20th WONCA Europe Conference 2015
22-25 October, Istanbul

20th
Wonca Europe
Conference 2015
istanbul

"FUTURE OF FAMILY MEDICINE... BEING YOUNG, STAYING YOUNG"...

**Keynote lectures and selected abstracts
presented at the conference**

Instructions to Authors

GENERAL RULES

Files should be prepared as a Word document using font size 12 Times New Roman characters, double-spaced and with 2.5 cm margins on each side, top and bottom.

Only standard abbreviations should be used; other shortened phrases should be indicated in parentheses as used in the text. Using foreign words in Tukish texts should be avoided if the Turkish equivalent is utilizable. Generic or chemical names of drugs should be used instead of trade names.

ETHICAL ISSUES

All manuscripts presenting data obtained from studies involving human subjects must include a statement that the written informed consent of the participants was obtained and that the study was approved by an institutional ethics board or an equivalent body. This institutional approval should be submitted with the manuscript. Authors of case reports must submit the written informed consent of the subject(s) of the report or of the patient's legal representatives for the publication of the manuscript. All studies should be carried out in accordance with the World Medical Association Declaration of Helsinki, covering the latest revision date. Patient confidentiality must be protected according to the universally accepted guidelines and rules. Manuscripts reporting the results of experimental studies on animals must include a statement that the study protocol was approved by the animal ethics committee of the institution and that the study was conducted in accordance with the internationally accepted guidelines, including the Universal Declaration of Animal Rights, European Convention for the Protection of Vertebrate Animals Used for Experimental and Other Scientific Purposes, Principles of Laboratory Animal Science, and the Handbook for the Care and Utilization of Laboratory Animals. The authors are strongly requested to send the approval of the ethics committee together with the manuscript. In addition, manuscripts on human and animal studies should describe procedures indicating the steps taken to eliminate pain and suffering.

The authors should also disclose all issues concerning financial relationship, conflict of interest, and competing interest that may potentially influence the results of the research or scientific judgment. All financial contributions or sponsorship, financial relations, and areas of conflict of interest should be clearly explained in the cover letter to the Editor-in-Chief at the time of submission, with full assurance that any related document will be submitted to the journal when requested. For the details of journal's "Conflict of Interest Policy" please read the PDF document which includes "Conflicts of Interest Disclosure Statement".

The Turkish Journal of Family Practice follows the ethics flowcharts developed by the Committee on Publication Ethics (COPE) for dealing with cases of possible scientific misconduct and breach of publication ethics. For detailed information please visit www.publicationethics.org.

TYPES OF PAPERS

Original Articles: Original articles should consist of sections titled as "Abstract, Introduction, Materials and Methods, Results, Discussion and Conclusion". For information about the abstract, refer to 'Manuscript Formatting' section.

The Introduction section of the manuscript should clearly state the purpose of the manuscript and include a brief summary of the most relevant national and international literature stating the main purposes and research question of the study. Contradictory aspects of the research, if present, should be mentioned. The expected contribution of this study to family medicine and practice should be highlighted.

The *Materials and Methods* section should describe the study population and the study design, with adequate information on the techniques, materials and methods used. The section should include information of the study type, population, sample, sample size and selection of the sample. Validity and reliability of scales and questionnaires used also should be referred to. A clear description of the statistical methods should also be given.

The *Results* section should include a detailed report on the findings of the study. All figures, tables and illustrations should be used in this section. Results should be presented either as text or figures and/or tables and not be replicated.

The *Discussion* section of the study should emphasize the importance of the results and compare them with the results of other authors with relevant citations from the most recent literature. Study limitations and strengths should be specified. Suggestions for further studies in this area should be added.

The *Conclusion* should include the main conclusions based on the results of the research, emphasize the contributions of the study to family practice and propose original suggestions. A brief revision of all the results and the discussion should be avoided.

Original articles excluding case reports and systematic reviews should not exceed 3000 words excluding the abstract, references and tables. Case reports should not exceed 1000 words excluding the abstract, references and tables. There are no restrictions for systematic reviews.

Short Reports: Short Reports are accepted when the research topic, aim and results of the study are in limited in scope and in cases that do not require writing a full original article. Short Reports can be described as a summarized version that have been prepared according to the structure of research articles. Publishing an article as a short report does not reflect a lower quality. The same rules as relevant to original articles apply to preparing a short report, but structured abstracts are not mandatory references and tables should not exceed 6 and 2 in number, respectively. Abstracts should not exceed 100 words and the text should be restricted to a maximum of 1000 words.

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Letters to Editor and Comments: Letters to the editor or comments can be sent to provide commentary and analysis concerning an article published in the journal, to give information about ongoing research, to provide information for primary care physicians about recent advances in medicine or the development of family medicine in Turkey or to draw attention to a particular subject. Letters to the editor or comments may include an optional title, tables and references. These articles should not exceed 1000 words.

What Would You Do?: These are brief articles discussing cases and situations encountered in family practice with a biopsychosocial approach. If necessary, photographs (with permission from the patient/owner) may be added. Sections should consist of a title, case report, discussion, questions and answers. Brief comments can be sent to provide commentary on previous articles and case reports written by other authors. Comments should include the number of the journal the article was published in. The text should not exceed 1000 words.

National and International Reprots: Translations of important documents, declarations and guidelines prepared by international organizations in the field of family medicine, may be published in the journal. Presubmission Inquiry to the Editorial Board of the Journal before submitting the article is recommended. It is the translator's responsibility to obtain permission from the owner of the original manuscript for publication and translation.

Selections from Journals: Abstracts of articles published in national and international journals in the field of family medicine may be published in the Turkish Journal of Family Practice. These articles should not exceed 500 words.

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White Papers: White papers are articles focusing on important national or international projects and board reports in family medicine. They may also introduce TAHUD workshop activities. These articles should usually not exceed 1000 words, with some exceptions.

Editorials: Editorials usually provide information about the editorial policy of the Turkish Journal of Family Practice, give commentary and feedback on articles published in the journal, draw attention to topics of current interest and give information related to and discuss the development of family medicine in Turkey. They are mainly written by the members of the Editorial Board. Editorials are limited to 2000 words with some exceptions and may include a title and references when necessary.

MANUSCRIPT FORMATTING

Manuscripts should be designed in the following order:

• Title page
• Abstract
• Main text
• References
• Tables, figures and illustrations

Title Page: The title page of the manuscript should include: The title, first and last names of each author. Complete affiliation and title for each author, with the name of department (s) and institution (s) to which the work should be attributed. The corresponding author should be clearly identified with name, address, telephone- facsimile number and email address for correspondence about the manuscript. Authors should clearly indicate if the article has previously been presented at a congress or scientific meeting. The title should be concise and informative without abbreviations and not exceed 10 words.

Abstract: Abstracts hould be exact translations in Turkish and English with Turkish and English titles, with a minimum of 150 and maximum of 350 words. Abstracts of original research articles should be structured under subheadings as follows: objectives, methods, results and conclusion. A maximum of 3 key words should be added to Turkish and English abstracts.

Text: The text contains the rest of the manuscript. It is structured differently according to the type of manuscript (original research article, review, etc.). For example, original research articles should consist of aim and objectives, methods, results, discussion and conclusion.

References: References should be cited in consecutive numerical order as first mentioned in the text and designated by the reference number in parentheses. If the number of authors for the reference is more than 6 authors, list the first three authors and add "et al".

Journal names should be abbreviated as used in Index Medicus. The abbreviation of the Turkish Journal of Family Practice should be used as Turk Aile Hek Derg.

References should be cited in the Vancouver style. For detailed information please visit the relevant link

Examples:

For research articles follow the example below:

– Akşit S, Yılmaz C, Arkan CA. Aile hekimliğinde araştırma alanlarının tanımlanması: kalitatif çalışma Turk Aile Hek Derg 2002;19:17-8.

– Joyce SD, Wilkins PA, Luyten AL, et al. Solid-organ transplantation in HIV-infected patients. N Engl J Med 2003;347:284-7.

For book chapters follow the example below:

– Rakel RE. The family physician. In: Rakel RE, editor. Textbook of family practice. 5th ed. Philadelphia: W.B. Saunders; 1995. p. 3-19.

For web pages follow the example below:

– WONCA Ad Hoc Task Force on Tobacco Cessation. An International Benchmarking Study of Family Medicine Organisations. http://www.globalfamilydoctor.com/tobacco/ accessed: 29/09/2002.

Tables and Figures: Legends should take place on the top of the page for tables, and bottom of the page for figures and placed on separate pages. Explain all nonstandard abbreviations in footnotes.

The tree bends when it is young – The value of flexibility and adaptability for the development of family medicine

Prof. Amanda Howe

President Elect WONCA
Professor of Primary Care, University of East Anglia

Honoured hosts, dear colleagues and friends

It is a great privilege to be a keynote speaker for the 2015 WONCA EUROPE Conference in Istanbul. My talk will relate to the conference theme, and my title "Ağaç yaş iken eğilir" ('Trees bend when they are young') reflects my intention to discuss the cycle of growth for both our discipline and our organisations - and to evaluate the strengths of being young and growing older!
I have had two reasons to reflect on what it means to be young, or stay young. The first is personal - I have recently had my 60th birthday, and also become a grandmother for the first time. The return to having significant responsibility for a very young child, and remembering the very basic demands of parenting, provides me with a life experience that is very different from that of caring for patients, or chairing medical school committees, or meeting senior colleagues across the world for major scientific and policy discussions. It is an unconditional commitment, with little glamour or intellectual output, but huge emotional demands and rewards. It also heralds a new cycle of life – one where one is reminded of the fragility of health and wellbeing. And it brings more experience of the patient perspective – our essential reliance on the health providers getting it right – in the clinic, in the hospital, and at all stages of care.

How has this helped me to think about our discipline of family medicine, and our careers as family doctors? I can look back at my own career and see different phases - the contribution of my family background, school and university opportunities; then choosing family medicine, entering clinical practice, and an unexpected transition into academic, national and international roles.

I know that for many young doctors, it is often daunting to think about how to make appropriate career choices – especially where to work, how much work to do, how to balance clinical work with other interests and commitments such as child rearing, and indeed how to choose a speciality. Our discipline is also young in global terms, and often this adds insecurity – we may have to defend our status, the value of our discipline, the quality of our service, and fight for the resources we need to do a good job. We also have to increase the both the public's and politicians' understanding of the added value of family medicine as a speciality in the health system. So being young, whether personally or professionally, can be an uncomfortable and uncertain time, with added risks and anxieties. I shall include some factors in my talk which can help to guide us through these early stages.

The second reason I have been thinking about 'growing up' is related to my deepening understanding of WONCA, its history and different organisational parts. The lens of history is one which can magnify our understanding of who we are and why we act as we do – just as family doctors often need to understand what motivates our patients to use health care and live healthily, we need to understand our own strengths and weaknesses. If we look back at WONCA's inaugural meeting, the key ingredients were a core group of committed people with a vision, building on their own experiences and others to create a professional organisation. They worked hard to define and deliver the new organisation, using conventional modes of creating a professional governance and representational structure. Wes Fabb, in his report of the inaugural conference, noted that what had been achieved could not yet measured in finite teams, but would worldwide add to the quality of care people received from their family doctors.

One of the striking aspects of the history of WONCA, and this remains true today, is the longstanding commitment of many of its leaders in what essentially is a voluntary capacity. Wes Fabb, for example, was involved from 1972, and was CEO for twenty years. Our President, Michael Kidd, mentions in his obituary message to

David Game (who was President, and also WONCA Editor for 28 years) that Michael was already attending WONCA Conferences in 1990 – 25 years ago. I myself can therefore only count as a relatively young activist within WONCA, attending my first European conference in the late 1990s, joining a working party in 2001, and my first world conference in Orlando in 2004. But many have joined after me – we have seen huge increases in the numbers of member organisations, and of young doctors getting involved in their regional movements - and more are welcome! We hope that WONCA in all its forms – national, regional, working parties and special interest groups – will offer our members a scope which will enhance their professional development over many years to come.

We welcome the growth and activities of our members – and at the same time, it presents challenges. With bigger aims, more members, and more activities come new demands; but our Secretariat globally is still only 4 people. In Singapore we had 3 staff, Wes and Marian ran this on 1.5 people – 4 still seems very small for the work we are now doing. The regional groupings also struggle with capacity, and to me this is a bit like a young forest growing on a hill side – we have great strength in our roots but the ground under us could slide away. So there are some conditions we need to fulfil for organizational resilience which I will outline – these include sustainable financing; strong but flexible governance; streamlining bureaucracy; capacity building; being effective politically; being flexible, inclusive and open; making strong political alliances which promote our mission and its impacts; having evidence to support our work; and delivering on our promises.. We have to be effective at both doing our jobs well and collecting data to prove our effectiveness – or to identify areas where we could do better if further resourced.

The final part of my talk will be about staying young – how to stay fresh in spite of the demands of work, home, long-term relationships, and the varying challenges of professional and political environments. In Prague in 2013 I spoke about factors which assist doctors to be resilient – this includes keeping ourselves educationally up to date, making good relationships with patients and colleagues, knowing how to get support when needed, and making sure that over time we have different career opportunities which develop new skills and enthusiasms. WONCA has a role in helping with your resilience, and therefore keeping you 'young' as a professional – we provide support networks, new information and ideas, and a peer group with shared values. We also work on your behalf - we try to make persistent and committed efforts to improve the external status of family medicine, and so to make your own experience as family doctors more meaningful. My final slides will give some early views about the programmes of work that I aim to pursue with you over the next period of time.

Role of Academia, Science, Ethics and Mentor for the Future of Medicine

Emin Kansu, M.D., FACP

Professor of Hematology and Chairman at Basic Oncology Department of Hacettepe University in Ankara, Turkey

University is an educational institution designed for instruction, examination, or both, of students in many branches of advanced learning, conferring degrees in various faculties, and often embodying colleges and similar institutions. Its vision should include to achieve the highest levels of distinction in discovery and dissemination of knowledge in the education of students.

Also an academic institution should attain the highest possible level of achievement in education and prepare them for positions of leadership and service. It will also give priority to research and teaching of its faculty with its distinctive emphasis on excellence in undergraduate and postgraduate education as well as service to society. During the university training, each student has to learn science, how to reach the scientific truth, to ask right questions at right time and to find the correct answers to his or her questions. Students are expected to acquire analytical and creative thinking, leading to novel ideas.

In academia, scientific leaders are mentors and they help to build the mentee's career. This mentor-mentee relationship forms the basis of an academic microenvironment. Academic microenvironment is an interactive environment in which a mentee can greatly benefit and receive a learning experience. A mentor should recognize the mentee's potential abilities and encourages him/her. A good mentor should set reachable standards, goals and expectations for the mentee. A mentor should be supportive, "good listener" and a "good communicator".

Mentor – mentee relationship usually includes mutual interests in area of study. If this becomes a productive scientific relationship it will eventually promote professional excellence and growth. All mentors should be honest and teach their mentee's ethical standards in research and publication. The perfect mentor/mentee relationship is an essential aspect of future of medicine.

What changes in the role of family physicians and general practitioners?

Prof. Jan De Maeseneer, MD, PhD.

Head of Department of Family Medicine and Primary Health Care, Ghent University

Family Physician Community Health Center "Botermarkt", Ledeberg – Gent, Belgium

Chairman European Forum for Primary Care

1. Introduction: the changing society

Nowadays, general practitioners and family physicians are confronted with a very rapidly changing environment. First of all, there are the epidemiological and demographical transitions: from acute conditions towards chronic disorders, with an increasing amount of people with multi-morbidity[1]. Another important evolution is the scientific and technological innovation (e.g. ICT), that creates opportunities to bring technology that was formerly not available in primary care in the hand of family physicians. Unfortunately, we are confronted in the daily practice for primary care with an increasing social gradient in health, with as a consequence e.g. in a country like Belgium, a gap of 18 years in healthy life expectancy for men at the age of 25, depending on whether they had only basic education, or a university or a school for higher education degree. Probably the most "disruptive innovation" in the last decade, has been the changing position of the patient, who becomes more and more an informed actor in the health care process. Finally, nowadays, and increasingly due to migration of refugees for war and insecurity, the population we serve is more and more diverse, multi-cultural, and so health care becomes more and more "global".

These challenges require a change in the role of general practitioner/family physicians, but also in the way the profession organizes its practice. Society expects primary care providers to contribute to the "triple aim": better care, more health and more value (i.e. the relation between quality and cost)[2]. We will now describe the changes in roles of family physicians and general practitioners at the nano-, micro-, meso- and macro-level.

2. The Nano-level

This is the level of the concrete interaction between a person looking for care and a provider. At this level, to a large extent, the experience of "quality" will be assessed by the person looking for care. Person-centered approach is defined in the "World Health Support: Primary Health Care: now more than ever!"[3] Nowadays the family physician does no more work as a single-handed practitioner, but will work in team, acting as an "integrator" of the care process: exploring new complaints and problems, taking care for appropriate support of chronic conditions, empowering the patient and shifting the paradigm from problem-oriented care, towards goal-oriented care, taking the goals of the patient as the ultimate point of reference for the care processes[4]. At the nano-level, increasingly, electronic devices will be used in order to capture information from the patient. The challenge will be to avoid a "digital device" and to find an appropriate balance between "compassion" and "computer".

3. The Micro-level

The Micro-level is where a team, working in a practice organizes the care for a (defined) community. At this level appropriate sharing of information, through the Electronic Patient Record (with actions for the patient and for all the care providers, taking into account privacy-issues), is the cornerstone of a comprehensive approach. Increasingly, it will be needed to agree on appropriate coding and classification of the information. Both the International Classification of Primary Care (ICPC-2) and the "International Classification of Function" (ICF) will be needed in order to classify appropriately the (multiple) conditions of a patient. A contextual approach will require cooperation with care providers from other sectors e.g. social workers. In complex situations, the patient may choose one of his/her care providers as a "case-manager" to coordinate the care in continuous interaction with the patient. Increasingly, the practices active at the micro-level will work together through networks in order to share expertise and improve access. Patients appreciate very much the opportunity to choose (1 or 2) "preferred providers" in order to enhance "personal continuity".

The information available in the "Electronic Patient Record" may not only be used for individual care, but may contribute to an analysis of the problems a community is facing. This can happen in the framework of "Community Oriented Primary Care", where primary care providers, together with the community identify problems, formulate a "Community Diagnosis" and develop interventions in order to address the "upstream causes" of ill-health[5]. An important focus in these interventions will be the

contribution to more "social cohesion" in order to improve the health status of the population.

Increasingly, the model of Interprofessional Community Health Centers is developed. In general, these interprofessional practices comprise family physicians/ general practitioners, nurses, social workers, occupational therapists, dentists, health promoters, physiotherapists, midwives… The team takes responsibility for the care for a defined population. Cooperation may be stimulated by the use of a "Needs-based integrated mixed capitation", as e.g. is the case in the Belgian Community Health Centers.

