and process continuity (documentation of the exercise plan and its update at the 2-week check). Secondary outcomes are changes in physical activity (steps and/or weekly exercise minutes). A sample size calculation will be performed using G*Power.

Results:
Not yet available (research proposal).

Conclusions:
Our brief exercise prescription and 2-week follow-up may offer a pragmatic approach to establishing a continuity cycle for prediabetes lifestyle management. Findings will inform workflow suitability and scalability and guide longer-term evaluation.

Points for discussion:
How can patient participation in this program be maintained?

In family medicine, what situations (time/workload, motivation, access) can create obstacles for this program? How or what actions should be taken to overcome these obstacles?

Presentation on 16/05/2026 15:50 in "Parallel Session O - One Slide Five Minutes Presentations" by Ozan Can Polat.

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

Lung Point-of-Care Ultrasound in Primary Care and Antibiotic Prescribing for Acute Respiratory Infections: A Retrospective Cohort Study

Gil Har Tzvi Tulchinsky, Avital Bilitzky-Kopit, Ilan Yehoshua

Maccabi Health care, South district, Israel, 7936000 Lachish, Israel. E-mail: hartzvig@gmail.com

Keywords: Primary care, Lung point-of-care ultrasound (POCUS), Acute respiratory tract infections, Antibiotic prescribing, Clinical decision-making

Background:
Acute respiratory tract infections are among the most frequent reasons for consultations in primary care and represent a major driver of antibiotic prescribing in the community, often in the absence of clear bacterial indications. This practice substantially contributes to antimicrobial resistance. Maccabi Health Services has trained and supplied US devices to hundreds of primary care clinicians over the past five years, in light of evidence that Lung POCUS is a safe and accurate diagnostic tool for the assessment of pulmonary pathology. However, its real-world impact on clinical decision-making and antibiotic prescribing patterns in primary care—particularly in mixed adult and pediatric populations—remains uncertain.

Research questions:
Primary:
Is the use of lung POCUS by primary care physicians associated with a reduction in antibiotic prescribing for acute respiratory tract infections in adults and children?
Secondary:
How are physician-related factors (specialty, level of training, years of experience, and POCUS proficiency) associated with antibiotic prescribing behavior among clinicians who perform lung POCUS?
What patient characteristics and clinical diagnoses are associated with the decision to perform lung POCUS in primary care settings?
Does the use of lung POCUS reduce referrals for chest radiography in patients with acute respiratory tract infections?

Method:
This retrospective cross-sectional study will use electronic medical record data from Maccabi Healthcare Services (2020–2025). Adult and pediatric patients with acute respiratory tract infections who underwent lung POCUS during a primary care visit will be included and matched 1:2 with patients who did not undergo POCUS by age, sex, and diagnosis. Outcomes will include antibiotic prescribing at the index visit and within 7 days and referral for chest radiography. Physician characteristics (specialty, training level, experience, and POCUS proficiency) will be analyzed. Associations between lung POCUS use and outcomes will be assessed using multivariable logistic regression adjusted for relevant clinical and demographic confounders.

Points for discussion:
Does lung POCUS change antibiotic prescribing decisions in primary care, or does it mainly reinforce decisions clinicians have already made?

How can lung POCUS be optimally integrated into primary care practice and training to support safe and rational antibiotic prescribing?

Presentation on 16/05/2026 15:50 in "Parallel Session O - One Slide Five Minutes Presentations" by Gil Har Tzvi Tulchinsky.

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

Perichondritis of the pinna in the primary care setting

Ori Liran, Ariela Fremder, Omri Besor, Itamar E. Getzler

Maccabi Healthcare Services, 5522601 kiryat ono, Israel. E-mail: oriliran@gmail.com

Keywords: Perichondritis of the pinna, Antibiotics, Emergency room, Hospitalization

Background:
Perichondritis of the pinna is an uncommon but potentially serious infection that may lead to cartilage destruction and cosmetic deformity if undertreated. While otolaryngology literature often focuses on hospital-based management, data from primary care settings remain sparse. Understanding long-term prescribing trends, referral patterns, and outcomes could illuminate the effectiveness and resource impact of initial primary care interventions.