4. The Meso-level

The different practices at the primary care level, also when they work together in networks, are not able to provide the organizational power that is needed to make a strong primary care system. Therefore, organization at the meso-level is needed. Internationally, a meso-level is quite often defined as a geographic area, with 75.000 up to 125.000 inhabitants. At this level primary care may realize continuity functions (GP-posts for out-of-hours care…), support services e.g. palliative home care… And this may also be the level where the providers interact and negotiate with the local authorities. It is also at this level that primary care providers and especially family physicians/ general practitioners may take up an "advocacy role" giving a voice to those who do not have a voice in society (the poor, disabled, illiterate, undocumented…). More and more tasks will shift from hospital to primary care, it will be important to strengthen the meso-level, in order to increase the performance of the primary health care system.

5. The Macro-level

This is the level where policy-decisions are taken. Nowadays, there is a lot of rhetoric by politicians, explaining why it is so important to strengthen the primary care. On the other hand, it is quite difficult to shift resources from secondary to primary care, when components of the care are no longer dealt with in hospitals, but at the primary care level. The principle "the money follows the patient" is simple, the practice is tough. In Europe, still a lot of countries do not have a full patient list system; neither they have the regulations in order to enable appropriate referral and "gate-keeping"[6].

As far as financing is concerned, primary care, should basically be financed through a "population-oriented" mechanism, whereas in secondary care a "disease-oriented" financing mechanism is used. Strong organizations or family physicians/general practitioners, if possible in interprofessional cooperation, are needed in order to translate the scientific evidence into concrete policy actions.

6. What does this mean for the family physician/ general practitioner?

This transition will not only require the acquisition of new skills (collaborative leadership, comprehensive data-analysis, understanding of policy development), but also a new type of organization of the practice, using interprofessional networks that engage in Intersectoral Action for Health. These networks will ask for new organizational approaches: replacing the traditional bureaucratic "Command-and-Control"-approach by a "Complex Adaptive Systems"-approach[7]. In order to be able to perform all these tasks in a sustainable way, the family physician/general practitioner will become a "reflective practitioner" who takes care of the personal health and of the wellbeing of the team of care providers. By doing so, family physicians/general practitioners are ready to contribute to the "Sustainable Development Goals" 2015-2030[8].

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20th Wonca Europe Conference 2015
22-25 October 2015, Istanbul

Selected abstracts presented at the conference

[Abstract: 0003 - *P-0001]

Degree of anticoagulation control in patients with atrial fibrillation in primary health care in Galicia, Spain

Daniel Rey Aldana[1], Sergio Cinza Sanjurjo[2], Andrés Sotojove Bernaldo De Quiros[3], Isidoro Rivera Campos[4], Benito Limeres González[5], María Bustillo Jurado[6], Carlos Moral Paredes[7], Carmen Coladas Uria[8], Carlos Piñeiro Díaz[9], Esperanza Rodríguez Moldes[10], Maria Del Carmen Pastor Gonzalo[11]

[1]Centro De Salud De A Estrada, Pontevedra, Sergas, Spain, [2]Centro De Salud De Porto Do Son, A Coruña, Sergas, Spain, [3]Centro De Salud De Caldas De Reis, Pontevedra, Sergas, Spain, [4]Centro De Salud Virxe Da Peregrina, Pontevedra, Sergas, Spain, [5]Centro De Salud A Doblada, Vigo, Sergas Spain, [6]Centro De Salud Lalín, Pontevedra, Sergas, Spain, [7]Centro De Salud Chandrexa De Queixa, Ourense, Sergas, Spain, [8]Centro De Salud O Páramo, Lugo, Sergas, Spain, [9]Centro De Salud Narón, A Coruña, Spain, [10]Centro De Salud Os Mallos, A Coruña, Spain, [11]Centro De Salud Betanzos, A Coruña, Spain

Aim: To find out the degree of control in patients who undergo INR monitoring at health centres in the Autonomous Region of Galicia.

Methods: Cross-sectional study conducted in patients over 65 years of age, diagnosed with Nonvalvular Atrial Fibrillation, who have been receiving anticoagulant therapy for more than one year. INR values were recorded for a minimum of 6 months and a maximum of 12 months. Good control was considered to be when the time in therapeutic range (TTR) was above 65% calculated using the Rosendaal method or 60% estimated by the number of controls.

Results: 511 patients were included, 53.0% women and a mean age (SD) of 77.8±0.6 years. 41.5% of the patients presented <60% of the controls performed within therapeutic range and 42.7% showed a TTR of <65%, calculated using the Rosendaal formula. A greater number of drugs (6.8±0.4 vs 5.7±0.3, p<0.0001), a greater prevalence of kidney disease (24.3% vs 17.0%, p=0.05) and a higher Has-Bled score (3.8±0.1 vs 2.5±0.1, p<0.0001) were observed in the group of patients with poor control.

Conclusion: More than 40% of the patients receiving anticoagulant therapy do not achieve the minimum time in therapeutic range to benefit from this treatment. The variables that influence poor control are kidney disease and a high risk of cerebral haemorrhage.

Keywords: nonvalvular atrial fibrillation, anticoagulation, primary health care

[Abstract: 0006 - P-0803]

Prevalence of the patterns of alcohol consumption in the Spanish primary care

Victor Lopez Marina[1], David Rodriguez Vargas[1], Gregorio Pizarro Romero[2], Mireia Valle Calvet[2], Nuria Montella Jordana[3], Rosa Alcolea Garcia[4], Teresa Rama Martinez[5]

[1]Primary Care Center of Piera, Catalonian Health Institute, Barcelona, Spain, [2]Primary Care Center of Badalona 6-Llefia, Catalonian Health Institute, Barcelona, Spain, [3]Teaching Unit of Family Medicine North Metropolitan, Catalonian Health Institute, Barcelona, Spain, [4]Primary Care Centre of Besos, Catalonian Health Institute, Barcelona, Spain, [5]Primary Care Centre of Masnou-Alella, Catalonian Health Institute, Barcelona, Spain

Background & Aim: Alcohol is the second cause of disability in the European Union countries behind the tobacco, assuming the 15-20% of the consultations performed in primary care. Given the scale of the problem, especially in men, we design this study to analyse the prevalence of the different patterns of alcohol consumption in men in the Spanish primary care.

Methods: Design: a descriptive transversal multicentre study. Emplacement: 4 primary care centres. Subjects: 493 men > 17 years old, systematically selected during the recruitment period. Variables and METHODOLOGY: age, alcohol consumption in weekly units (standard unit drink [SUD]) and classification (abstinence, moderate and risk drinking). If risk drinking (≥ 28 SUD/week, ≥ 6 SUD/drinking opportunity), the AUDIT test is passed: if > 8 is classified as harmful use and/or dependence, and is passed the MALT-S test and ICD-10 scale (is diagnosed dependence if > 3 and > 2, respectively). Statistics: mean (X), standard deviation (SD), percentages, CI [95%], Kappa index.

Results: Age (X ± SD)=55.4 ± 17.2 years old, 66.7% of the patients consume alcohol (average consumption of 16 ± 12.5 SUD/week) and 17.8% are risk drinkers (CI [95%]=14.5-21.2%). 10.3% (CI [95%]=7.6-13%) have AUDIT > 8, 9.3% (CI [95%]=6.8-11.9%) have MALT-S > 3, 7.1% (CI [95%]=5-9.3%) have ICD-10 > 2 (figure 1). Of the risk drinkers, 66.2% (CI [95%]=56-77%) have AUDIT > 8, of which 88.5% (CI [95%]=79.8-97.1%) are dependent by MALT-S and 67.3% (CI [95%]=54.5-80%) by ICD-10. Kappa index between MALT-S and ICD-10 is 0.423 (moderate concordance).

Conclusion: Prevalence of the patterns of alcohol consumption obtained is consistent with other studies. Moderate concordance between MALT-S and ICD-10 to diagnose alcohol dependence for overdiagnosis of MALT-S.

Keywords: prevalence, alcohol, primary care

* Poster Presentation

[Abstract: 0019 - *OP-114]

Recognition of core elements of medical professionalism among medical students and faculty members

Firdous Jahan[1], Muhammad A Siddiqui[2]

[1]Department of Family Medicine, Oman Medical College, Sohar Oman, [2]School of Health Sciences, Queen Margaret University, Edinburgh, UK

Background & Aim: The goal of the medical profession is to provide best care for the patients. Teachers' professional attitude affects the learner as they see their role models behaviour and they follow the same. There are various factors contributing to professionalism which may allow the development of more effective approaches in promoting the quality of medical education. The aim of this study was to recognize core element of professionalism in medical students and faculty and to compare students' and faculty perception regarding professionalism.

Methods: The study comprised of a questionnaire survey of 109 students (44 Pre-clinical 5th year and 65 clinical 7th year) and 83 faculty members (17 basic sciences and 66 clinical) at Oman Medical College. Participants were invited for self-filled survey questionnaire in which core elements were divided - professional knowledge, professional skills and professional attitude and qualities essential for professionalism. Statistical analysis was performed using SPSS 20.v. Data were expressed in frequencies and percentages. Chi-square and Mann-Whitney U tests were used for comparative analysis.

Results: Response rate were 65.6% (109 of 166) among students and 75% (83 of 110) from faculty members. Response of professional skills and attitude among the student and faculty group was significantly different (p<0.001). Updated knowledge and clinical competency response was appeared to be related in students' and faculty members (p< 0.02) and clinical and basic sciences faculty (p< 0.001). Students identified good communication skills (82.6%) and faculty staff identified updated professional knowledge (62.7%) as the single most important aspect of professionalism.

Conclusion: Both students and teaching faculty agreed that the top most professional elements are updated knowledge, good communication skills, and team work. However, faculty members need to encourage their students to improve their professional skills and attitude.

Keywords: professionalism, medical students, faculty

[Abstract: 0054 - OP-197]

A qualitative exploration of the experience of living with epilepsy in the mid-west region of Ireland

Jennifer Mullen, Ray O'connor, Breda Carroll, Gerard Garrett, Sinead Gavin, Grainne Mcnally, James Moloney, Toireas Moriarty, Ciara O 'riordan, Ciara O'sullivan, Gerald Wheeler

Department of General Practice, University of Limerick, Ireland

Background & Aim: Epilepsy is a chronic condition with associated biological and psychosocial effects. Epilepsy is unique because of the stigma and psychosocial burden associated with it. The aim of our study was to evaluate the emotional and psychosocial impacts of living with epilepsy, as well as the role of culture and society which can affect an individual's experience and their approach to treatment.

Methods: This study adopted a prospective, qualitative design using Interpretative Phenomenological Analysis (IPA) methodology. A purposive sample of 12 people with epilepsy was recruited from the registers of General Practices in the Mid-West region of Ireland. Semi-structured face-to-face interviews were conducted to talk about the personal meaning of living with epilepsy. Audio recordings were transcribed verbatim. Themes that emerged as representative of the content were then identified.

Results: Fear, of seizures, of rejection, of embarrassment and of stigma was a recurring issue. These perceptions had a direct negative effect on mental health. There was an overlap between feelings of fear and perceived stigma, issues affecting compliance with medication, and perceptions regarding side effects and prescribing choices. There was also a relationship between feelings of stigma, the perceived need for secrecy and concealment felt by some of the interviewed patients, and feelings of discrimination, both socially and in a work life context. Many of the patients experienced feelings of guilt in a social context, and a perception of being a "burden" to their families. Many also stated that epilepsy affected them in forming relationships. There was a general sense of limited independence, compounded by driving restrictions and a sense of frustration with perceived and real barriers to achieving academic and professional goals.

Conclusion: Our study provides several insights into the emotional and psychological aspects of living with epilepsy.

Keywords: epilepsy, psychosocial, emotional, stigma, perception

[Abstract: 0059 - OP-073]

Obesity in children who are transported from rural villages by bussing system

Yakup Akpınar, Hakan Demirci, Ali Candar, Fatih Çiftçi, Hayri Bozkurt

Department of family Medicine, Sevket Yilmaz Training and Research Hospital, Bursa, Turkey

Background & Aim: Children living in villages are transported by bussing system to the nearest city centre in Turkey. These children's nutritional needs are met by the state. In this study, we aimed to compare obesity between transported group and children living at the city centre and fed by their families.

Methods: The universe of the study is the primary students aging 6-10 years in Buyukorhan district in Bursa. Height is measured when the child is standing and weight is measured when the child was wearing light clothing. Body Mass Index (BMI) was calculated as $weight/height^2$ (kg/m2). Obesity was determined when BMI ≥95 percentile.

Results: There were 107 boys and 121 girls in the study group. Number of children who transported by bussing system was 111 (group A) while 117 (group B) of the children were living in the city centre. The average BMI of group A was 15.95 ± 1.59, and the average BMI in group B was 16.72 ± 2.93 (p = 0.016). In total there were 16 obese children and 15 of them were composed of the children were living in the city centre.

Conclusion: The prevalence of obesity in rural area in Bursa is 7%. The nutritional needs of children transported from the villages are provided by the state and obesity was quite rare in this group. Our study suggests that programmed healthy diet may protect children from obesity.

Keywords: obesity, children, bussing system, rural

* Oral Presentation

[Abstract: 0061 - P-0003]

Type 2 diabetes: Knowledge of the disease, impact of variables sex, years of evolution and academic training on it

Jose Antonio PASCUAL Lopez[1], Pedro María Martínez López[1], Javier Aracil Fernández[1], Alfredo Pérez Carrillo[1], Concepción Martínez Delgado[1], María Ros Marín[1], María Dolores Vazquez García[2], Hebab Saas Bob Bachir[1], Francisco Javier Fernández Valero[1], Noelia Benítez Samuel[1], Juana Noelia López Pastor[1], Andres Egea Huertas[1]

[1] Centro de Salud de Calasparra, Gerencia del Noroeste, Servicio Murciano de salud, Murcia, Spain, [2] Centro de Salud Barrio del Progreso, Gerencia Area VII, Servicio Murciano de Salud, Murcia, Spain.

Aim: To determine the relevance of gender, years of evolution and level of education in diabetes control as well as knowledge of the disease in our diabetic population

Methods: Quality assurance methodology. Rural Field. Simple random sampling. We collect biographical (sex, age, academic training and years of evolution), clinical and laboratory data, assess understanding of the disease using a validated test, adherence to treatment by Morinsky-Green test, family support and diabetes group membership. G-Stat statistical software. Chi-square.

Results: Gender: homogeneous distribution of glycemic control, SBP, LDL, snuff consumption, family support and diabetes group membership. At least one hypoglycemia: 17.5% of men, 32.4% of women; three or more per year: 5% of men, 17.6% of women. Adequate knowledge of their disease: 40% of men, 26.6% of women. Years of evolution: fasting glucose controlled: 46.5% (<10 years), 32.2% (>10 years). HbA1c control: 72% (<10 years), 61% (>10 years). Existence of hypoglycemia: 18.6% (<10 years), 32.26% (>10 years). Therapeutic adherence: 69.8% (<10 years), 88.5% (>10 years). Academic training: HbA1c control: 66% (basic), 75% (secondary). SBP controlled: 56% (basic), 75% (secondary). LDL control: 41% (basic), 58% (secondary). Smoking: 14.5% (basic), 8.3% (secondary). Diabetes group membership: 3.2% (basic), 16.67% (secondary).

Conclusion: Gender is not a variable that generates many differences and according to our analysis none of them is statistically significant. In diabetics with over 10 years of evolution worsen glycemic control and the presence of hypoglycemia, but improves treatment adherence, being no statistically significant difference. Academic training (no-basic/secondary-university) shows important differences in favour of the second group in almost all aspects studied. The difference is significant in diabetes group members and probably would be others with a larger sample size

Keywords: type 2 diabetes mellitus, sex factors, rural health centre

[Abstract: 0069 - P-0240]

Triggers, therapeutic attitudes and degree of disability of patients with migraine in primary care

Susana Elizabeth Riesgo, Brenda Elizabeth Riesgo Escudero, M Dolores Moriano García, Rosa M. Viñas Vidal, M. Mar Forés Chacori, Marta Bandrés Minguenza, Ramón J. Gonzalez Alonso, Isabel Zamora Casas, Marielle Fernndez Fernandez, Max Encarnación Minaya

Institute Catalán de la Salud - Barcelona- Spain

Aim: To identify the triggers, the degree of disability, and therapeutic approaches adopted in patients with migraine at an urban CAP (primary care centre).

Methods: Descriptive cross-sectional study. Randomly recruited 206 patients between 15 and 65 years of age that were diagnosed with migraine according to International Headache Society. Patiens registered in the database (E-CAP) of our health center located in the urban area of Barcelona (Spain). 15 patients were excluded for various reasons. Variables: sex, age, pain location, age of onset, duration, type, intensity, crisis frequency, triggers, treatment, degree of disability by MIDAS (Migraine disability Assessment Scale) questionnaire. Exclusion criteria: age <15 or >65 years, other types of headache, and refusal to participate. Exploiting data with SPSS 18.0.

Results: Of all patients (n=206), 191 were included and 15 excluded because of refusal to participate (n=2), and other types of headache (n=13). Female predominance was observed. (82.2%). The average age of first seizure was 44.4 years (DE12.65) with a average duration of 2.6 days (SD 2.46). 69.6% of patients reported throbbing quality and 79% predominantly unilateral location. 61.2% of patients had pain of severe intensity.44% performed preventive treatment (p-value: 0.037) and 50.4% symptomatic treatment with triptans (p-value:0.078). The triggers were associated to stress by 31.1%. 38.7% of patients received preventive treatment, of which 47.1% were male. The most commonly used drugs were: Nadolol (5.6%), flunarizine (2.8%) and topiramate (1.4%). In Symptomatic treatment the most commonly used drugs were NSAIDs (87.4%), followed by paracetamol (79.0%) and triptans (43.9%). According to the MIDAS scale, 68.5% of patients had little or no disability.

Conclusion: Severe disability was lower than expected. Given the large proportion of patients with pain of severe intensity, we must strength preventive and symptomatic treatment with triptans. The migraine characteristics of our area are consistent with other published studies.

Keywords: migraine, MIDAS scale, primary care

[Abstract: 0105 - P-0973]

Screening test for prevention of osteoporosis

Enisa Ramic[1], Esad Alibasic[2], Amila Bajraktarevic[1], Enisa Karic[1], Olivera Batic Mujanovic[1], Izudin Zahirovic[3]

[1] Primary Health Care centre, Tuzla, [2] Primary Health Care Center, Kalesija, [3] Primary Health Care Center, Srebrenik

Background & Aim: Loss of bone mass occurs slowly and quietly, often with no symptoms until the first fracture. Osteoporosis is a systemic skeletal disease, characterized by low bone mass and structural deterioration of bone tissue, which increases the brittleness of the bones, which leads to an increased likelihood of fractures of the hip, spine and forearm. To present percentage of osteopenia and osteoporosis in people who are treated in the outpatient clinic Simin Han.

Methods: Bone density screening by ultrasound measurement of the heel bone of respondents who live in the suburb area. The result of the T-score up to -1 is interpreted as normal value, the T-score between -1 and -2.5 as ostepenia and T-score above -2.5 as osteoporosis.

Results: Total of 128 persons aged over twenty-five were in

the scope of screening test. Out of the total number, there were 120 (93.5%) women and eight (6.5%) men. The average age of patients was 56. Total of 26 patients (20.31%) had normal finding (T - value up to -1). 66 (51.56%) patients had Osteopenia and T-score between -1 and -2.5. Osteoporosis and T-value equal to -2.5 or below was found in 36 (28.12%) persons, in 2 (1.56%) male and 34 (26.56%) female patients.

Conclusion: Obtained results show us that we have to start the prevention of osteoporosis as early as possible. In the treatment of osteoporosis, primary and most rational therapeutic principle is its prevention, ie. stopping the loss of bone mass and preventing the occurrence of any undesired complications or fractures. Proper nutrition is the most important in every stage of prevention and treatment of osteoporosis. This primarily refers to the consumption of calcium and vitamin D. It is also necessary to advocate the increase of level of physical activity at all ages.

Keywords: osteopenia, osteoporosis, screening test, prevention

[Abstract: 0108 - P-0553]

Knowledge and attitude of primary care health professional in connection with the european code against cancer

Esperanza Maria Romero Rodriguez[1], Luis Ángel Pérula De Torres[2], Fernando Leiva Cepas[1]

[1]Family and Community Medicine Teaching Unit, [2]Maimonides Institute of Medical Research IMIBIC/ Reina Sofia Hospital, Córdoba.

Aim: To evaluate knowledge, attitudes and socio-demographic aspects of the primary care professionals regarding on the European Code against Cancer (ECAC) recommendations.

Methods: A cross-sectional, descriptive, multicenter study was designed. Colleagues from Spanish Society for Family and Community Medicine (semFYC), health care professionals who were selected by snowball sampling and primary care providers who took part in ECAC-PC study, were enrolled. They completed an online questionnaire that collected socio demographic aspects and queries about their transmission of the recommendations of the ECAC to their patients during their clinical practice. A statistical analysis was performed, considering p <0.05 statistically significant.

Results: 1666 health practitioners were recruited. Their mean age was 46.5 years (SD 9.3). 74% of them were women. 83% were doctors and 11.2% nurses. 48% of them did not know the ECAC recommendations (IC95%: 45.59-50.45) and 77% were not attached to the Program of Preventive Activities and Health Promotion (PAPPS). Significant differences by age, gender, type of professional and knowledge of the ECAC were found. There was no relation to be affiliated to PAPPS or to be Resident director. Recommendations transmitted more frequently were anti-smoking counselling (36%), dietary advice (54.1%) and avoid obesity (22%).

Conclusion: The degree of transmission of the ECAC recommendations was a great deal higher in those professional who knew the ECAC, being the nursing staff the group which promoted more such activities. However, most health care professionals indicated that the percentage of their patients who adopted healthier lifestyles promoted in the ECAC was low.

Keywords: cancer, prevention, european code against cancer, primary care

[Abstract: 0110 - P-0487]

Social inequalities in oral health among older people in Lebanon

Nada El Osta[1], Robert Saad[1], Martine Hennequin[2], Stephanie Tubert-Jeannin[2], Nada Bou Abboud Naaman[3], Negib Geahchan[4], Lana El Osta[4]

[1]Department of Prosthetic Dentistry, School of Dentistry, Saint-Joseph University, Beirut, Lebanon, [2]Clermont University, University of Auvergne, CROC-EA4847, Centre de Recherche en Odontologie Clinique, Clermont-Ferrand, France, [3]Department of Periodontology, School of Dentistry, Saint-Joseph University, Beirut, Lebanon, [4]Department of Public Health, School of Medicine, Saint-Joseph University, Beirut, Lebanon

Background & Aim: The percentage of Lebanese elderly has increased considerably. Since they are marginalized in the health policy-making process, we suggest a strong social inequity of oral health that has not been studied so far. The aim of our study was to compare the oral health in a Lebanese elderly group according to their socioeconomic status (SES).

Methods: This was a cross-sectional designed study. Participants were recruited from three different primary health care clinics in Beirut: two private clinics where patients pay for medical fees or are covered by a health insurance, and a central dispensary for elderly where persons with no health insurance can have free medical consultations. During a six-month period, all patients aged 65 years or more and living independently were invited to participate in the study. Data were collected from questionnaires including sociodemographic variables, perception of oral and general health, and number of chronic diseases, medications and dental visits. Oral examinations included the number of absent and decayed teeth, the prosthetic status and the number of functional dental units (FUs).

Results: Two hundred sixty-four participants aged 71.4±6.27 years (64.7% female) were included in the study. The mean number of absent and decayed teeth were considerably lower in high SES, and important in low SES (-p-value<0.05). The FUs and oral health perception were considerably better in high SES and worse in low SES (-p-value<0.05). A higher percentage of elderly from low SES presented a poor oral health perception due to functional problem, oral symptoms and psychosocial trouble.

Conclusion: Our results showed that the dental care system in Lebanon is not accessible for elderly with low SES. The future appliance of the WHO Global Strategy for prevention and control of diseases might decrease the inequality in oral health for Lebanese elderly and avoid the serious health expenses.

Keywords: elderly, Lebanon, oral health, socioeconomic status

[Abstract: 0112 - P-0974]

The sexual dysfunction among the patients with colostomy and its relation with self-esteem

Onur Öztürk[1], Bektas Murat Yalçın[2], Mustafa Ünal[2], Kadir Yıldırım[3], Nuraydın Özlem[3]

[1]Atakum Community Health Center, Samsun, Turkey, [2]Department of Family Practice, Ondokuz Mayis University Medical Faculty, Samsun, Turkey, [3]Department of General

Surgery, Samsun Education and Research Hospital, Samsun, Turkey

Aim: In this study, the sexual problems which might be faced in patients of different genders with temporary or permanent colostomy and the relationship between these problems and self-esteem.

Methods: 42 participants with temporary and permanent colostomy (study group) in Samsun Education and Research Hospital and 42 participants working as auxiliary staff in the same hospital (control group) were included in the study. All participants were applied a questionnaire containing the socio-demographical qualities, Rosenberg Self-Esteem Scale, female participants were given The Female Sexual Function Index and male participants were given The International Index of Erectile Function by sealed envelope method. After a week the data collected from the questionnaires were evaluated among groups.

Results: In the study group, 17 of 42 cases (40%) had permanent and 25 had temporary colostomy. Self-esteem of the cases in study group were lower (1,01±1,13) than the control group (0,5±0,44) (p=0,021). There was a meaningful relationship between the IIEF score of male patients and self-esteem scale (r= 0,123, p=0,013). In the study group, male cases (45,00±23,71 points) had lower scores (59,0±21,31 points) than the control group in IIEF test (p=0,026). Females with colostomy had a significantly lower score than the control group only in «arousal» sub group (p=0,045). Males with colostomy has a higher score than the permanent group in IIEF score and all sub groups and females had higher scores in the arousal, satisfaction and pain sub scales.

Conclusion: Cases with permanent colostomy have more serious sexual problems than those with temporary colostomy. More detailed studies are needed on sexual problems faced by patients with colostomy.

Keywords: colostomy, sexual dysfunction, permanent stoma, temporary stoma, self-esteem

[Abstract: 0133 - P-0874]

Medical students' knowledge and concerns regarding sports doping: An observational study

Lana El Osta, Hassan Tarhini, Nazek Saadallah, Nada El Osta

Department of Public Health, School of Medicine, Saint-Joseph University, Beirut, Lebanon

Background & Aim: Doping in sport is a large and dangerous phenomenon. It is often undetected by physicians, and its complications ignored by young people. This study aimed to explore the level of knowledge of Lebanese medical students regarding sports doping.

Methods: An observational cross-sectional study was conducted at a major Lebanese medical school in 2013. Data were collected through an anonymous structured self-administered questionnaire distributed to all medical students (n=579). This questionnaire assessed participants' knowledge in 5 areas of sports doping: its definition, magnitude and negative effects, as well as prohibited performance-enhancing substances and types of population affected by doping.

Results: A total of 505 valid responses were obtained generating a response rate of 87.2%. Only 5.5% were absolutely unaware of doping. The overall level of knowledge on doping was relatively modest: the mean score of all respondents

was 20.23±7.51; while 56.9% had a global score more than 20 over 40. According to the multiple regression analyses, factors significantly associated with a higher score were: higher medical classes (-p-value<0.0001), participation in national competitions (-p-value=0.022), participation in competitions of sport clubs (-p-value=0.040), and having been asked to provide information on doping (-p-value=0.044). Moreover, most medical students (89.3%) did not know the meaning of WADA (World Anti-Doping Agency); 85.7%, 88.9% and 93.9% considered respectively that vitamins, energy drinks and proteins are prohibited performance-enhancing substances. Anabolic steroids and stimulants were the most recognized illicit drugs. Only 25.2% of participants were satisfied with their knowledge, while 61.2% were concerned about sport doping prevention. The majority (90.1%) considered that primary care physicians are actors in the field of anti-doping activity.

Conclusion: Our study revealed a deficient knowledge regarding sports doping among Lebanese medical students who are interested in anti-doping counselling. Thus, professional training strategies to increase their awareness and knowledge are required.

Keywords: sports doping, performance-enhancing substances, medical students, knowledge

[Abstract: 0146 - P-0488]

Insomnia in elderly: Correlations with somatic and psychiatric pathology

Gabrielė Kulikauskaitė[1], Rūta Jacevičiūtė[1], Aušra Deksnytė[2]

[1]Vilnius university, Faculty of medicine, [2]Vilnius university hospital, clinics of Santariškės, Vilnius, Lithuania

Background & Aim: Sleep onset and maintenance problems are a very common complaint among elderly individuals. The data on the etiology of sleep disruptions remains contradictory: in our survey we evaluated the connection between sleep disturbances and various medical and psychiatric conditions amid senior primary care patients.

Methods: A cross-sectional study included 140 patients. The Pittsburgh Sleep Quality Index and Hospital Anxiety and Depression Scale were used to evaluate patients psychiatric symptoms and Charlson Comorbidity Index (CCI) was calculated for estimating the burden of somatic pathologies. Statistical Packet for Social Sciences 20.0 and Microsoft Office Excel 2007 were used for statistic analysis with the significance level of 0.05 assumed.

Results: Of 140 participants 53 (37.86%) were man, 87 (62.14%) women. Mean age was 66.08+/-4.677 years. 42.14% from the patient sample were suffering from sleeping disorders, 57.86% were not. Clinically significant depression symptoms occurred in 10.8% (27 patients) and 88.9% of them suffered from sleep disturbances. Among 113 patients who didn't have clinically significant depression symptoms only 30.7% had sleeping disorders. The correlation between sleep disorders and depression was statistically significant, P < 0.05. Symptoms of anxiety occurred in 30 patients and 93.33% of these patients also had sleeping disturbances. Only 28.8% of the patients who did not have clinically significant anxiety symptoms suffered from sleeping disorders. The correlation between sleeping disorders and anxiety was statistically significant, P < 0.05. Mean CCI of the sample was 0.935+/-1.13. In those patients who did not have sleeping disorders the mean CCI was 0.6+/-0.91, in those who had it was 1.39+/-1.25. This difference was statistically significant, P < 0.05.

Conclusion: Sleep disorders have strong correlation with depression, anxiety and somatic comorbidity, but to find out the causality of sleeping disorders and comorbid conditions prospective research with a bigger sample is needed.

Keywords: elderly, insomnia, comorbidity

[Abstract: 0147 - P-0556]

Health and new technologies: the smartphone applications

Paula P Rodriguez Casal[1], Ana Isabel Beiró[1], Ana Belén Piñón Gamallo[1], Miguel Alonso Montoto[2], Carmen Arca[1], Santiago Perez Cachafeiro[1]

[1]Integrated Management Area Pontevedra-Salnes. Pontevedra. Spain, [2]Secondary Education Institute Frei Martin Sarmiento. Pontevedra. Spain

Aim: The aim of this study was to evaluate the use of existing applications in health and welfare of current smartphones and its contribution to the motivation of increasing physical activity (PA) by their users.

Methods: A descriptive study was conducted. An online survey was open from October to November 2013. Adults aged from 18 to 65 years who resided in Pontevedra were invited to participate.

Results: 172 people were participating in the survey (mean age: 34.58 years (± 9.6)). The prevalence of smartphone users was 64.5% and 27.9% of them had installed at least one application of health and wellness. The 45.9% of respondents considered useful these applications.

Conclusion: Users of these applications did more exercise since they had these applications and they believe that apps are useful in helping them with practical exercise. This certifies the potential of the applications to support the behavior change in the PA and other lifestyle habits, resulting in a significant public health impact.

Keywords: smartphone, smartphone applications, mobile phone, physical activity, exercise, health behaviour.

[Abstract: 0151 - P-0011]

24 hours ambulatory blood pressure monitoring in primary care

Laura Maldarytė[1], Kazys Simanauskas[2]

[1]2nd year resident in GP/FM, Department of Family Medicine, Vilnius University, Vilnius, Lithuania, [2]GP specialist PhD MD, Vilnius University Hospital Family Medicine Centre, Lithuania

Background & Aim: Arterial hypertension - one of the risks of cardiovascular diseases. In Lithuania the mortality of them is 56,1% (2010ye). It is possible to minimise the diseases by detecting high arterial blood pressure and controling it effectively changing the way of life or using antihypertensive drugs. Aim is to evaluate the benefit of 24 hours ambulatory arterial blood pressure monitoring, suspecting or treating patients with arterial hypertension.

Methods: Prospective cross-sectional study. Population: Patients enrolled and followed in Vilnius University Hospital Family Medicine Centre, Lithuania, Inclusion Criteria: suspected arterial hypertension or hypertension despite antihypertension treatment from June/2013 till November/2014. Sample: Patients that met the criteria. Type of source of data: Clinical records, arterial blood pressure monitoring results. Statistical

Analysis: SPSS 17, Microsoft Excel 2010.

Results: 150 patients. Mean age 54.15 (±15.13), 74 (49%) women. 78(52%) hypertension not diagnosed before monitoring, 28(35.9%) of them hypertension newly diagnosed. The most often complaints - high arterial blood pressure (ABP) (33.6%), heart ache (31.5%), weakness (28.9%), no complaints (3.4%). Statistically significant correlation between complaints and treatment adjustment - only between high ABP and treatment adjustment (Spearman 0,371, p=0.000). The most frequent distribution of antihypertensive drugs after ambulatory blood pressure monitoring - ACF (49,3%), BBC (39,1%), CCB (31,9%). Cardiologists statistically significantly adjusted CCB, sulfonamide diuretics. Other drugs cardiologists and GPs adjusted statistically similarly. 3 (10,7%) newly diagnosed patients' AH was not treated - the change of life was recommended, 25 (89,3%) got antihypertension treatment. For 17(68,0%)patients with newly diagnosed hypertension, the blood pressure was adjusted by GPs.

Conclusion: The results show that hypertension can be detected by 24 hours ambulatory arterial blood pressure monitoring. Many patients feel nonspecific signs. The hypertension adjustment between Cardiologists and GPs is similar.

Keywords: ambulatory blood pressure monitoring, arterial hypertension, antihypertensional treatment.

[Abstract: 0157 - OP-198]

Analysis of the demand of the immigrant population in primary medical care

Maria Jose Agueros Fernandez[1], Alvaro Perez Martin[2], Jose Ramon Lopez Lanza[3], Victor Ovejero Gomez[5], Montserrat Gago Bustamante[1], Alfredo Avellaneda Fernandez[4], Antonio Alonso Gonzalez[2], Cecilia Traspuesto Pascual[2], Isabel Muñoz Franco[2], Maria Antonia Gandara Revuelta[1], Ana Isabel Cano Gonzalez[1], Marta Gomez Valdes[1]

[1]Primary Health Center Zapaton. Torrelavega. Spain, [2]Primary Health Center Centro. Santander. Spain, [3]Primary Health Center Alisal. Santander. Spain, [4]Primary Health Center Los Carmenes. Madrid. [5]Sierrallana Hospital. Torrelavega. Spain

Aim: To analyse the characteristics of the medical assistance given to immigrants in a primary medical care centre.

Methods: A descriptive transversal study of the immigrants attended to, for any reason, in an urban primary medical care centre during 2012. The average and standard deviation (in the case of normal distribution) was used for quantitative variables, and percentages for qualitative variables.

Results: 601 immigrants were seen (12.9% of the total number), with an average age of 37.95 (SD 12.3), mainly female (77.7%), mainly of South American origin (63.9%), followed by immigrants from Eastern countries (28.6%) and Africans (5.5%). Consultations mainly took place on a Friday (22.6%); there were no home visits; the average number of motives for each consultation was 1.42. 38.4% had some kind of test or complementary treatment, 42.4% were referred to other departments, mainly gynecology (16.7%), blood tests (26%) and temporary sick leave (14.3%). If the causes are classified by CIPSAP-2, we obtain "X genitourinary illnesses" (27%), "XIII osteoarticular and connective tissue illnesses" and "VI nervous system and sense organ illnesses" (9.7%) By specialist department, gynecology/obstetrics (25.8%), trauma (17.6%), and pneumology (12%) were the most frequent. 55.5% received a prescription for an acute motive

(anti-inflammatory medicine (37.9%), antibiotics (6.6%)), and 17.7% for a chronic motive (contraceptives (14.2%), pregnancy supplements (13.2%).

Conclusion: Attention given to the immigrant population represents a very small percentage for the total. The profile of the typical user is a young woman, of South American origin, seen mainly for a gynecological reason. There are no home visits. Almost half required treatment or tests following the consultation, mainly referral to another consultant or specialty. Very few required chronic medication.

Keywords: immigrant, primary medical care, medical assistance

[Abstract: 0158 - P-0978]

The role of drinking alcohol, coffee and tea habits in smoking cessation success

Izzet Fidancı, Ismail Arslan, Oğuz Tekin, Enes Gümüş, Şükrü Ümit Eren, Mustafa Ülkü Uçkan

Department of Family Medicine, Ankara Training and Research Hospital, Ankara, Turkey

Background & Aim: The smoking cessation are one element of the biopsychosocial approach to family medicine. We aimed to evaluate the role of drinking alcohol, coffee and tea habits in smoking cessation success.