Research questions:
We aim to investigate what antibiotics have been prescribed in primary care for perichondritis of the pinna between 2005 and 2025, and if there Are differences in clinical outcomes and healthcare utilization associated with specific antibiotic choices or prescribing patterns.

Method:
A retrospective population-based cohort study will be conducted using electronic medical records from 2005 to 2025 across primary care clinics. Cases of perichondritis will be identified by ICD coding and clinical documentation. Extracted data will include demographics, antibiotic prescriptions (agents, duration, combinations), referral and hospitalization rates, and outcomes documented at follow-up. Statistical analysis will examine temporal trends and compare outcomes between different antibiotic regimens using regression modeling adjusted for confounders such as age, comorbidities, and year of presentation.

Points for discussion:
Trends of antibiotic use in your country for Perichondritis of the pinna

Do you usually refer to an intravenous treatment and an ENT examination or rather treat in the primary care setting

Further ideas for this study and interesting comparisons ?

Presentation on 16/05/2026 15:50 in "Parallel Session O - One Slide Five Minutes Presentations" by Ori Liran.

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

Primary Care Group Visits for Prefrail Multimorbid Older Adults A continuity- and trust-focused pragmatic pilot cluster RCT

Sena Sönmez, Huseyin Elbi, Fatih Ozcan

Manisa Celal Bayar University, 45030 Manisa, Türkiye. E-mail: sonmez_sena932@hotmail.com

Keywords: multimorbidity; prefrailty; group visits (shared medical appointments); continuity of care; trust in physician;older adults

Background:
Multimorbidity and frailty are often associated in older adults. A systematic review reported that approximately 72% of frail individuals were multimorbid; the prevalence of frailty among multimorbid individuals was approximately 16%, and multimorbidity was associated with frailty. These findings suggest that multimorbid but prefrail older adults may be a suitable target group for preventive and organizational interventions.

Research questions:
1. Do group visits improve perceived continuity of care and trust in the family physician among prefrail, multimorbid older adults in primary care?
2. Do they reduce unplanned healthcare use (emergency department visits and unplanned visits)?
3. Are they associated with changes in medication burden indicators (e.g., number of medications and polypharmacy)?

Method:
The study has a pragmatic pilot, parallel-group, cluster-randomized design. To reduce contamination, randomization will be performed at the family physician unit level. Clusters will be defined as units served by the same family physician. Participant selection will not be limited to those who visit the primary health care center; cases (65 years and older with ≥2 chronic diseases) will be screened from the registered population list for which each family physician is responsible. Individuals deemed suitable will be invited by telephone and/or in person during routine visits; after written informed consent, prefrail eligibility (Fried 1–2 criteria) will be confirmed at the first in-person assessment. In the intervention group, the same micro-team will conduct monthly 90-minute group visits with 8–10 participants for 6 months; standard reminder calls will be used to encourage attendance. The control group will continue to receive routine primary care. Primary outcomes will be frailty level and trust in the physician, measured at baseline, 6 months, and 12 months.

Results:
Not yet available (research proposal).

Conclusions:
Group visits can be a scalable, relationship-based care model in primary care that aims to strengthen continuity and trust among prefrail, multimorbid older adults.

Points for discussion:
At the end of a group visit program, what change in pre-frailty status should be considered "significant": a reduction in progression to frailty or an improvement in functional and self-management indicators?

Through what mechanisms should the impact of group visits be expected among pre-frail individuals with multiple chronic diseases, such as reduced medication burden and increased adherence to treatment?

Presentation on 16/05/2026 15:50 in "Parallel Session O - One Slide Five Minutes Presentations" by Sena Sönmez.

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

Puff Puff – Your personal asthma action... game! Gamifying the asthma action plan to support continuity of care in paediatric asthma

Andrea Virga, Elisa Marri

St Andrews Health Center - BBBH Partnership - London, London, United Kingdom. E-mail: andreavirga92@gmail.com

Keywords: asthma continuity children game videogame llm ai

Background:
Continuity of care is a core value of general practice and a central challenge in paediatric asthma management. Despite the widespread use of written asthma action plans, engagement between consultations remains limited, particularly regarding trigger recognition, peak expiratory flow (PEF) monitoring, and sustained self-management. Emerging guidance, including NICE early value assessments on digital technologies for asthma self-management, highlights the need for innovative, safe, and patient-centred digital tools.