Methods: In our study, we applied a questionnaire and Fagerström Test for Nicotine Dependence to 128 participants consulting Family Medicine Smoking Cessation Outpatient Clinic of Ankara Training and Research Hospital. Among participants, 67 of them were people quitted smoking while the other 61 did not. With questionnaire, we investigated factors possibly affecting smoking cessation success like drinking alcohol, coffee and tea habits and also marital status and occupations of participants. By adding Fagerström Test for Nicotine Dependence to questionnaire we defined the dependence status of participants.

Results: Study comprised of 128 participants, 50 of them being female and 78 being male. Mean age of participants was 34.01 (±12.24) in patients quitted smoking and 32.82 (±13.45) in patients still smoking. Tea and alcohol drinking habits were found to be higher in smoking group and difference was statistically significant (p<0,05). When examining smoking cessation success according to occupational groups, civil servants and unemployed people were more successful than other occupational groups, but there was no statistically significant difference. People having coffee drinking habits quitted smoking in a significantly higher rate (p<0,05). Among given treatments, although statistically insignificant, the most effective one was varenicline.

Conclusion: According to our results, smoking cessation success is lower among people having tea and alcohol drinking habits. In smokers, we should investigate the relationship with additional substance usage and aim to decrease these additional substance usage habits for increasing smoking cessation success.

Keywords: smoking cessation, tea, coffee, alcohol drinking

[Abstract: 0168 - P-0014]

Type 2 diabetes mellitus: patient characteristics at initial diagnosis

Lorraine Scanlon[1], Katie Murphy[2], Carthage Moran[3], Colin Bradley[2], Joe Moran[2]

[1]School of Medicine, University College Cork, Western road, Cork City, Ireland, [2]Department of General Practice, Western Gateway Building University College Cork, Western Rd. Cork City, Ireland, [3]Department of Medicine, University College Cork, Clinical Sciences Building, Cork University Hospital, Cork City, Ireland

Background & Aim: The incidence and prevalence Type 2 Diabetes Mellitus (T2DM) is increasing. Diabetes in General Practice (DiGP) is an educational forum for Irish General Practices aiming to improve their care of patients with T2DM. We investigated the characteristics of T2DM patients at initial diagnosis and whether patients cared for in DiGP practices had better glycaemic control (lower HbA1c) at the time of diagnosis than patients attending non-DiGP practices.

Methods: 22 General Practices from the South West of Ireland were recruited over a 6 week period, including 15 DiGP practices and 7 non-DiGP practices. A random selection of T2DM patients (N=460) were selected and their records were analysed. Demographics, smoking status, BMI (Body Mass Index) and HbA1c values at the time of initial diagnosis were recorded.

Results: Smoking status was recorded for 41% of patients, with 38% reported as current or ex-smokers and 62% reported as non-smokers. BMI was recorded in 47% of patients, with 10% of patient "underweight" or "normal" and 28% "overweight" and 63% considered "obese". There was a significant negative correlation between HbA1c at initial diagnosis and patient age (r=-0.203, p=0.00). There was a significant correlation between HbA1c at initial diagnosis and positive smoking status (r=0.204, p=0.005). There was no significant correlation between HbA1c at diagnosis and either BMI or DiGP membership.

Conclusion: HbA1c level at initial diagnosis is higher in younger adults diagnosed with T2DM. This highlights the need for increased diagnostic suspicion in this patient group. Positive smoking status is associated with higher HbA1c level at initial diagnosis, highlighting the need for increased awareness of T2DM in smokers. Membership of DiGP did not lead to earlier diagnosis of T2DM.

Keywords: general practice, type 2 diabetes mellitus, HbA1c

[Abstract: 0172 - OP-200]

Quality of life of women with breast cancer: middle east perspective

Ghufran Jassim

Department of Family and Community Medicine, Royal College of Surgeons in Ireland, Bahrain

Aim: The objective of this study is to describe the quality of life of Bahraini women with breast cancer and its association with their sociodemographic and clinical data.

Methods: This is a cross sectional study in which the European Organization for Research and Treatment of Cancer Quality of Life was administered to a random sample of 337 Bahraini women with breast cancer. Relevant descriptive statistics were computed for all items. The equality of means across the categories of each categorical independent variable was tested

using parametric tests (ANOVA and independent t-test) or non-parametric tests (Kruskal Wallis and Mann Whitney tests) of association where appropriate.

Results: Of the total sample, 239 consented to participation. Participants had a mean score for global health of 63.9 (95% CI 61.21-66.66). Among functional scales, social functioning scored the highest (Mean 77.5 [95% CI 73.65-81.38]) whereas emotional functioning scored the lowest (63.4 [95% CI 59.12-67.71]). The most distressing symptom on the symptom scales was fatigability (Mean 35.2 [95% CI 31.38-39.18]). Using the disease specific tool it was found that sexual functioning scored the lowest (Mean 25.9 [95% CI 70.23-77.90]). On the symptom scale, upset due to hair loss scored the highest (Mean 46.3 [95% CI 37.82-54.84]). Significant mean differences were noted for many functional and symptom scales.

Conclusion: Bahraini breast cancer survivors reported favorable overall global quality of life. Factors associated with a major reduction in all domains of quality of life included the presence of metastases, having had a mastectomy as opposed to a lumpectomy and a shorter time elapsed since diagnosis. Poorest functioning was noted in the emotional and sexual domains. The most bothersome symptoms were fatigability, upset due to hair loss and arm symptoms. This study identifies the issues that most need to be addressed in this Middle East society.

Keywords: quality of life, breast cancer, women

[Abstract: 0176 - P-0981]

Medical specialization exams between 2007 and 2013: A trend analysis

Abdulkadir Kaya, Zekeriya Aktürk, Yasemin Çayır, Kenan Taştan

Ataturk University Medical Faculty Department of Family Medicine

Background & Aim: Since 1987 Turkish medical doctors have to enter the specialization exam, TUS which is done twice a year in order to be placed to a residency training program. There is a recent change in the preferences of residency candidates with probable effects of factors such as the Health Transformation Project, full-time employment act (#5947), and increased numbers of malpractice lawsuits. The aim of this study was to investigate TUS quota and scores between the years 2007 and 2013 and analyze changes in the trends with regard to specialty preferences.

Methods: Data for the 13 TUS exams between April 2007 an April 2013 were analyzed by downloading relevant booklets from the web page of the examining organization Center for Measurement, Selection, and Placement (http://www.osym.gov.tr/). The main outcome measure was mean minimum scores of the TUS exam. Statistical analysis was done with the SPSS 18.0 software.

Results: While there was an increase in the mean scores for Medical Biochemistry and Medical Microbiology, there was a drop in the scores for Gynecology and Obstetrics, General Surgery, and Pediatrics residencies. Mean scores for residency programs of the Ministry of Health were 62.3 ± 2.6 compared with 61.8 ± 2.0 for residency programs run by universities, without any statistically significant difference (t=1,18; p=0,241). Surgical disciplines being more prominent, there was a drop in the scores in disciplines with inpatient services compared to those without inpatient service. This difference was statistically

significant in the year 2007 (F=4.691; p=0.02) but became non-significant thereafter (p>0,05).

Conclusion: The trend in residency preferences of medical doctors in Turkey is changing. This trend should be taken into consideration when planning quota for residency positions in order to prevent imbalances in the specialist doctor workforces.

Keywords: medical specialization examination, doctor workforce need, specialization in medicine

[Abstract: 0187 - P-0776]

Breaking bad news: is the SPIKES strategy known, used, helpful in the clinical practice of a family physician?

Erica Rocha, Maria Ana Sobral

Unidade de Saúde Familiar AlphaMouro, Rio de Mouro, Portugal

Background & Aim: The right of any patient to information is consensual, though ethical and moral problems may emerge. As Family Doctors conveying bad news with a strong psychological impact on the patient is a professional and personal challenge.With this study we want to assess whether the Family Doctors feel well prepared for the task of conveying bad news and if they have the urge of improving their abilities We selected a protocol (SPIKES) in order to confirm whether it is recognized, used in clinical practice and the benefits or difficulties when implemented.

Methods: A cross-sectional and descriptive study based on an on-line set of questions sent to specialists and interns in General Practice and Family Medicine; a questionnaire available in Portuguese, with 14 multiple choice and open response questions.

Results: The situations more frequently reported were those of poor prognosis (56,6%), death and chronic disease (21,6%). Most of the respondents considered themselves prepared for the task, but with some qualms about this kind of communication (57, 3%). 61,4% of the respondents identified the need for education and training in this type of communication as extremely important. Only 39, 8% were acquainted with a communication of bad news protocol. In this group 80% knew the protocol SPIKES but only 36, 7% had implemented it as a communication strategy. Among the professionals who stated the use of this protocol, 19 recognized the management of the patient's emotions as a major problem; 16 reported that a clearer announcement of the news and a greater personal comfort (11) were the main benefits of its application.

Conclusion: The announcement of bad news is a fact within the Family Doctor's practice. It will be essential to invest, namely in pre-graduate education focused on communication techniques deemed to ease efficient transmission and management of this type of news.

Keywords: breaking bad news, protocol, communication

[Abstract: 0193 - P-0016]

Seasonal variation in clinical remission of primary care patients with depression: impact of gender

Yusuf Cetin Doganer[1], Kurt B. Angstman[2], Tara K. Kaufman[2], James E. Rohrer[2]

[1]Department of Family Medicine, Turkish Military Academy, Primary Care Examination Center, Ankara, Turkey, [2]Department of Family Medicine, Mayo Clinic, Rochester, Minnesota, USA

Background & Aim: The impact of seasonal variation on clinical remission in patients with depression has not been well studied. The hypothesis for this study was that the clinical remission rate would be lower in the winter comparing to the other seasons, specifically evaluated by gender.

Methods: The study cohort comprised 2873 primary care patients with depression as a longitudinal retrospective chart review analysis. The sample was limited to patients who were continuing in care; drop outs were excluded from the analysis.

Results: Multivariate logistic regression analysis of the independent variables for those participants who achieved clinical remission demonstrated that for the male patients, the season of diagnosis did not impact the rate of remission at six months while controlling for all other independent variables. For female patients, those that were diagnosed with depression in the fall had increased likelihood of six month remission compared to those patients diagnosed in the winter months (OR 1.300, CI 1.006-1.680, p=0.045) and the spring and summer patients were not significantly different in their outcome rates. When both genders were combined, the odds of remission at six months were not statistically significant for any season of diagnosis.

Conclusion: This study demonstrates that in patients who were continuing care, women who were diagnosed with major depression or dysthymia in the fall season have improved six month clinical outcome of remission compared to those women diagnosed in the winter, when controlling for demographic and clinical characteristics. This effect was not seen in men or when the genders were combined into a single cohort. The assessment of the seasonality effect on depression outcomes requires further long-term follow-up studies.

Keywords: depression, seasonality, primary care

[Abstract: 0194 - OP-012]

Hemoglobin levels correlate well with the presence of coronary artery disease

Yusuf Cetin Doganer[1], James E. Rohrer[2], Umit Aydogan[3], Matthew E. Bernard[2], Cem Barcin[4]

[1]Department of Family Medicine, Turkish Military Academy, Primary Care Examination Center, Ankara, Turkey, [2]Department of Family Medicine, Mayo Clinic, Rochester, Minnesota, USA, [3]Department of Family Medicine, Gulhane Military Medical Faculty, Ankara, Turkey, [4]Department of Cardiology, Gulhane Military Medical Faculty, Ankara, Turkey

Background & Aim: In the present study, we sought to identify the relationship between hemoglobin levels and the presence of CAD. Additionally, we evaluated the relationships of biochemical parameters to baseline clinical characteristics in patients undergoing coronary angiography (CAG).

Methods: The study consisted of 356 consecutive patients referred for elective CAG. Exclusion criteria included a history of prior MI within last three months, presence of neoplastic disorders or any inflammatory diseases, or overt diabetes mellitus (DM). Blood samples for hematologic and biochemical parameters were collected on admission following at least 12 hours of overnight fasting. Patients were divided into four groups based on the quartiles of Hb (Quartile I < 13.50 g/dL, Quartile II 13.50-14.70 g/dL, Quartile III 14.71-15.74 g/dL, Quartile IV > 15.74 g/dL). Additionally, patients filled out a questionnaire of asking their brief medical histories and baseline characteristics.

Results: The patients with older age (p=0.008), male gender (p=0.007), in Quartile I (p=0.003), in Quartile II (p<0.001), in Quartile III (p=0.011), higher WBC count (p=0.037), lower platelet count (p=0.049), condition of current smoker (p=0.030), higher value of fasting glucose (p=0.014), estimated GFR<60 (mL/min/1.73m2) (p=0.004) were more likely associated with the risk of the presence of CAD.

Conclusion: The present study revealed that lower quartiles of Hb levels were independently related to the presence of CAD in subjects who were referred to elective CAG. Hb levels, which can be measured easily in almost all medical centers, may be considered as a potential predictor for the presence of CAD in patients at high risk for CAD.

Keywords: hemoglobin, coronary artery disease, coronary angiography

[Abstract: 0203 - P-0804]

Missed opportunities: intimate partner violence among men and women in a primary care center

Yesim Incecik[1], Hatice Kurdak[2], Nafiz Bozdemir[2]

[1]Başkent University, Department Of Family Medicine, Seyhan / Adana, [2]Department of Family Medicine, Cukurova University, Adana, Turkey

Background & Aim: Intimate partner violence (IPV) is experienced by both genders in different frequencies and varieties. However, there are some barriers in verbalizing and recognizing it. For people experiencing IPV, health care visits represent valuable opportunities. This study aims to determine the effect of screening to identify IPV among men and women in a primary care practice.

Methods: The study was conducted in two arms. In the prospective arm, 113 people were included who applied to outpatient clinic of Cukurova University during one month. Sociodemographic information was collected and IPV screening questionnaire was administered. The questionnaire was created to identify the perpetrators and the victims, using the RADAR-SA and the Abuse-Assessment-Screen by the researchers. Surveys were conducted face-to-face and confidentially during the patients' waiting time. In the retrospective arm, 109 medical files of the previous month that were compatible with the inclusion criteria were searched for IPV diagnosis.

Results: Of the enrolled, 70,8% were women. The women's mean age was 43,8±13,0 and menıs was 48,0±15,8. All the male participants and 26.2% of the women had their own income. Of the women 30,0% and of the men 45,5% had at least college education. The most prevalent IPV was emotional-IPV in women and men (50,0%, 24,2% respectively). The detailed information regarding the percentages of the participants' answers to the questions are given in table 1. Of the searched medical files 51,4% were women's and rate of IPV diagnosis was 8,9% among them. There was no IPV diagnosis in the men's medical files.

Conclusion: The found IPV rates among men and women were remarkably high, however; when IPV is not screened there may be quite a number of missed opportunities of diagnosis. Moreover screening IPV in both genders and perspectives may help to identify the multifaceted IPV in primary care.

[Abstract: 0204 - OP-201]

Presentation of respiratory symptoms prior to diagnosis in general practice: a case control study examining free text and morbidity codes

Richard Andrew Hayward, Ying Chen, Peter Croft, Kelvin Jordan

Keele University, Staffordshire, UK

Background & Aim: General practitioners can record patients' presenting symptoms by using a code or free text. We compared free text entries of breathless and wheeze symptoms with coded symptom information recorded prior to diagnosis of ischaemic heart disease (IHD), chronic obstructive pulmonary disease (COPD), and asthma using a case-control design.

Methods: The setting was eleven General Practices in North Staffordshire UK contributing to the Consultations in Primary Care Archive (CiPCA) database. Cases with an incident diagnosis of IHD, COPD, or asthma in 2010 were matched to controls (four per case) with no such diagnosis. All prior consultations with codes for breathlessness or wheeze symptoms between 2004 and 2010 were identified. Free text of cases and controls were also searched for mention of these symptoms.

Results: 592 cases were identified, 194 IHD, 182 with COPD and 216 with asthma. 25% of cases and 5% of controls had a prior consultation for breathlessness. Prevalence of a prior coded symptom of breathlessness or wheeze was 30% in cases, 6% in controls. Median time from first coded symptom to diagnosis among cases was 57 weeks. After adding symptoms recorded in text, prevalence rose to 62% in cases and 25% in controls. Median time from first recorded symptom increased to 144 weeks. The associations between diagnosis and prior symptom codes was strong: IHD OR 3.21,(2.15, 4.79); COPD OR 9.56,(6.74, 13.60); asthma OR 10.30,(7.17, 14.90).

Conclusion: There is an association between IHD, COPD and asthma diagnosis and earlier consultation for respiratory symptoms. Symptoms are often noted in free text by GPs long before they are coded. Free text searching may aid investigation of early presentation of long-term conditions using GP databases and are an important direction for future researchs.

Keywords: general practice electronic health records, case-control study, respiratory symptoms, early diagnosis, chronic obstructive pulmonary disease, ischemic heart disease,

[Abstract: 0205 - P-0558]

Health promotion behaviours of the future health care professionals

Sevgi Özcan[1], Ali Bozhüyük[2], Nafiz Bozdemir[1]

[1]Department of Family Medicine, Çukurova University, Adana, Turkey, [2]Çiftlik State Hospital, Niğde, Turkey

Background & Aim: Health science students are health care professionals and role models of the future.The aim of this study is to evaluate of health science students' health promotion behaviours.

Methods: The sample population was composed of 801 students that attending to the health science schools (medicine (grade 1, 4, and 6), dentistry (grade 1, 4, and 5), midwifery, and nursery (grade 1 and 4)) of Cukurova University. The data was collected by an anonymous questionnaire and Health Promotion Lifestyle Profile-II scale. The 52-item scale is composed of a total and six subscales to measure behaviours in the theorized dimensions of health-promoting lifestyle: spiritual growth, interpersonal relations, nutrition, physical activity, health responsibility, and stress management.

Results: Of the 60 % students were female. The mean age was 21.5 ± 2.21 (17-34) years. The mean score of Health Promotion Lifestyle Profile-II scale was at middle level (124.30±17.92), the highest score was taken from spiritual growth subscale and the lowest one was taken from physical activity subscale. No significant relation was found between the age groups and the mean scores. Males got the higher score from the physical activity subscale, and females got the higher scores from all other subscales (p<0.05). The health responsibility and the stress management mean scores of the students whose fathers were graduated from university were lower (p<0.05). The all scores of the students attending to the medicine school were lower compared to the schools of dentistry, midwifery and nursery (p<0.05).

Conclusion: Health promoting behaviours continue to take shape during their university training. Our study may be a guide for programs to improve the health promotion behaviours of health science students who are health professionals and role models of the future. Because of their curriculum includes "health promotion counseling" family medicine residents may take place in these programs.

Keywords: health promotion, health sciences, HPLP-II, university students

[Abstract: 0208 - OP-156]

Hemodialysis units and the characteristics that influence the access to them

Crhistinne Maymone Gonçalves[1], Robson Yutaka Fukuda[2], Ana Rita Barbieri[3]

[1]Faculty of Health Sciences, Medicine, Federal University of Grande Dourados, [2]Health Secretary of Mato Grosso do Sul State, Brasil, [3]Faculty of Medicine, Federal University of Mato Grosso do Sul

Background & Aim: Knowing the factors that influence the access to health services contributes to the planning of public policies better. The Chronic Kidney Disease - CKD requires effective measures for health equity. In Brazil, the number of patients in dialysis in 2011 was 91,314, and about 85% of treatments were paid by the Unified Health System - SUS. This study described the profile of patients in the Midwest state of Brazil related to the rates of Sensitive to Primary Care Hospitalizations (ICSAP) and coverage of the Family Health Strategy (FHS).

Methods: Descriptive Study conducted in 2011 that analyzed 4,475 High Complexity Procedures (APAC) for the 1,340 patients residents in 78 Municipalities of Mato Grosso do Sul, that did hemodialysis in any of 13 clinics distributed in 7 Municipalities of MS. We used BioEstat 5.0® and Spearman's coefficient, for the analysis.

Results: More men did hemodialysis, 0.67 ratio, with a predominance of young adults with a mean age of 53 years, followed by 23.27% of elderly, white race were 44.69%. There were not significant correlations between people on hemodialysis with the ESF coverage neither than ICSAP' rates. There was a positive correlation between the ESF coverage and ICASP rate ($\rho = 0.2713$, $p = 0.0287$), i.e. the greater the coverage of the ESF more ICSAP' rate high.

Conclusion: It was identified less proportion of seniors making hemodialysis than other countries. There was no correlation between hemodialysis and the coverage ESF and ICSAP rate. But it was found a correlation between increased coverage ESF with higher rates of ICSAP, ie, municipalities are not reversing ICSAP rates, an important indicator of the quality of the ESF, which raises the need to expand research in this area.

Keywords: hemodialysis units, public health, health services accessibility

[Abstract: 0211 - P-1249]

Self-rated health among peoples: a cross-national comparison

Aliye Mandıracıoğlu[1], N. Emel Lüleci[2]

[1]Ege University Faculty of Medicine Department of Public Health, [2]Marmara University Faculty of Medicine Department of Public Health

Background & Aim: Self-rated health (SRH) is used extensively in cross-national studies to evaluate a population's state of health, because it is simple and global. The aim of the study is to explore cross-cultural differences in self-rated heath.

Methods: Data used in this study are from the sixth wave (2011–13) of the World Values Survey from Turkey (n:1500), Azerbaijan (n:7109), Kazakhstan (n:1002), Kyrgyzstan (n:1502), Uzbekistan (n:1605). SRH is measured using a 5-point response scale. The respondent's characteristics are included.

Results: In the four countries, more than 80% of the respondents have secondary or higher education, Turkey the rate is about 63%. People in Kazakhstan are most likely to report low income level. The prevalence of poor self-rated health is highest among participants from Kazakhstan (6.3%). The percentage of self evaluation "good" is 75.2.0% for Turkish people, and 56.4 % Uzbek. The percentage of positive self-evaluation in the Azerbaijan is 68.7%. SRH is worse among females in all countries. Married persons have significantly better health than did unmarried persons. There is poorer health among elderly persons. In all countries, people with elementary school or less have poor health compared to those with higher education. Lower income is significantly related to poor health in all countries.

Conclusion: This study results indicate that age, gender, income, and degree of education are relevant SRH in all countries. There are differences in SRH between countries. There are a lot of explanations for the differences in SRH across countries. Some of the explanations may be differences in cultural factors (such as life style, social structures) and economic inequalities.

[Abstract: 0216 - OP-202]

Risk factors of mortality in patients with chronic obstructive pulmonary disease

Iris Nathalie San Roman Arispe[1], Ines Cruz Steve[1], Josep Montserrat Capdevila[2], Pere Godoy I Garcia[4], Josep Ramon Marsal[3]

[1]CAP Primer de Maig Lleida, [2]CAP Mollerussa Lleida, [3]Instituto Universitario de Investigación en Atención Primaria "Jordi Gol" Lleida, [4]Unidad Epidemiología Lleida en Generalitat de Catalunya

Aim: To identify risk factors of mortality in patients with chronic obstructive pulmonary disease (COPD).

Methods: A retrospective cohort study. Study on risk of overall mortality was carried out for the period 11/01/2010 – 10/31/2013 in diagnosed population of COPD in primary care in a Health (Lleida, Spain). 2.501 patients older than 40 years with at least a spirometry in the 24 months prior to the beginning of the study were followed for 3 years. The dependent variable was the overall mortality; and the independent: spirometric parameters, severity (GOLD) and clinical variables. Their association with mortality was analyzed by calculating the adjusted odds ratio using a non-conditional logistic regression model.

Results: The average age of 2.501 patients at the beginning of the study was 68.38 years (SD=11.6) and the 74.97% of which were males. The 50.82% had a mild severity COPD, followed by the moderate (35.31%), severe (9.44%) and very severe (4.44%). The mortality rate for the all period was 12.55%. The variables of the predictive model were: age, sex, previous exacerbations, number of visits to the primary care, comorbidity, smoking, severity of COPD (GOLD) and influenza vaccination, with an ROC curve of 0.76.

CONCLUSIONS: The model, easy and quick to apply, would identify those patients at increased risk of mortality and who could benefit from preventive strategies to improve their survival.

Keywords: chronic obstructive pulmonary disease (COPD), risk factors, mortality.

[Abstract: 0217 - P-0875]

Securing antibiotics for the future–exploring the attitudes of trainees in family practice

Anthea Dallas[1], Mieke van Driel[2], Thea van de Mortel[3], Parker Magin[4]

[1]School of Medicine, University of Notre Dame, Sydney, Australia, [2]Discipline of General Practice, University of Queensland, Brisbane, Australia, [3]School of Nursing and Midwifery, Griffith University, Meadowbrook, Australia, [4]Discipline of General Practice, University of Newcastle, Callaghan, Australia

Background & Aim: Antibiotic resistance is a public health concern worldwide. A high proportion of antibiotics are prescribed in primary care, often for conditions where there is no evidence of benefit. Without a change in these prescribing patterns, resistance will persist as a significant problem. Educational interventions have had limited effect. Targeting early-career doctors while their habits are developing may be a more effective strategy. Many studies have investigated the antibiotic prescribing habits of established family doctors, but little is known about how trainees perceive and develop their prescribing. To explore the attitudes of trainees in family practice towards antibiotic use and resistance, and the perceived influences on their prescribing.

Methods: A qualitative study employing semi-structured interviews and a focus group. Seventeen trainees in family practice were purposively sampled from rural and urban locations in Australia, aiming for maximum variation of participants. Topics of discussion included awareness of antibiotic resistance, use of evidence-based guidelines and perceived influences on prescribing decisions. Sampling continued until thematic saturation was achieved. Data collection and analysis were concurrent and cumulative, using

a process of iterative thematic analysis.

Results: Trainees were aware of the importance of evidence-based antibiotic prescribing and the potential impact of their decisions on antibiotic resistance. They held generally positive attitudes towards the use of guidelines. The context of prescribing influenced their decisions, including patient and system factors, diagnostic uncertainty, transitioning from hospital medicine to primary care, and the habits of, and relationship with, their supervisor.

Conclusion: Understanding why trainees prescribe antibiotics and how their habits develop will be of utility to those involved in the training of family doctors. Our results are informing the development of an innovative educational intervention promoting rational prescribing, addressing the important issue of antibiotic resistance by targeting a new generation of prescribers.

Keywords: antibacterial agents, drug resistance microbial, graduate medical education, physician prescribing patterns.

[Abstract: 0247 - P-0559]

Prevalence of metabolic syndrome in patients with psoriasis

Marco Arturo Quispe Suárez[1], Cristina Molinos Carrasco[1], Idaira Damas Pérez[1], Núria Montellà Jordana[2], Amparo Sancho Perpiñan[1], Ma Del Mar Ansaldo Pérez[1], Celia Tajada Vitales[3]

[1]Primary Care Centre, Dr. Vilaseca - Can Mariner. Sta. Coloma de Gramenet, [2]Primary Care Service Metropolitana Nord i Maresme, [3]Primary Care Centre, Barri Llatí and Fondo. Sta. Coloma de Gramenet, Barcelona, Spain

Background & Aim: Medical research shows that exist more prevalence of metabolic syndrome (MS) among patients with psoriasis. This study aims to determine the association between psoriasis and MS, and to compare the prevalence of MS in patients with psoriasis according to severity and sex.

Methods: A cross-sectional descriptive research was performed in a Centre for Urban Primary Care. Population: All patients with psoriasis, and patients without psoriasis matched for age and sex. Variables: social-demographic and presence of MS; in patients with psoriasis: years of evolution, severity scale as Psoriasis Area and Severity Index (PASI), monitoring and treatment. Method: interview and review of medical records. Analysis: Descriptive and calculation of OR.

Results: n = 114 in both groups. The overall prevalence of MS was similar in both populations: 45.6% (95% CI 36.46 to 54.74) in psoriasis, 47.7% (95% CI 38.23 to 56,.57) in patients without psoriasis. Patients with psoriasis: the majority (66%) received exclusive track by family doctors. Severity: according PASI only 2 patients (1.8%) were moderate and the rest were mild, of which 18 (15.7%) were receiving immunosuppressive or biological treatment; taking the treatment into account we could consider moderate 20 (17.5%) and mild 94 (82.5%). MS was detected in the 2 patients with moderate PASI and in 50 (44.6%) of milds. However, depending on the severity of the treatment, similar prevalence (40% in moderate and 46.8% in mild) was detected. No differences in the prevalence of MS according to sex (49% in men compared to 42% in women) were detected.

Conclusion: Although the literature demonstrates association between psoriasis and MS, in our centre statistically significant difference was not detected. The small sample size is one of the most significant limitations, so our results could be useful as a pilot study to propose a multicenter study.

Keywords: psoriasis, metabolic syndrome, prevalence

[Abstract: 0248 - OP-082]

Vision screening for school-age children: an opportunity for early detection

Yusuf Haydar Ertekin[1], Murat Tekin[1], Aysegul Uludag[1], Sibel Cevizci[2], Erkan Melih Sahin[1]

[1]Department of Family Medicine, Canakkale Onsekiz Mart University, Canakkale, Turkey, [2]Department of Public Health, Canakkale Onsekiz Mart University, Canakkale, Turkey

Background & Aim: Pediatric vision screening is planned to detection children with vision disorders which are amblyopia, strabismus, visual acuity and color blindness. Without early identify and control, children's vision disorders can lead to permanent vision loss and teaching difficulties. A common approach to early identifying and controlling of vision disorders in school children is vision screening by pediatricians or family physicians.

Methods: This cross-sectional and descriptive design study was carried out in the autumn of 2013. Screening was performed by family physicians using the Snellen Eye Chart, and Ishihara and Hirschberg tests after a detailed preliminary training. The screening was conducted to identify visual acuity (VA), colour blindness (CB), amblyopia (AMB) and strabismus (STR).

Results: The study involved 945 female and 1,004 male participants (total 1,949) with an average age of 8.9 for females and 9 for males, and 9 overall. The total prevalence of the screened ocular pathology was found to be 14.4 percent, while VA was detected to have a prevalence of 8.8 percent, CB 4.6 percent, AMB 5.6 percent and STR 2.3 percent, in order of frequency. The regression analysis revealed three times the STR risk in premature and post mature children; while the risk of AMB was 345 times higher in people with VA and 6.8 times higher in people with STR. The risk of CB was found to be 2.3 times higher among those who had had a caesarean birth.

Conclusion: The USPSTF recommends vision screening for all children at least once preschool children to identify the presence of amblyopia or its risk factors. The results of our screening of school-age children lead us to the opinion that the preschool screening program is not sufficient, or that screening should be repeated at school age.

Keywords: vision screening, family physicians, schools, students, prevalence, cross-sectional studies

[Abstract: 0256 - OP-013]

Smoking and cessations habits of type 2 diabetic patients

Salih Eker[1], Burcu Dogan[1], Can Oner[2]

[1]Family Medicine Clinic, Sakarya Training and Research Hospital, Sakarya,Turkey, [2]Department of Family Medicine, Bilim University,Istanbul, Turkey

Background & Aim: Smoking is associated with an increased risk of cardiovascular events and death. Patients with diabetes who stop smoking lower the risk of death and cardiovascular events compared with those who continue to smoke. The aim of this study was to identify the smoking cessation interventions of diabetics.

Methods: Study was conducted between 01.11.2014-

01.01.2015 from 125 sequential patient diabetes (75 female, 50 male) records of Sakarya Training and Research Hospital Family Medicine Clinic. For that aim type 2 diabetic patients were included to the study. Smoking habits and cessations interventions of patients were asked. Data was analyzed by SPSS 20.0

Results: Mean age of participants was 58,3±9,6 and mean disease duration was 10,3±6,6 years. 16% (n=20) of patients smokes and 33,6 % (n=42) patients was ex smokers, remaining 63 patients (50,4%) had never smokes. Current smoking patterns show significant difference according to gender of patients (p=0,000). 45% of current smokers was female, and 72% of patient who had never smokes was female. On the other hand 28,6% of patients who quit smoking was female and 71,4% was male. Mean smoking time of patients who quit smoking was 25,4±12,4 years, and mean cigarette count was 22,5±14,7. Ex smokers patients' mean cessation time was 13,1±11,8 years. Half of the ex smokers quit smoking before the diagnose of diabetes (n=21). 11,2% (n=5) of ex-smokers took professional help, and 1 of them use nicotine bands and 1 of them use varenikline.

Conclusion: It was found that every 1 in 5 diabetics currently smokes. As tobacco use increases the cardiovascular event risks of diabetic patients, all of the diabetics should be encouraged to quit smoking. But the professional help in ex smokers patients was vey low. So professional help to quit smoking must be provided to diabetic patients.

Keywords: smoking, type 2 diabetic patients, habits

[Abstract: 0275 - OP-083]

Evolution of depressive symptoms in patients starting treatment with antidepressant drugs

Maria Candelaria Ayuso[1], Ignacio Párraga[2], Jesús López Torres[1], Susana Morena[3], Francisco Escobar[1], Alejandro Villena[4], José María Del Campo[5], Joseba Rabanales[6]

[1]Albacete Area IV Health Centre, Health Care Service of Castilla-La Mancha, C/Seminario 4, 02006 Albacete, Spain, [2]La Roda Health Centre, Health Care Service of Castilla-La Mancha, C/Mártires 63, 02630 La Roda, Albacete, Spain, [3]Hellín 2 Health Centre, Health Care Service of Castilla-La Mancha, C/Turbas de Cuenca 15, 02400 Hellín, Albacete, Spain, [4]San Clemente Health Centre, Health Care Service of Castilla-La Mancha, C/Ancha s/n, 16600 San Clemente, Cuenca, Spain, [5]Almansa Health Centre, Health Care Service of Castilla-La Mancha, C/San Juan s/n, 02640 Almansa, Albacete, Spain, [6]Cuenca Faculty of Nursing, University of Castilla-La Mancha, C/Camino de Pozuelo s/n, 16071 Cuenca, Spain

Aim: To determine reducing depressive symptoms in patients who initiated treatment with antidepressants and analyze factors associated with treatment response.

Methods: Design: Prospective longitudinal observational study. Setting: Primary care of three health areas of Castilla-La Mancha. Participants: 167 patients older than 18 who initiated antidepressant treatment. Main measurements: intensity of depressive symptoms (validated 10-item scale Montgomery-Asberg Depression version), health status (CIAP-2 WONCA), consumed drugs, side effects, adherence (Morisky-Green) sociodemographic characteristics and other characteristics of participants. Descriptive, bivariate regression and Cox statistical analysis.

Results: The mean age was 53.4 years (SD 15.7). Through Depression Scale Montgomery-Asberg an average score

at study entry 21.5 (9.3 SD) and 8.4 (SD: 8.1) at 6 months was observed. The proportion of patients who responded to treatment (50% reduction of the Montgomery-Asberg score) was 34.7% (95% CI 27.9 to 42.2) after six months, achieving remission (post-treatment score ″9) of symptoms 28.7% (95% CI 22.4 to 36.0) of patients interviewed. By Cox analysis the variables related to the response to antidepressant treatment were the history of previous depressive disorders (HR:5,2), no previous use of antidepressants (HR:7,2), antidepressant treatment prescribed by family doctor (HR:4,1) and increased attendance at family medicine clinics (HR:1,2).

Conclusion: One third of patients treated with antidepressants responded to them after 6 months and more than a quarter showed remission of depressive symptoms. It was found that the variables related to the response to antidepressant treatment are the previous disease, history of previous antidepressant treatment, the doctor who prescribed and attendance.

Keywords: antidepressive agents, primary health care, depressive disorder

[Abstract: 0420 - P-0999]

The prevalence of internet addiction in eight-grade students in Canakkale, Turkey

Yusuf Haydar Ertekin[1], Aysegul Uludag[1], Murat Tekin[1], Sibel Cevizci[2], Erkan Melih Sahin[1]

[1]Department of Family Medicine, Canakkale Onsekiz Mart University, Canakkale, Turkey, [2]Department of Public Health, Canakkale Onsekiz Mart University, Turkey

Aim: We aimed to investigate the prevalence of internet addiction in last grade students in secondary schools.

Methods: Three of the secondary school located in the center of Çanakkale were selected by cluster sampling method. The study was carried out with all last grade secondary school students in the sample. Turkish version of Young's Internet Addiction Scale (YAS) was administered to students. Addiction level was classified as "non-addiction", "possible addiction" and "addiction".

Results:

	Male (n= 137)	Female (n= 120)	Total (n=257)	p
Average age	13 ± 1	13 ± 1	13 ± 1	
YAS score	29.3 ± 20	26.5 ± 17	28 ± 19	0.255
ADDICTION LEVEL				
............1. Non-addiction	82% (n=113)	91% (n=109)	86% (n=222)	0.068
.....2. Possible addiction	17% (n=23)	8% (n=10)	13% (n=33)	0.061
....................3. Addiction	1% (n=1)	1% (n=1)	1% (n=2)	

Conclusion: Internet addiction of students in the eighth grade is not as high as expected. We suspect that internet addiction was to be shifted to smartphone addiction which can access to the internet.

Keywords: internet addiction, prevalence, adolescent

[Abstract: 0421 - P-1000]

Pain management and follow in primary care: do we resolve?

Izaskun Odriozola, Junec Gonzalez, Nerea De Sousa, Flor Insua, Pedro Iturrioz, Enrique Perez De Ayala

Basque Health Service

Background & Aim:

• Know characteristics of pain and its management in Primary Care (PC).

• Assess treatment and the degree of resolution of pain in this area.