Research questions:
Can a gamified asthma action plan, co-designed by clinicians and supported by AI-based rapid prototyping, help identify and address gaps in continuity of care, self-management, and educational engagement in paediatric asthma?

Method:
Puff Puff is a "serious game" developed during a Clinical Game Jam involving clinicians and non-clinical participants. Large Language Models were used to support rapid prototyping, narrative design, and educational content creation. The game translates key elements of the asthma action plan into interactive gameplay, including PEF recording and trigger education through scenario-based challenges (e.g. seasonal viral infections, environmental exposures, vaccination as preventive strategy). Game progression is linked to real-life clinical encounters, with general practitioners represented as in-game characters providing asthma devices corresponding to prescribed therapy. Exploratory testing will involve children with asthma, children without asthma, clinicians involved in asthma care, and game developers.

Results:
Expected outcomes include identification of unmet educational needs related to trigger awareness, epidemiological understanding, PEF monitoring, and continuity between consultations, alongside insights into the feasibility of embedding guideline-aligned self-management principles into a serious game.
Conclusions
Gamifying the asthma action plan may represent a novel way to support continuity of care in paediatric asthma. Clinician-led, AI-supported co-design aligns with emerging NICE perspectives on digital self-management tools and offers a framework for future primary care research.

Points for discussion:
Can continuity of care be intentionally designed into digital self-management tools?

How can epidemiological concepts be safely conveyed to children and families?

What governance and cyber-security standards are required for child-facing digital health tools?

Presentation on 16/05/2026 15:50 in "Parallel Session O - One Slide Five Minutes Presentations" by Andrea Virga.

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

Standardising continuity of care in tension-type headache and migraine: a pilot controlled study of a modified headache calendar with Stop-Go-Escalate decision rules

Valerija Mizavcova, Vlodeks Gromakovskis

Riga Stradiņš University, Riga, Latvia. E-mail: lera008@inbox.lv

Keywords: Continuity of care; Tension-type headache; Migraine; Primary care; Headache calendar

Background:
Tension-type headache (TTH) and migraine are common in general practice and require continuity of follow-up. However, it is often inconsistent and relies on recall rather than structured longitudinal data. A low-burden calendar linked to explicit “Stop–Go–Escalate” decisions may standardise follow-up and support timely escalation within stepped care.

Research questions:
Does a GP-led modified headache calendar combined with a “Stop–Go–Escalate” decision template improve continuity of monitoring and decision-making compared with usual care over 12 weeks?

Method:
Pilot controlled study in general practice comparing usual care with a structured follow-up toolkit. Consecutive adults (≥18 years) with ICHD-defined TTH or migraine will be enrolled. The toolkit uses cyclical monitoring to minimise burden: a 28-day baseline headache calendar plus 14-day pre-visit windows. Daily items capture headache occurrence, peak pain severity, acute medication use, and brief activity impact; a care-events log records exposures (physiotherapy and procedures). At the 4-week review, GO schedules the next review in 4 weeks, while STOP/ESCALATE schedules the next review in 2 weeks. Stop–Go–Escalate rules guide decisions: GO = continue; STOP = stop the current approach and revise the plan when there is no meaningful improvement without safety concerns; ESCALATE = step-up/urgent actions for safety triggers (red flags, suspected medication overuse, chronic high frequency, high disability). This decision-adaptive cycle continues until week 12. Primary outcomes are completion, attendance, and documented decisions; secondary outcomes include changes in headache days, medication days, and pain severity.

Results:
We expect high feasibility and improved continuity, reflected by calendar completion, follow-up attendance, and consistent documentation of GO/STOP/ESCALATE decisions. We anticipate signals toward fewer headache days and acute medication days and fewer uncertainty-driven repeat consultations versus usual care.

Conclusions:
A modified headache calendar plus Stop–Go–Escalate rules and decision-adaptive review intervals may operationalise continuity of care for TTH and migraine in general practice. Findings will refine thresholds and inform a larger trial.

Points for discussion:
What thresholds should define GO/STOP/ESCALATE in GP (frequency, pain severity, medication days, activity impact)?