Methods: Cross sectional study with follow-up. Setting: Patients attending consultations with pain in 3 health centers PC for a month in the Gipuzkoa province (Basque Country): Irun Centre, Irun Dumboa and Beraún. We used convenience sampling. Inclusion criteria were being ≥ 14 years and presenting acute or chronic pain (≥ 3 months). Exclusion criteria were patients who refused to cooperate, or who had cancer pain moderate-severe cognitive impairment with communication difficulties. Information was collected on demographics (name, age, sex and employment activity), clinical data (reason for consultation, duration, type, location, etiology and pain intensity (measured by Oral Scale Analog Pain (OSAP)), therapeutic data (type of treatment, type of pharmacological treatment prescribed pain scale according to WHO and whether or not the bypass) and monitoring data (resolution of pain with VAS, side effects and overall patient satisfaction). Monitoring is conducted through a telephone interview at 15 days of inclusion in the study. Were considered missing follow-up study of patients who have not responded to 3 phone calls.

Results: Initially 87 patients, of whom 68 were followed (78.2%) were included.

• The average age was 57 years, most women (63-/72%) and inactive occupationally (54/62%).

• The pain was assessed with OSAP ≥ 7 (46/87,49%). After 15 days of treatment, remained in that range OSAP (22/68,32%). The impact of the intervention has reduced pain intensity by 17% and resolved 20.5%.

• Side effects were presented (11/68,16%), usually digestive.

• Overall satisfaction is positive in (62/68,91%), being excellent in (17/68,25%).

Conclusion: The majority of patients who started treatment has positive results with few side effects. The PC is operative in pain management.

Keywords: pain, management, primary care, follow-up

[Abstract: 0438 - OP-134]

The Opinions of the Family Medicine Specialists Who Work in Family Health Centers in Ankara about the Training of Family Medicine Residents

Fulya Cesur Yağız, Metin Canbal, Sevsen Cebeci

Depatmant of Family Medicine, Turgut Ozal University, Ankara, Turkey

Background & Aim: The objective of this study is to determine the opinions, perceptions and tendencies of the family medicine specialists about prospective family health centers employed for resident's training and the contribution process of the family medicine specialists to the residents concerned.

Methods: This study employed a descriptive research type. The universe of the study is 104 family medicine specialists who work in family health centers in Ankara. 84 of these family medicine specialists were reached by the researcher's phone calls, took their consents and sent the questionnaire concerned to the participants. The participation was voluntary and 40 of the 84 family medicine specialist returned the questionnaire and e-mailed back. The return rate of the questionnaire is 47%. The obtained data were analyzed in terms of frequency, correlation between variables and statistical differences, and then the findings were discussed. The qualitative data, on the other hand were analyzed by means of descriptive analysis.

Results: The participants seemed to be positive about training of the residents by specialist family physicians and they found it useful. They were found to be eager to share their knowledge and experiences but they indicated the difficulty of workload and patients' number. However, they had a self-confident and motivated profile in terms of working as a trainer in family health centers.

Conclusion: The information and awareness of the family medicine specialists should be enhanced and their workload and working hours should be revised.

Keywords: family medicine, education, training

[Abstract: 0442 - P-0035]

Adherence to anti-diabetic medications in Port Saied,Egypt

Taghreed Mohamed Farahat, Nagwa Nashat Hegazy

Department of family medicine; Faculty of medicine, Menofia University

Background & Aim: Diabetes is the eleventh most important cause of premature mortality in Egypt, and is responsible for 2.4% of all years of life lost (YLL). Similarly, DM is the sixth most important cause of disability burden in Egypt Thus improvement of patient adherence will decline these figures. The objective of the study is to assess the diabetic patient's adherence to medication and primary health care factors obscuring their adherence.

Methods: Patients with type 2 DM were recruited at Port Said family health outpatient clinics, Egypt using a convenient sampling technique (150 participants). All the participants were interviewed using Morisky Medication Adherence Scale (MMAS) followed by a semi-structured questionnaire for service obstacles in the primary health care according to the quality standards.

Results: 150 diabetic patients participated in the study most of them were low adherent resembling 55.3% of the studied group. Most of the low adherent patients were illiterate and those with insurance. The main services obstacles that were pointed at were long waiting time and short consultation period. There was a statistical significant correlation between adherence score and obstacles score.

Conclusion: This study showed that non adherence of the diabetic patients is a fundamental problem. Primary health care services are a corner stone in shaping their adherence.

Keywords: diabetes, diabetic adherence, general practice/family medicine

[Abstract: 0443 - P-0573]

The relationship between lifestyle and depression of couples in primary care

Hyun Jung Bahk[1], Hye Ri Roh[1], Jung Ah Lee[1], Young Sik Kim[1], Jin Hee Kim[2], Hee Chul Kang[3], Jong Myoung Kim[4], Jae Kyoung Choi[5], Yun Jun Yang[6]

[1]Department of Family Medicine, University of Ulsan College of Medicine, Asan Medical Center, Seoul, Korea, [2]Department of Family Medicine, Good Samarian Hospital, Pohang, Korea, [3]Department of Family medicine, Severance Hospital, Yonsei University College of Medicine, Seoul, Korea, [4]Department of Family medicine, Pocheon Hospital, Pocheon, Korea, [5]Department of Family medicine, Konkuk University Medical Center, Konkuk University College of Medicine, Seoul, Korea, [6]Department of Family medicine, Ilsan Paik Hospital,, Inje University College of Medicine, Ilsan, Korea

Background & Aim: This study proposes to investigate the relationship between depression and lifestyle associated with health.

Methods: Cross-sectional data from a total of 509 couples from primary care participants over forty years old in 2009-2011 were analyzed for this study. Depressive symptoms were defined as ≥ 25 points on the Center for Epidemiological Studies – Depression (CES-D) scale. A data of smoking, drinking, exercise, regular diet and breakfast intake was collected with self-administered questionnaire.

Results: Participants have a depressive symptoms was 92(9.6%) persons in the 1018 samples. In the multivariate analysis, low income(OR 3.74, 95%CI 1.84-7.60), risky drinking(OR 2.23, 95%CI 1.12-4.41), few breakfast intake(OR 1.83, 95%CI 1.07-3.11) were associated with depression(p<0.05). But obesity was associated with 48.3% reduction in depression(OR 0.51, 95%CI 0.29-0.91, P=0.022). Irregular diet, smoking, exercise were not associated with depression.

Conclusion: Risky drinking and few breakfast intake were significantly increased in participants with depression in primary care.

Keywords: risky drinking, breakfast intake, depression, CES-D, primary care

[Abstract: 0444 - P-0445]

Planned pregnancy rates and research status about pregnancy before planning

Ceyhun Yurtsever, Elif Altunbaş Ateş, Turan Set

Departmant of Family Medicine, Karadeniz Technical University, Trabzon, Turkey

Background & aim: In this study, determination of the research before pregnancy and planned pregnancy rates and affecting factors are intended.

Methods: This study was performed on the pregnancy clinic, Karadeniz Technical University, Faculty of Medicine in January 2015 as a cross-sectional study. A questionnaire asking patients' demographic characteristics, pregnancy is planned or not and research status about pregnancy before getting pregnant was developed by researchers. This survey was performed in 102 pregnant volunteers.

Results: The mean age of participants was 30.6±6.1 years. Pregnants who had planned currently pregnancy rate was 60.4%. The percentage of those that are doing research for information and consultation before pregnancy was 24.5%. Information resources were family physicians (31.8%), obstetrician (31.8%) and other ways such as internet and books (34.4%). The higher education of the participants state was found to increase the rate of pregnancy is planned (p=0.032). Between participants who research before pregnancy, the answer to question of "to whom did you consult" was changed as "family physician" when the education level decreased (p=0.011).

Conclusion: In our study, knowledge about pregnancy planning and pre-pregnancy care has been shown to be minimal, especially for poor socioeconomic status and low educational level. Uncontrolled, successive births and abortions threaten the mother-child health. In our study, the rate of consulting to the family physician was found that increased when patient's education is decreased. This shows the effectiveness and accessibility of family medicine in low socio-economic level. In accordance with knowing that only a quarter of women do research before pregnancy, it suggests that our society is not sufficient consciousness. It must be given attention to family planning and pre-pregnancy counseling services that be given to all women of reproductive age. In this point, family physicians providing health care services to all segments of society have an important role.

Keywords: family physician, family planning, care before pregnancy

[Abstract: 0447 - P-1002]

Prevalence and predictors of poor compliance among hypertensive patients attending government primary health care centre in Sarawak, Malaysia

Sally Suriani Ahip[1], Rawa Bau[2], Juslina Omar[3], Maila Mustapha[4], Lenny Martini Hamden[5], Jennet Michael[6], Maurice Steve Utap[7], Ziti Akhtar[8], Norhasimah Ismail[9], Sie Zin Kong[10], Mohd Irfan Yasin[11], Yeow Siong Lee[12]

[1]Kota Sentosa Health Clinic, Kuching, Sarawak, Malaysia, [2]Bintulu Health Clinic, Bintulu, Sarawak, Malaysia, [3]Petrajaya Health Clinic, Kuching, Sarawak, Malaysia, [4]Jalan Masjid Health Clinic, Kuching, Sarawak, Malaysia, [5]Batu Kawa Health Clinic, Kuching, Sarawak, Malaysia, [6]Tanah Puteh Health Clinic, Kuching, Sarawak, Malaysia, [7]Tudan Health Clinic, Miri, Sarawak, [8]Miri City Health Clinic, Miri, Sarawak, [9]Lawas Health Clinic, Sarawak, [10]Sarikei Health Clinic, Sarikei, Sarawak, [11]Kota Samarahan Health Clinic, Samarahan, Sarawak, [12]Sri Aman health clinic, Sri Aman, Sarawak

Background & aim: Compliance to medications is an important issue when managing chronic illnesses. Patient noncompliance may contribute to poor blood pressure control. The objective of the study is to determine the prevalence of compliance among treated hypertensive patients in Sarawak, and its association with their sociodemographic and medical characteristics.

Methods: This is a cross sectional study done in government primary health care clinics in Sarawak involving 25 Health Clinics with doctors and 10 Outpatient Departments in the district hospitals. Systematic random sampling was used. Hypertensive patients' socio demographics, medical data and physical examination findings were recorded. Their compliance to medication was assessed using Morisky Medications Adherence Scale Bahasa Melayu Version (MMAS-BM).

Results: 2289 respondents were involved with mean age of

56.2±11.3 years. Majority were females (65.9%), predominantly Iban ethnicity (43.1%). and completed secondary education (42.2%). Almost half were housewives (40%) and majority had household income below RM2000 (76.3%). Half respondents stayed in the rural areas, 79.2% come to clinic using their own transportation taking less than 20 minutes to reach (60%) and spent less than RM 10 for the journey. More than half of the respondents do not exercise (56.2%), 15% are smokers and 14.7% consume alcohol at least once a month. Fourty-two percent had hypertension ″5 years, 1/3 had diabetes, 55.4% had dyslipideamia and 4.1% has IHD. Difficult transportations to clinics, smokers, alcohol consumption and dependence on supervised medication intake were predictors of poor compliance. Presence of other concomitant diseases including diabetes, and regular exercise are predictors of good compliance.

Conclusion: Prevalence of poor compliance among treated hypertensive outpatient in Sarawak is 29.3%. Predictors for poor compliance were difficult transportation, smokers, alcohol consumption and dependence on others for supervised medication, while predictors for good compliance are presence of other concomittant diseases, suffering from more diseases and regular exercise.

Keywords: hypertension sarawak malaysia, compliance to medication,compliance to primary healthcare

[Abstract: 0453 - OP-002]

Knowledge, attitudes and skills of Polish physicians in management of domestic violence

Anna Krztoń-Królewiecka, Katarzyna Nessler, Monika Storman, Jolanta Majchrzak-Król, Izabela Jałowiecka, Anna Tarczyńska, Adam Windak

Department of Family Medicine, Jagiellonian University Medical College, Krakow, Poland

Background & Aim: Domestic violence is a significant worldwide problem. Domestic abuse is more prevalent among women seeking healthcare than in the general population. Healthcare professionals, especially family doctors, are potential sources of support for victims of domestic violence. The aim of the study was to analyze Polish doctors' knowledge, attitudes and skills in identifying and intervening in cases of suspected abuse.

Methods: A cross-sectional survey was carried out among 250 randomly selected doctors in Poland. The study tool was a translated and adapted for use in Poland version of developed and validated in the United States questionnaire PREMIS - Physician Readiness to Manage Intimate Partner Violence Survey. The anonymous questionnaire included five sections: respondents' characteristics, perceived readiness and knowledge, practical issues, actual knowledge and opinions. Descriptive statistics and Chi-square test were used for statistical analysis.

Results: The response rate was 52,4%. Every third respondent had a specialization in family medicine. The majority of respondents (72%) feel that they do not have sufficient training to assist individuals in addressing situations of domestic violence and 62% think that doctors do not have enough time to help patients with domestic abuse problem. Almost half of respondents (47%) faced or suspected domestic violence case in their practice. The plurality of doctors (87%) took some actions in the suspected case of domestic abuse, this was most frequently documenting the victim's injuries in

patient's medical chart (85%). Lack of experience in suspected cases of domestic violence was more often declared by family physicians than other specialists (63% versus 40%, p=0,013).

Conclusion: Doctors play an important role in addressing domestic violence, but their knowledge and behavior in the area seems to be not satisfying. The findings indicate a great need for a comprehensive training for physicians in domestic violence recognition and intervention.

Keywords: domestic violence, health knowledge, attitudes, practice, physician's practice patterns

[Abstract: 0464 - P-1007]

Severity of symptoms and psychological factors as predictors of quality of life of patients with Irritable Bowel Syndrome

Carla E Flik[1], Wijnand Laan[1], André Pm Smout[2], Niek J De Wit[1]

[1]Julius Centre, Health Sciences and Primary Care, University Medical Centre, Utrecht, the Netherlands
[2]Department of Gastroenterology and Hepatology, Academic Medical Centre, Amsterdam, the Netherlands

Background & Aim: The relative impact of psychological distress and severity of abdominal symptoms on health related quality of life (HRQOL) and their interaction is important to focus IBS treatment. The aim is to investigate the impact of symptom severity and the psychological variables anxiety, depression and somatization on HRQOL in patients with IBS.

Methods: A total of 207 adult patients, meeting Rome III criteria for IBS, recruited in primary and secondary care, were analyzed. Severity of symptoms (IBS-SSS), anxiety, depression, somatization and overall psychoneuroticism (Symptom Checklist (SCL-90)) and health related quality of life (IBS-Qol, ranging from 0-100) were measured and analyzed using linear regression models.

Results: Results of 193 (93%) patients were available for analysis. Symptom severity accounted for 20% of the Qol overall score; 38% of the variation in IBS-Qol was explained by the SCL-90 overall score. The higher the scores, the higher the impact. For the subscales anxiety, depression and somatization these figures were 26%, 30% and 22%, respectively. Combined they accounted for 50% of the variance in IBS-Qol.

Conclusion: Patients with more severe IBS symptoms experience more impact on their quality of life. The same applies to increasing psychological problems, with the highest impact of depression. The overall impact of psychological factors on HRQOL is stronger than that of symptom severity. As both symptom severity and psychological variables are independent contributors to quality of life in IBS, both factors should be addressed in treatment.

Keywords: irritable bowel syndrome, quality of life, severity of symptoms, predictors

[Abstract: 0468 - P-1255]

Marmara University School of Medicine Basıbuyuk Campus's Workers' Sleep Quality Anxiety Level and Related Factors

Ayşe Gülsen Teker, Nimet Emel Lüleci, Seyhan Hıdıroğlu, Zülal Tarımtay, Türkan Cengiz, Muzaffer Ece Hakan, Ayşe Eren Yılmaz, Tuğba Altunkaya, Elif Uğur, Melda Karavuş

Department of Public Health, Marmara University Medical Faculty, Istanbul, Turkey

Background and Aim: Sleep disorder is a disease that is directly affects the health status but rarely questioned. Sleep disorders affect about 20-30% of the general population, although it is common to all over the world. Generalized anxiety disorder is the most common psychiatric disorder seen in patients with sleep disorders.The aim of this study is to investigate Marmara University Medical Faculty(MUMF) Basıbuyuk Campus's workers' sleep quality and anxiety level, to find the correlation between them and to determine other related factors.

Methods: The sample of study collected from 130 MUMF Basıbuyuk Campus's workers who agreed to attend in. Demographic information form, Beck Anxiety Inventory Scoring (BAIS) and Pittsburg Sleep Quality Index (PSOI) were applied to participant. The data was processed by SPSS 22.

Results: The participants were 130 people, %68.5 female, %31.5 male. Mean age was 36.6±10. Participants' PSOI's mean: 5.61±3.3, BAIS mean: 8.6±9. According to our data sleep quality positively affected by high income, going to bed at the same hour, having good relationship with the family and social environment. Sleep quality was not affected by sex, age, chronic illness. The significant correlation was found between sleep quality and anxiety level (r=0.48 p=0,01). Anxiety level is negatively affected by female sex, having chronic illness, chronic medication, known sleep problem, drinking coffee, tea, eating meal before going to bed and having bad relationship with social environment.

Conclusion: This study showed that sleep quality and anxiety level were significantly correlated. Both of them are affected by income level, chronic medication and social relationship. However to find the possible triggers of the vicious cycle between sleep quality and anxiety level, more studies are required to be designed.

Keywords: sleep disorders, anxiety, pitssburgh sleep quality index

[Abstract: 0472 - OP-089]

Evaluation of cooccurance prevelance of depressive symptoms and metabolic syndrome in patients applied Dokuz Eylul University Faculty of Medicine, Family Medicine department outpatient clinic

Ilyas Erken, Nilgün Özçakar

Dokuz Eylül University Faculty of Medicine Department of Family Medicine, İzmir, Turkey

Aim: Our aim is to evaluate the prevelance and cooccurance of metabolic sydrome according to different guidelines and depressive symptoms in outpatient clinic of family medicine department to contribute the diagnosis and treatment period.

Methods: Our cross-sectional study performed with informed participants applied Dokuz Eylul University Faculty of Medicine Family Medicine Department outpatient clinic in between 01.12.2013-01.04.2014. Questionnaire about demographical variables and Beck Depression Inventory scale used and performed by investigator with face to face interview. We diagnose metabolic syndrome according to The Society of Endocrinology and Metabolism of Turkey, National Cholesterol Education Programme ATP III and International Diabetes Federation guidelines. Data evaluated with SPSS 15.0 package program, p<0.05 is accepted statistically significant.