Is the decision-adaptive schedule (4 weeks if improving; 2 weeks if not) feasible across settings?

What is the most acceptable activity-impact measure (daily marker vs days with activity limitation vs goal attainment)?

Presentation on 16/05/2026 15:50 in "Parallel Session O - One Slide Five Minutes Presentations" by Valerija Mizavcova.

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

Students' Perceptions of Family Medicine Following Early Exposure to Practice: A Qualitative Before-and-After Study - research project

Vladyslav Lazaryk, Helena Lukianchuk, Pavlo Kolesnyk

Uzhhorod National University, 89440 Velyki Lazy, Ukraine. E-mail: vladyslav.lazaryk@uzhnu.edu.ua

Keywords: family medicine, medical education, student's experience, virtual clinical experiences, virtual clinical practice, blended learning, early exposure to practice.

Background:
Medical students' perceptions of family medicine play a key role in shaping career intentions and professional identity in primary care. In Ukraine, concerns have been raised regarding how family medicine is perceived by medical students, particularly in terms of its attractiveness and professional status compared to other specialties. Educational exposure to family medicine, including early contact with general practice and virtual clinical experiences, may shape these perceptions and warrants further exploration.

Research questions:
To examine first-year medical students' narratives and perceptions of family medicine as a future profession before and after participation in an introductory course incorporating virtual clinical experiences.

Method:
An elective introductory family medicine course incorporating virtual clinical experiences and short rotations in family medicine practice will be offered to first-year medical students (approximately 50 participants). Students' narratives and perceptions related to family medicine as a future profession will be explored before and after the course using focus group discussions. Data will be analyzed thematically.

Results:
The study is expected to generate qualitative insights into how students describe and frame family medicine before and after early educational exposure.

Conclusions:
This study aims to contribute to understanding how early educational experiences shape medical students' interpretations of family medicine and may inform the design of undergraduate family medicine curricula.

Points for discussion:
How might insights from this study inform strategies to strengthen recruitment into primary care?

What are the methodological challenges of interpreting "change" in qualitative before-and-after studies, and how can they be addressed?

Presentation on 16/05/2026 15:50 in "Parallel Session O - One Slide Five Minutes Presentations" by Vladyslav Lazaryk.

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

Training Health Professionals for Collaborative Care: Defining and Assessing Interprofessional Communication Competencies

Kristien Coteur, Peter Pype, Wiebke Frerichs, Claudia Kiessling, Maria Bujnowska, Zoi Tsimtsiou, Sharyn Milnes, Yvonne Finn

Maastricht University, 6200 Maastricht, Netherlands. E-mail: kristien.coteur@maastrichtuniversity.nl

Background:
Interprofessional communication (IPC) is fundamental to high-quality care, where professionals from different disciplines collaborate longitudinally and across diverse cultural and healthcare system contexts. Despite its importance, IPC assessment in health professions education is often fragmented, summative, and insufficiently sensitive to contextual complexity. There is a need for a formative, consensus-based approach that supports learning progression and reflects the realities of everyday care practice.

Research questions:
To co-develop a formative assessment tool that supports culturally sensitive, context-adaptable, longitudinal learning of IPC competencies through progress testing principles. Specifically, we will (1) establish a consensus-based overview of core IPC competencies and their behavioural indicators (including progression levels), and (2) agree key instrument elements (format and feedback structure) to enable implementation across training settings, , and (3) evaluate learners' outcomes, feasibility and usefulness.

Method:
A theory-informed, multi-round international eDelphi study will be conducted with experts from multiple health professions and countries. Building on the IPEC framework, principles of progress testing, and existing IPC assessment tools, Delphi rounds will focus on rating and refining IPC core competencies, their behavioural indicators, and on defining essential elements of a formative assessment instrument. Consensus will be quantified across rounds, and heterogeneity by profession and geographical region will be explored. Where needed, consensus meetings and structured focus groups will support usability refinement and finalisation of the instrument. The last phase will consist of a pilot study.

Results:
The study is expected to produce a consensus-based set of IPC core competencies and behavioural indicators aligned with different stages of training, as well as a formative assessment instrument for training of these competencies which considers cultural and system-level factors.