Results: Our study was performed with 247 participants. The medium age 34.98±14.90 years, 60.6% of participants were female, 87.4% of high school and upper education level. We grouped the participants according to Beck depression inventory point; 73.9% minimum, 16.6% mild, 9.3% moderate, 0% severe. Elevated Beck Depression Inventory point causes rational increase prevalence of metabolic syndrome in 2 guidelines.(p<0.05)

Conclusion: As the severity of depressive symptoms increases there is an increased incidence of metabolic syndrome. Monitoring patients closer who have depressive symptoms by family physicians in primary care is important in terms of components of metabolic syndrome.

Keywords: metabolic syndrome, major depression, depressive symptoms

[Abstract: 0482 - P-1009]

Differences in omentin levels between healthy overweight people with and without signs of fatty liver

Vija Silina[1], Mesfin Kassaye Tessma[3], Peteris Tretjakovs[4], Gita Krievina[5], Julija Snaidere[2], Guntis Bahs[6]

[1]Riga Stradins University, Department of Family Medicine, Riga, Latvia, [2]Family physician's private practice, Riga, Latvia, [3]Department of Learning, Informatics, Management and Ethics, Stocholm, Sweden, [4]Riga Stradins University, Department of Human Physiology and Biochemistry, Riga, Latvia, [5]Latvia University, Institute of Experimental and Clinical Medicine, Riga, Latvia, [6]Riga Stradins University, Department of Internal Diseases, Riga, Latvia

Background & Aim: It is essential for a family physician to select people who would need immediate lifestyle changes to prevent a disease. There is evidence that fatty liver and omentin is related to cardiovascular diseases risks, however, there is still a gap of knowledge regarding omentin as an early marker of increased risk of hepatic steatosis and cardiovascular disease. The aim of the study is to find out if there is a difference between omentin levels in people with and without hepatic steatosis

Methods: A trans-sectional study in Riga, Latvia included 92 clinically healthy individuals having body mass index (BMI) above 25 m2/kg and below 40 m2/kg and in age group 30-45 that visited primary care physician. Individuals underwent CT scan for signs of hepatic steatosis and were divided in two groups: individuals with and without any signs of fatty liver. All individuals were tested for omentin levels using enzyme-linked immunosorbent assay (ELISA) test. Independent samples t test was employed to compare the means of the two groups.

Results: We observed that individuals with no signs of fatty liver had higher omentin levels (124,6±74,5 ng/ml; n=56) than those having signs of fatty liver (99,3±51,9 ng/ml; n=36). This difference (25,4±13,2 ng/ml, 95% CI [0,085, 51,62] was not significant t(89,3)=1,92; p=0,058.

Conclusion: For individuals residing in Riga, Latvia presence of omentin level alone cannot be considered as an indicator of fatty liver and its related cardiovascular diseases risk. More research has to be done to find out more precise indicators. "The grant 2014.10-4/VPP-5/16 BIOMEDICINE of the framework of the Latvian National Program""

Keywords: omentin, fatty liver, overweight

[Abstract: 0484 - P-0574]

Women's Weight Loss Strategies In The Demographic, Social And Psycho-Emotional Context

Violeta Ozeraitiene[1], Daiva Makaraviciene[2], Sonata Varvuolyte[3]

[1]Department of Nursing and Fundamentals of Internal Medicine, Vilnius University, Lithuania, [2]Department of Antakalnis Outpatient, GP Center, Vilnius, Lithuania, [3]Baltupiai Family Medical Center, Vilnius, Lithuania

Background & Aim: About 25-30% of normal weight women are reported to have tried to lose weight. We speculate that social pressure to be thin and women's psycho-emotional stress status could influence the weight loss strategies. The aim of the study is to assess the relationship between women's weight loss strategies and their psycho-emotional state, social and demographic factors.

Methods: 120 females (average age 28.7±9.9) were interviewed in Vilnius Outpatient Center using a structured questionnaire and Reeder stress inventory scale (Chapman, & Coulson, 1968). Anthropometric parameters were evaluated too.

Results: Women were divided into: 1st group ("30 years old; n=84; 70%) and 2nd group (>30 years old; n=36; 30%). 33 (27.5%) females had central obesity. 95 (79.2%) subjects were physically active on a daily basis, two-thirds of their sports activities lasted from 30 to 60 minutes. Only 29 (24.2%) of them did not experience stress. There was no significant difference (p>0.05) between the age and stress state. Young women constantly tended to be more physically active, chose different types of activities (aerobic, muscle stretch exercises, etc.) more than older ones. Older women were less physically active, their dieting lasted longer, with more trust in doctors and dietitians, however, they were also more prone to weight loss experiments. We found a statistically significant relationship between experienced stress level and weight/hip circumference, and body mass index (BMI). Nutrition had a significant impact on the effectiveness of weight loss (p <0.05).

Conclusion: Greater psycho-emotional stress is experienced by women with increased circumference of hips, BMI and weight. There is no significant difference between education level and weight loss strategies, between the age and stress state. Young women are more physical active, while older women are more prone to various experiments with weight loss and dieting. Nutrition had a significant impact on the effectiveness of weight loss too.

Keywords: weight loss, women, strategies,social-demographic, psycho-emotional

[Abstract: 0486 - P-0040]

Comparison of glomerular filtration estimated with MDRD-4 and CKD-EPI between diabetic population "vs" non-diabetic of Madrid Health Service (SIMETAP study)

Antonio Ruiz García[1], María Eugenia García Fernández[2], Nuria Peña Antón[3], María Cruz Díez Pérez[4], Juan A. Cique Herráinz[5], Antonio Sánchez Calso[6], María Camino Baltuille Aller[7], Pilar Arribas Álvaro[8], Ana Isabel Macho Del Barrio[9], Cristina Ciria De Pablo[10], Carmelina Sanz Velasco[11], Concepción Vargas Machuca Cabañero[12], Pilar Cabello Igual[13], Roberto Cabrera Vélez[14], Ana Pilar Javierre Miranda[15], María Pilar Hombrados Gonzalo[16], Rosa Hueso Quesada[5], Juan Ramón Iglesias Quintana[17], Mercedes Rubio Villar[18], María Soledad Lorenzo Borda[19], Yolanda Hidalgo Calleja[5], María Inmaculada Hernández Beltrán[17], Raquel Pleite Raposo[20], María Carmen Sánchez Ramos[21], Ana Olga Rodríguez Rodríguez[22]

[1]Universitary Health Center Pinto (Pinto-Madrid-Spain), [2]Health Center Griñón (Torrejón de Velasco-Madrid-Spain), [3]Health Center El Restón (Valdemoro-Madrid-Spain), [4]Health Center Los Cármenes (Madrid-Spain), [5]Health Center Torito (Moratalaz-Madrid-Spain), [6]Health Center Galapagar (Galapagar-Madrid-Spain), [7]Health Center Las Olivas (Aranjuez-Madrid-Spain), [8]Health Center Campamento (Madrid-Spain), [9]Health Center Vicente Soldevilla (Madrid-Spain), [10]Health Center Hoyo de Manzanares (Torrelodones-Madrid-Spain), [11]Universitary Health Center Sector III (Getafe-Madrid-Spain), [12]Health Center Guayaba (Madrid-Spain), [13]Health Center Parque Europa (Pinto-Madrid-Spain), [14]Health Center Espronceda (Madrid-Spain), [15]Health Center Entrevías (Madrid-Spain), [16]Health Center Reyes Magos (Madrid-Spain), [17]Health Center Pavones (Moratalaz-Madrid-Spain), [18]Health Center Abrantes (Madrid-Spain), [19]Universitary Health Center Las Américas (Parla-Madrid-Spain), [20]Health Center Carmen Calzado (Alcalá de Henares-Madrid-Spain) [21]Health Center Eloy Gonzalo (Madrid-Spain), [22]Universitary Health Center Isabel II (Parla-Madrid-Spain)

Background & Aim: Guidelines recommend estimation of glomerular filtration rate (GFR) and albuminuria as routine tests in diabetic patients. Estimated GFR below 60 mL/min/1.73m is considered as a major cardiovascular risk factor. The aim of the study is to compare GFR estimated with MDRD and CKD-EPI between diabetic population "vs" non-diabetic of Madrid Health Service.

Methods: Case-control, cross-sectional multicenter study conducted in 55 Health Centers of Madrid Health Service (Spain). Simple random sampling of the population (168,853 adults) attached to 111 researchers physicians: 8609 subjects. Exclusion criteria: Untraceable or dataless: 21.66%; refused consent: 7.87%; no medical interview: 3.94%; pregnants, immobilized: 3.44%. Study subjects: 5392. Percentages with 95% confidence intervals (CI), chi-square; z-Test, means with standard deviation (±SD), t-test after evaluating Levene test were used.

Results: Mean (±SD) age of the study population was 55.43 (±17.78) years. The percentage of male sex was 43.27% (41.94-44.60). Prevalence of diabetes mellitus (DM) was 14.84% (13.90-15.81). Prevalence of chronic kidney disease (CKD) was 11.76% (10.91-12.65). In diabetic population, GFR mean estimated with MDRD-4 (85.92 mL/min/1.73m²) was slightly but significantly (p < 0.0001) higher than estimated with CKD-EPI (81.99 mL/min/1.73m²). There was no significant difference between prevalences of any CKD stage estimated with MDRD-4 "vs" CKD-EPI.

Conclusion: Prevalence differences in all stages of CKD between diabetic "vs" non-diabetic are significant, except in stage 4. In the diabetic population, there are not significant differences in the prevalence of any CKD stages estimated with CKD-EPI "vs" MDRD-4.

Keywords: diabetes mellitus; glomerular filtration rate; chronic kidney disease.

[Abstract: 0492 - P-0041]

COPD Screening in Family Medicine

Neda Ferizovic, Amra Lasic, Rasema Sehovic, Elma Merdzanovic, Farida Mehic, Atifa Kulovi

Public Institution Health Centre of Sarajevo Canton, Bosnia and Herzegovina

Background & Aim: COPD is "undervalued" because it is not recognized and not diagnosed until it is clinically recognizable and advanced. This disease affects 329 million people(5%) in the world, (WHO, 2013). The aim of the study is to investigate the justification for the use of mini-spirometer (COPD-6) in family medicine for early detection of COPD in younger and middle-aged patients.

Methods: Epidemiological study of six family medicine teams in the Sarajevo Canton (September - December 2014) on 240 patients (120 smokers and 120 non-smokers) 35 - 65 years of age with no prior diagnosis of COPD. Parameters for the study were: gender, age, smoking status, degree of dyspnea and pulmonary function. Data was obtained through an interview, COPD Assessment Test (CAT) and spirometry done with mini-spirometer (COPD-6) (FEV_1, FEV_6 and FEV_1 / FEV_6).

Results: 240 patients with an average age of 48.04, SD 17.67. Of 142 women, 73 (51.4%) were smokers, and of 98 men 47 (47.9%) were smokers. According to the degree of dyspnea (CAT) 29% of smokers have moderate and severe dyspnea (23M and 12F), while 87% of non-smokers have no symptoms or they are very mild. Obstruction index 1 (50% <FEV_1<80%) was found in 28.75% of patients (32M, 37F). Index obstruction 1 had 46.6% (25M, 31F) of smokers, and 10.8% (7M6F) of non-smoker. According to the GOLD guidelines (50% <FEV_1<80% and FEV_1 / FEV_6<0.73) GOLD stage 2 COPD have 17 subjects (7.08%), 16 (10M and 6F) or 13.3% of smokers and 1 (M) non-smoker.

Conclusion: Newly discovered 7.08% of COPD patients, younger and middle aged with previously unrecognized diagnosis, justify the need for screening, especially in those with a positive smoking history (13.3% detected).Using mini-spirometer(COPD6) for evidence of airway obstruction family physician can begin early treatment of COPD and, if necessary, refer the patient to the "big" spirometry.

Keywords: COPD, screening, family practice

[Abstract: 0493 - P-0576]

Physical activity and smoking behaviors among medical students of a Middle Eastern country

Lana El Osta[1], Nada El Osta[1], Badi El Osta[2]

[1]Department of Public Health, School of Medicine, Saint-Joseph University, Beirut, Lebanon, [2]Georgia Regents University Cancer Center, Augusta, GA, USA

Background and Aim: Moderate physical exercises and non-smoking behaviors are relevant approaches to reduce the risk of cardiovascular diseases and malignancies, which are currently the major human health problems. And physicians are well positioned to provide physical activity and tobacco cessation counseling to patients. There is convincing evidence that clinical providers who themselves act on the advice they give provide better counseling and motivation of their patients to adopt such health advice. The aim of this study was to determine the level of physical activity, tobacco smoking and alcohol consumption among Lebanese medical students, future health promoters.

Methods: An observational cross-sectional survey using an anonymous structured self-administered questionnaire was conducted among 579 medical students (year I to internship program) at a major Lebanese school of medicine. Tobacco/alcohol consumers were defined as students who reported a daily use of tobacco and/or alcohol within the past year.

Results: A total of 505 participants responded to the survey (response rate: 87.2%). The prevalence of tobacco use was 11.9%, and regular alcohol consumption was 5.3%. It was significantly higher among men and older students (-p-value<0.0001). More than half (58.7%) of the participants exercised once per week and more: male significantly more than women, younger students more than others (-p-value<0.0001). However, 15.9% of all participants rated themselves as physically inactive, mainly because of lack of time and energy. The majority (81%) of the students were aware of the importance that non-smoking status and adequate levels of physical activity confer on health.

Conclusion: Fortunately, our study revealed that our medical students, future health promoters, act on the advice they must provide. These results may have important implications for future studies evaluating the rate and quality of physical activity and smoking cessation counseling delivered by physicians.

Keywords: physical activity, smoking behavior, health promotion, prevention

[Abstract: 0505 - P-0577]

Smoking as a risk factor for COPD

Amra Lasic, Neda Ferizovic, Elma Merdzanovic, Rasema Sehovic, Zlata Frasto, Dzenisa Ibisevic

Public Health Centre of Sarajevo Canton, Bosnia and Herzegovina

Background & Aim: The WHO estimates that 1.1 billion people worldwide smoke and that will increase to 1.6 billion by 2025. In underdeveloped and developing countries, COPD rates are growing alarmingly. The aim of the study is to investigate the effect of smoking on lung function of middle aged and younger patients without prior history of lung disease.

Methods: Epidemiological research, done in 3 municipalities of Canton Sarajevo (September – December,2014) on 240 test subjects (120 smokers,120 non-smokers), age range 35 – 65. Smokers were divided into 3 subgroups based on the length of time they are smoke and the number of cigarettes smoked per day (up to 15Y, 16 – 35Y,over 35Y,up to 20 c/d, 21 – 40 c/d, over 40 c/d). Researching parameters: age, sex, smoking history, pulmonary function and the age of lungs measured with mini-spirometer (copd-6).

Results: Of 240 patients, the average age of 48.04, SD 17.67., 142 women (73 -51.4% smokers) 98 men(47 -47.9% smokers). All smokers smoke cigarettes on average 23.5 years 24.5 cigarettes/day. 40% of them smoke >15 years,> 21 cigarettes/day. 7.5% smoke >35 years, >30 cigarettes/day. 46.6% of smokers and 10.8% of non-smokers have index 1 obstruction (50% <FEV_1<80%). According to the GOLD guidelines (FEV_1 / FEV_6<0.73 and 50% <FEV_1<80%) GOLD stage 2 COPD have 16 or 13.3% (10M6F) smokers (all smoking >15 years >21 cigarettes / day) and 1 (M) non-smoker. The average age of the lungs of smokers is 25 years higher than their average age while with non-smokers 9 years.

Conclusion: A significant difference in the measured Index

1 obstruction - 46% of smokers, while 10% of non-smokers, revealed 13,3% of COPD in smokers while 0.83% in non-smokers, as well as the higher age of the lungs of smokers, confirms the direct effect of smoking on lung function.

Keywords: COPD, smoking, risk factor, middle aged

[Abstract: 0520 - P-0376]

Relationship of Musculoskeletal System Examination Results with Obesity in Children and Adolescents

Demet Merder Coşkun[1], Arzu Uzuner[1], Mehmet Akman[1], Alp Eren Çelenlioğlu[2], Özge Keniş Coşkun[2], Evrim Karadağ Saygı[2]

[1]Marmara University Faculty of Medicine Department of Family Medicine, [2]Marmara University Faculty of Medicine Department of Physical Medicine and Rehabilitation

Background & Aim: The relation between childhood obesity and musculoskeletal health problems is not yet fully demonstrated. The aim of this study was to demostrate the relationship between obesity and musculoskeletal developement and functionality on 5-16 years old shool children by comparing musculoskeletal examination findings and functionality scores between owerweight/obese children and their normal weight peers.

Methods: This is a descriptive, cross-sectional study. Sample was selected from a previus study carried out between 2013-2014, in which prevalence of obesity among 6-15 years old shool children in the province Istanbul Pendik district in Turkey investigated. Informed consents were send to 3934 parents of children who were assessed as nomal weight, owerweight and obese in the previus study. They were invited to hospital for a detailed pediatric musculoskeletal examination including posture, gait, balance, muscle strength, range of motion assessment. Turkish version of Pediatric Outcomes Data Collection Instrument "Bedensel İşlevsellik Aracı(BİDA)" was used to assess musculoskeletal functionality. Participants were divided in two groups as overweight/obese and normal weight. Musculoskeletal examination findings and BIDA scores of two groups were compared.

Results: Data of 318 participants was analyzed; 193 (60,7%) were overweight/obese and 125 (39,3%) were normal weight. There was no significant difference within age and gender distribution between two groups. Pes planus was more common, standing time on one leg was shorter, time to coplete timed up and go test (TUG) was longer, scores of "happiness" subscale of BİDA was lower and Range of motion (ROM) was decreased in many joints especially on the lower extremity in owerweight/obese children than normal weight peers (p<0,005). Body Mass Index (BMI) values showed inverse correlation with both ROM and "happiness" subscale scores (p<0,005).

Conclusion: Musculoskeletal problems are more common in owerweight/obese children than in normal weight children. Interventions to decrease BMI could protect overweight/obese children from severe musculoskeletal diseases.

Keywords: childhood obesity, musculoskeletal, functionality, balance

[Abstract: 0558 - P-0492]

Determination of the Level of Knowledge of Stroke among Patients Aged 60 Years and Older

Hüseyin Üçer[1], Hamit Sırrı Keten[2], Celal Kuş[1], Muzaffer Yiğit Kuran[4], Soner Ölmez[3], Mustafa Çelik[1]

[1]Department of Family Medicine, Medical Faculty, Kahramanmaras Sutcu Imam University, Kahramanmaras, Turkey, [2]Department of Family Medicine, Kurtul Family Health Center, Kahramanmaras, Turkey, [3]Department of Family Medicine, Samsat Family Health Center, Adıyaman, Turkey, [4]Intern Doctor, Medical Faculty, Kahramanmaras Sutcu Imam University, Kahramanmaras, Turkey

Background & Aim: The aim of the present study is to determine the level of knowledge of stroke among subjects aged 60 years and older.