Conclusions:
This project will deliver an internationally validated overview of IPC core competencies and a theoretically grounded, practice-oriented instrument for formative IPC assessment, supporting the training of health professionals for collaborative primary care.

Points for discussion:
How can international primary care educators and researchers collaborate in pilot testing the instrument across diverse settings?

What would be the key areas requiring future adaptations (cultural, linguistic, system-level) of the instrument?

How can comparability of assessment be balanced with sensitivity to local context?

Presentation on 16/05/2026 15:50 in "Parallel Session O - One Slide Five Minutes Presentations" by Kristien Coteur.

Theme Paper / Finished study

How can I talk about addiction? A Top 3 questions selected by General Practitioners

Maxime Pautrat

Maison de Santé Pluridisciplinaire, Médecine Générale, 37240 LIGUEIL, France. E-mail: lamibaryton@hotmail.fr

Keywords: Addiction, screening, primary care, communication skill

Background:
Early sceening of addictive disorders in primary care is recommended but remains underutilized. General practitioners are often the first and unique point of contact with patient suffering from substance use disorders. General practitioners would like examples of questions to start talking about about addictive disorders during consultations

Research questions:
To determine the most appropriate validated questions for broaching the subject of addiction during consultation with a GP

Method:
15 non-substance-focused questions were selected by cross-referencing data from validated tests, the DSM-V, and nominal groups. A quantitative study was conducted between November 2024 and April 2025 among general practitioners and medical students recruited in primary care office, health centers, and at national meetings. Participants rated their comfort level with asking each of the 15 questions on a Likert scale 1 to 4. Participants were invited to choose their preferred question. A bonified means, incorporating the frequency of preferences, was used to establish the final ranking.

Results:
A total of 201 general practitioners responded. The sample was diverse in terms of status, gender, type, and location of practice. The three highest-ranked questions were: “Have you ever tried unsuccessfully to reduce or stop a consumption or behavior?” (bonified mean = 5), “Has a consumption or behavior ever caused you problems?” (4,73), and “Do you need a substance or behavior to relax, feel better, or cope?” " (4,58). The less popular question was "Do your relatives have a problem with your relationships?" (2,70).

Conclusions:
This study highlights three simple, validated, and cross-sectional formulations that general practitioners perceive as appropriate for broaching the subject of addiction. Testing them in real-life conditions and adapting them to other primary care professions is a relevant avenue for further research.

Points for discussion:
This study not just adopted new tool but sought to strengthen the role of primary care teams: how can we assume our role in screening for intimate issues?

Beyond national or European recommendations, how can we help primary care providers address intimate issues as part of a continuous care process?

Presentation on 16/05/2026 15:50 in "Parallel Session P - Theme Papers: Burden and Resilience in Continuity of Care" by Maxime Pautrat.

Theme Paper / Finished study

Perceived Stress, Burnout, Professional Quality of Life, and Occupational Balance among University Faculty in Health Sciences Disciplines in Spain

Raquel Gomez Bravo, Sandra León-Herrera, Ángela Asensio-Martínez, Cristina García-Bravo, Sara García-Bravo, Elisabet Huertas-Hoyas, María Del Pilar Rodríguez-Pérez

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

Keywords: university faculty, health sciences, perceived stress, burnout, professional quality of life, occupational balance, institutional support, primary care/medical education, Europe.

Background:
University faculty in health sciences face substantial emotional and organisational demands due to combined responsibilities in teaching, research, administration, and—in some cases—clinical supervision. While mental health and burnout have been widely studied in healthcare workers and students, health sciences faculty remain under-researched despite potential vulnerability to stress, compassion fatigue, and occupational imbalance. Understanding these factors is essential to inform institutional strategies that support sustainable academic careers and workforce wellbeing.

Research questions:
What are the levels of perceived stress, professional quality of life (compassion satisfaction, burnout, compassion fatigue), occupational and occupational satisfaction among health sciences faculty in Spain?
How are these outcomes associated with sociodemographic and occupational characteristics, sense of coherence, and perceived institutional support?
Which subgroups show higher vulnerability,?

Method:
Cross-sectional observational study (STROBE). Health sciences faculty in Spain (medicine, nursing, physiotherapy, occupational therapy, psychology, dentistry, pharmacy, and related fields) were recruited via convenience and snowball sampling through institutional dissemination. Data were collected anonymously online (Microsoft Forms®). Measures included PSS-10, OBQ-E, ProQoL, SOC-13, and an ad hoc perceived institutional support index. Descriptive statistics, ANOVA, and Pearson correlations were used ($p<0.05$). Ethics approval: Universidad Rey Juan Carlos (Nº070720255722025).

Results:
N=253; 67.6% women; mean age 46.1±11.5; 88.1% full-time; 83% public universities; 47.4% >10 years teaching. Mean perceived stress was 15.5±7.4; 49% reported moderate stress. Occupational balance was moderate (OBQ-E 42.5±12.2). ProQoL showed high compassion satisfaction in 53.4% and moderate compassion fatigue in 74.3%; burnout was mainly low–moderate. Occupational satisfaction was highest for work performance (7.6±1.5) and lower for interpersonal satisfaction (6.1±2.1) and work–rest–self-care balance (5.8±2.3). Women reported higher stress than men ($p=0.049$), and stress decreased with age ($r=-0.229$, $p<0.001$). Institutional support was heterogeneous (mean 28.7±7.9).

Conclusions:
Health sciences faculty in Spain report moderate stress and occupational balance, substantial compassion fatigue, and variable institutional support. These findings support targeted organisational strategies and justify a planned comparative European phase.

Points for discussion:
How does career stage influence vulnerability to stress, compassion fatigue, and occupational imbalance

among health sciences faculty?

To what extent do gendered academic roles and expectations contribute to higher stress and reduced occupational balance in women faculty?

How can institutional support mechanisms be strengthened to improve occupational balance and professional quality of life in health sciences academia?

Presentation on 16/05/2026 15:50 in "Parallel Session P - Theme Papers: Burden and Resilience in Continuity of Care" by Raquel Gomez Bravo.

Theme Paper / Finished study

Relationship Between Pressure Injuries in Care Recipients and Caregivers' Psychological Resilience: Primary Care Perspective

Muhammed Talha Altun, Sanem Nemmezi Karaca, Yeltekin Demirel

Sivas Orhangazi Family Health Center, 58030 Merkez, Türkiye. E-mail: talhaaltun96@gmail.com

Keywords: Home Health Care Services, Patient Care, Pressure Injury, Psychological Resilience

Background:
As advances in medical care continue to extend life expectancy, the number of individuals requiring long-term care has increased, leading to more frequent challenges such as pressure injuries and caregiver burden.

Research questions:
Is there an association between caregivers (CG) psychological resilience and the presence of pressure injuries in care recipients (CR)?

Method:
This cross-sectional descriptive study included 230 fully bedridden care recipients who had been completely dependent on care for at least one year and were registered with Home Health Care (HHC) units in the city center, along with their primary CG. Data were collected through face-to-face interviews conducted during home visits. CR were physically examined for the presence of pressure injuries. Sociodemographic characteristics, features related to the caregiving process, and CG's responses to the Resilience Scale for Adults (RSA) were recorded.

Results:
CG who were male, had someone to replace them when they went out, received support during the caregiving process, and temporarily lived with the CR had significantly higher total RSA scores. CG of CR without pressure injuries had significantly higher total RSA scores, particularly in the personal competence and family coherence subscales ($p < 0.05$).

Conclusions:
The findings indicate that the presence of pressure injuries is a determining factor affecting CG's psychological resilience.
CG, who are often overlooked during the caregiving process, require psychosocial support. Since family physicians evaluate individuals from a biopsychosocial perspective, the integration of primary health care services with HHC has the potential to create a multiplier effect on individual, family, and community health.

Points for discussion:
How can psychological factors that may reinforce psychological resilience in CG, such as optimism, personal growth, and spirituality, be developed?

How can the availability of a substitute CG be ensured during the caregiving process in order to enhance CG's psychological resilience?

Presentation on 16/05/2026 15:50 in "Parallel Session P - Theme Papers: Burden and Resilience in Continuity of Care" by Sanem Nemmezi Karaca.

Author Index