Methods: The present study included 172 subjects aged 60 years or older, who were admitted to the outpatient clinics at Kahramanmaraş Sütçü İmam University Faculty of Medicine for any reason between March 1, 2015 and June 13, 2015. A questionnaire including questions about sociodemographic features and assessing the level of knowledge of stroke was administered using the face-to-face interview technique. The questionnaire included 11 questions assessing the level of knowledge about the risk factors for stroke and ten questions that assessed the level of knowledge on the symptoms of stroke.

Results: The mean age of the participants was 68.05±7.04 years (min=60, max=88). Of the participants, 97 were females (56.4%) and 75 were males (43.6%). Of the participants, 83 (48.3%) reported that they previously heard of the terms "stroke" and 89 (51.7%) reported that they had not previously heard of this term. The mean stroke risk factors knowledge score of the participants was 7.18±3.21 and the mean stroke symptoms knowledge score was 7.12±2.81. The mean stroke risk factors knowledge score was 7.09±3.18 in females and 7.26±3.26 in males. The mean stroke symptoms knowledge score was 7.42±2.76 in females and 6.88±2.84 in males. Males and females had similar achievements in stroke risk factor knowledge (p= 0.737) and stroke symptoms (p=0.213) domains.

Conclusion: The present study showed a considerable lack of knowledge among individuals aged 60 years and older. The provision of education about stroke is very important from the perspective of health policies in this particular population, already at an advanced age, as an important risk factor for stroke.

Keywords: stroke, elderly, knowledge level

[Abstract: 0562 - OP-090]

Prevalence and Associated Risk Factors of Tinnitus in Adults

Sevim Aksoy Kartcı, Çiğdem Apaydın Kaya, Yeliz Özendi

Department of Family Medicine, Marmara University, Istanbul, Turkey

Background & Aim: Tinnitus is very common symptom in primary care and have important implications for patients' quality of life. However, tinnitus substantially underdetected and undertreated. The aim of this study was to analyze the prevalence and associated risk factors of tinnitus among the patients who admitted to our family medicine outpatient clinic

with any symptom.

Methods: This is a descriptive study. The patients ≥18years old and being at least literate admitted to family medicine outpatient clinic of Marmara University during 2weeks were included to the study. The patients admitted with acute tinnitus or otological complaints were excluded. A questionnaire which includes tinnitus handicap inventory, medical history, caffeine, alcohol and tobacco consumption, global health perception scale and Beck depression inventory were used. The questionnaire and scales were filled by the patients. For the analysis chi square test, student's t-test and multiple logistic regression analysis were performed.

Results: Totally 226 of 1091patients who admitted during the study period were participated to the study. 74% were female, 26% were male. Mean age was 41±1.26. Among the patients 43.4% have tinnitus. 20% of the patients'depression score was ≥17. The univariate analysis revealed that at the 0.05 level of significance the variables otologic and sinonasal conditions, noise exposure, hearing problems, weight gain, dizziness, gastroesophageal reflux, sensation problems, insomnia, joint problems, hypertension, drinking tea ≥2 cup, poor health perception and having depression symptoms to be significantly associated with tinnitus. Analyzing the risk factors for tinnitus, gastroesophageal reflux (OR:0.055; CI:0.009-0.333), otologic and sinonasal conditions (OR:0.143; CI:0.024-0.863), and having depression symptoms (OR:0.036; CI:0.003-0.512) were found to be a risk factor for tinnitus.

Conclusion: We found that tinnitus prevalance among the patients admitted to our clinic was higher than the literature. Further studies should be done associated with the impact of the treatment of reflux and depression on tinnitus.

Keywords: tinnitus,symptoms,depression,hearing problems

[Abstract: 0579 - OP-093]

A randomised controlled non-inferiority trial of primary care-based facilitated access to an alcohol reduction website (EFAR-FVG): Preliminary results

Roberto Della Vedova[1], Pierluigi Struzzo[6], Donatella Ferrante[5], Nicholas Freemantle[2], Charilaos Lygidakis[3], Francesco Marcato[5], Emanuele Scafato[4], Francesca Scafuri[1], Costanza Tersar[5], Paul Wallace[2]

[1]Centro Studi e Ricerche in Medicina Generale, Monza, IT, [2]Department of Primary Care and Population Health, University College London, London, UK, [3]Movimento Giotto, Bologna, IT, [4]Istituto Superiore della Sanità, Roma, IT, [5]Department of Life Sciences, University of Trieste, Trieste, IT, [6]Centro Regionale di Formazione in Medicina Generale, Monfalcone, IT

Background & Aim: The effectiveness of brief interventions for risky drinkers by GPs is well documented. However, implementation levels remain low. Facilitated access to an alcohol reduction website offers an alternative to standard face-to-face intervention, but it is unclear whether it is as effective. This study evaluates whether facilitated access to an alcohol reduction website for risky drinkers is not inferior to the face-to-face brief intervention conducted by GPs.

Methods: In a northern Italy region participating GPs actively encouraged all patients > 18 attending their practice, to access an online screening website based on AUDIT-C. Those screening positive underwent a baseline assessment with the AUDIT-10 and EQ-5D questionnaires and subsequently,

were randomly assigned to receive either online counselling on the alcohol reduction website (intervention) or face-to-face intervention based on the brief motivational interview by their GP (control). Follow-up took place at 3 and 12 months and the outcome was calculated on the basis of the proportion of risky drinkers in each group according to the AUDIT-10.

Results: More than 50% (n= 3974) of the patients who received facilitated access logged-on to the website and completed the AUDIT-C. Just under 20% (n = 718) screened positive and 94% (n= 674) of them completed the baseline questionnaires and were randomised. Of the 310 patients randomised to the experimental Internet intervention, 90% (n = 278) logged-on to the site. Of the 364 patients of the control group, 72% (263) were seen by their GP. A follow-up rate of 94% was achieved at 3 months.

Conclusion: The offer of GP facilitated access to an alcohol reduction website is an effective way of identifying risky drinkers and enabling them to receive brief intervention. The study results will be available soon and we expect to be able to present these to the conference.

Keywords: brief intervention, primary care, risky drinking, internet

[Abstract: 0586 - P-0718]

The Relationship between Sex Hormone Binding Globulin and Metabolic Syndrome Parameters with Obesity in Premenopausal Women

Seher Sayın, Ruhuşen Kutlu, Fatma Gökşin Cihan

Department of Family Medicine, Meram Medical Faculty, University of Necmettin Erbakan, Turkey

Background and Aim: Metabolic syndrome (MetS) includes the abdominal obesity, hypertriglyceridemia, low high-density lipoprotein (HDL) concentrations, hypertension, and hyperglycaemia. Sex hormone binding globulin (SHBG) is the major binding protein for gonadal steroids in the circulation. The aim of this study was to determine SHBG and MetS parameters concentrations in premenopausal women and to evaluate the relationships between these parameters with obesity.

Methods: This study was carried out on 150 premenopausal women referred to the Outpatient Clinic of Family Medicine, Meram Medical Faculty Hospital. Patients were divided into three groups according to the body mass index: normal-weight, overweight and obese women. The blood pressure was measured. Low-density lipoprotein cholesterol (LDL-c), high-density lipoprotein cholesterol (HDL-c), total cholesterol (TC), triglyceride (TG), fasting blood glucose (FBG) and SHBG levels were examined in the blood samples of the patients. Fat distribution and body compositions were assessed with a portable impedance analyzer (Tanita®). One way ANOVA and Pearson correlation tests were used to determine relationship between variables. All statistical analyses were performed using SPSS 20 software. P value less than 0.05 was considered as significant.

Results: The mean age of the patients was 31.37 years (SD=8,33). The mean age was similar between the groups (p=0.097). In the obese group, FBG (p=0.000), LDL-c (p=0.001), HDL-c (p=0.001), TC (p=0.009), TG (p=0.002), uric acid (p=0.000), systolic (p=0.000) and diastolic blood pressure levels (p=0.017) were significantly higher than non-obese group. In the obese group, SHBG levels was significantly lower (p=0.005). A significant negative correlation was found

between the SHBG levels-fat percentage (r=-0.206, p=0.012) and SHBG levels-waist circumference (r=-0.237, p=0.003).

Conclusion: These results suggest that low plasma SHBG level may represent a significant predictor of the obesity in premenopausal women.

Keywords: metabolic syndrome, sex hormone binding globulin, premenopausal woman.

[Abstract: 0589 - P-1015]

Hypertension in adolescents

Albina Softic[1], Azijada Beganlic[2], Nadira Hodzic[1], Emina Hodzic[1], Sevko Sulejmanovic[1]

[1]Public Health Center Gracanica, Gracanica, Bosnia and Herzegovina, [2]Public Health Scientific Institution Tuzla and Educational Family Medicine Center Tuzla, Tuzla, Bosnia and Herzegovina

Background & Aim: Essential hypertension occurs in younger children, and with asthma takes is most common chronic disease of childhood. One of the factors that contributes to increase in blood pressure is a global epidemic of obesity in children and adults. This is a growing problem world wide. The aim of this study was to determine the prevalence of hypertension and prehypertension in young adulthood in adolescents aged 15-17 years in the area of Tuzla Canton.

Methods: We conducted a prospective clinical study to evaluate the prevalence of prehypertension and hypertension in a causal relationship with overweight and obesity in adolescents, students of first, second and third grades of high school. Hypertension in adolescents exists if the value of blood pressure above the 95 th percentile for age and height of an individual and prehypertension on the value of blood pressure, which is located between 90 th and 95 th percentile. All patients were performed by measuring blood pressure three times, not in the same day, in a sitting position, the first time on both upper arms, after at least 15 minutes. Respondents were determined BMI also.

Results: A total of 103 802 (13%) of respondents have elevated blood pressure, 51 (6.4%) belong to the category of prehypertension in young adulthood and 52 (6.5%) first degree of hypertension category. Prehypertension more adolescents suffer with excessive BMI and obesity, 13% suffers prehypertension and hypertension 34% first degree in the categories of excessive BMI and obesity. Prehypertension among respondents with an ideal weight suffers 35 of 583 (6%), and hypertension and the level 17 of the remaining 548 (3%).

Conclusion: The prevalence of prehypertension and hypertension among adolescents in Tuzla Canton is very high. Overweight and obesity are risk factors for hypertension in adolescents.

Keywords: adolescents, hypertension, obesity

[Abstract: 0597 - OP-016]

Evaluating the Relationship between Body Mass Index, Lipid Profile and Clinical Parameters in Heart Failure Patients

Fatma Gonul Dogan[1], Didem Kafadar[1], Irfan Sahin[2], Mustafa Hakan Dinckal[2]

[1]Department of Family Medicine, Bagcilar Training and Research Hospital, Istanbul, Turkey, [2]Department of Cardiology, Bagcilar Training and Research Hospital, Istanbul, Turkey

Background & Aim: Heart failure(HF), due to new treatment methods and increasing population of the elderly, is a more often medical entity. Dyslipidemia is a risk factor for coronary artery disease (CAD) and hypertension plays a role in development of HF. It is suggested that dyslipidemia further effects HF and response to treatment. In our study, we aimed to evaluate the body mass index(BMI), body composition analysis and lipid profile of HF patients.

Methods: 120 patients (82 men and 38 women) with ejection fraction (EF) 40% or less were involved. Sociodemographic features, comorbidities and functional capacities according to NYHA classification were asked, class IV patients were not included. BMI and body compositon were analyzed with Tanita BC 418, laboratorary parameters in the last month were evaluated retrospectively.

Results: The mean age was 63.3 and 46.6 % of the patients were elderly, 65 and over. Most of the patients were in NYHA class II (52.5%). In women, body fat ratio and trunk fat ratio were significantly higher than men (p<0.001, p=0.001 respectively). In patient group with EF between 40% and 30%, the patients with higher fat mass and BMI ≥30 were significantly more than patients with EF less or equal to 30% (p=0,036, p=0.013 respectively). In men, in the higher EF (40-30%) group, BMI and the mean muscle mass were significantly higher than those in the lower EF (<30%) group (p=0.018, p= 0.017).

Conclusion: We found that EF is better in patients with BMI ≥30. Fat and muscle mass may have protective effects on EF. We think that body compositon may have a protective effect on cardiac function in chronic heart failure patients as it is proposed in obesity paradox. In follow-up of chronic heart failure patients this must be kept in mind and may be an alerting signal for worsening of EF.

Keywords: heart failure, body mass index, dyslipidemia

[Abstract: 0601 - P-0584]

Quality of Life of Patients After Acute Coronary Syndrome

Didem Kafadar[1], Fatma Gonul Dogan[1], Nüket Bayram Kayar[1], Muhammet Çömçe[1], Hasan Ayberk Çakırlar[1], Abdurrahman Polat[1], Burak Ayça[2], Mustafa Hakan Dinçkal[2]

[1]Department of Family Medicine, Bagcilar Training and Research Hospital, Istanbul, Turkey, [2]Department of Cardiology, Bagcilar Training and Research Hospital, Istanbul, Turkey

Background & Aim: As treatments for chronic diseases have evolved, quality of life of patients has drawn attention. Cardiovascular diseases(CVD) have become a public health problem as they affect the quality of life(QoL) of patients. QoL is subjective and there are different aspects that define it. Short Form-36 Health Survey(SF-36),developed by Ware et al, represents eight health concepts. It has been widely used for for both general population and different patient groups.

Methods: The study was conducted with the patients admitted to cardiology and family medicine outpatient clinics who have had a history of hospitalization for ACS. Patient inclusion criteria were a history of angiography proved ACS. Sociodemographic features and laboratory values of the patients at the time of the survey procedure were recorded. To assess the health related quality of life of the patients SF-36 was used.

Results: A total of 100 patients, 77(77%) men and 23 (23%) women completed the study. The mean age of the group was 60.38. 50% of patients were 60 or older. Different domains of the survey were compared.There were significant differences between physical functioning(PF), role limitation due to physical problems, bodily pain,mental health and general perception of health mean scores of men and women(p=0.001,p=0.036, p=0.001, p=0.048, p=0.019 respectively). PF scores of patients under 60 years were significantly more than patients over 60(p<0.001).Scores of social function(SF) were the highest among all domains in both men and women patients.

Conclusion: SF domain being the highest score may be explained as Turkish family structure and strong relationships among patients' relatives. Men had higher scores for all domains revealing that QoL of women have been affected more. Chronic diseases have larger effect on QoL of women patients than men. SF-36 may be utilized by family physicians for biopscyhosocial approaches towards patients with a ACS history.

Keywords: quality of life, acute coronary syndrome, coronary angiography.

[Abstract: 0607 - P-0378]

Decision of antibiotics cure in children diagnosed as acute tonsillopharyngitis

Polat Nerkiz[1], Mehmet Saldır[2], Kadir Aracı[1]

[1]Department of family medicine, Gümüşsuyu Asker Hastanesi, İstanbul, Turkey, [2]Department of pediatrics, Gülhane Military Medical Faculty, Ankara, Turkey

Background&Aim: Antibiotics are used frequently for acute respiratory tract infections. We aimed to reveal the portion of group-A beta hemolytic streptococcuses (GABHS) causing to tonsillopharyngitis upon throat culture applied on children complaining from high fever and sore thorat and diagnosed clinically as acute tonsillopharyngitis in this study.

Methods: Children applying with the complaint of high fever, sore thorat and diagnosed as acute tonsillopharyngitis and obtained thorat culture were examined. All of the patients were diagnosed as acute tonsillopharyngitis and antibiotics cure was initiated.

Results: 56 children who applied to our medical center were taken to the study. They were between the ages 3-11 and the average age was 6,6. 30 of them were girls and 26 of them were boys. GABHS has been found to be reproduced in 12 (21%) of the patients who have been subjected to thorat culture due to acute tonsillopharyngitis diagnosis, whereas normal thorat flora was found in 44 (79%) of the patients. It was determined that 79% of the patients had been subjected to unnecessary antıbiotics cure.

Conclusion: Rapid and accurate diagnosis of infectious diseases reduces unnecessary use of antimicrobial therapy. Rapid diagnostic tests suitable for the evaluation of patients in the office or clinics would be helpful for this unsuitable situation.

Keywords: throat culture, group A beta hemolytic streptococcus, tonsillopharyngitis

[Abstract: 0609 - P-0886]

How familiar with the new inhalers is our Primary Health Care staff?

Laia Gené Huguet, Amparo Hervás Docón, María Ortega Carmona, Cristina Blánquez Moreno, Nora Selvi Miralles, Núria Sánchez Ruano

CAPSBE Borrell, Barcelona, Spain

Aim: To evaluate health care professionals' familiarity with new inhalers available, ability to demonstrate them to patients and knowledge of adverse effects.

Methods: Descriptive study in an urban primary health center with 32 professional staff (19 doctors (59.4%) and 13 nurses (40.6%)). Questionnaire distributed to all staff. Variables: sex, age, professional level, knowledge of inhaler types and their names (before 2004: pressurized cartridges (ICP), chamber, turbuhaler, accuhaler, handihaler, easyhaler; after: breezhaler, respimat, genuair and nexthaler), and their prescription. Other variables: demonstration methods (written instructions, instructional video, practical demonstration by staff), information given regarding administration order if using more than one medication, knowledge of adverse effects.

Results: Median age: 42.6±10.9SD, 87.5%female. Most familiar and prescribed inhaler types: ICP and chamber (100%), accuhaler 30(93.8%), turbuhaler and handihaler 29(90.6%). Staff recognizing ICP and chamber, only 20 (62.5%) and 30 (93.8%) respectively, associating the name. Lesser recognition of breezehaler 12(37.5%), respimat 11(34.4%), nexthaler 6(18.8%) and easyhaler 8(5.15%); furthermore easyhaler was not recognized by nursing staff. 79.6% of nurses provided written information, compared to 15.8% of doctors. 92.3% of nurses demonstrated techniques, against 36.8% of doctors. The most prescribed inhalers among non-elderly patients: ICP 8(42.1%) and turbuhaler 7(36.8%), and elderly: ICP with chamber 11(57.9%). Over half (53.1%) the staff didn't know the administration order of the different nebulized medications. Those who did recommended them correctly (40.6%). The most known adverse effects were oropharyngeal candidiasis from corticoids(78.9%), mouth dryness from anticholinergics(42.1%) and tachycardia from beta-adrenergics(84.2%); more familiar to doctors than nurses.

Conclusion: Unfamiliarity of newer inhalers was evident. Practical use of inhalers was more widely explained by nurses and adverse effects were more known by doctors. In order to increase knowledge, prescription, appropriate demonstration and awareness of secondary effects we need to educate the professional staff via workshops.

Keywords: inhalers, knowledge, public health profesional

[Abstract: 0611 - P-1017]

Conversations of Exclusion

Austin O Carroll, David Wainwright, Derval Howley

Department of Health, University of Bath

Background & Aim: Homeless People have very poor morbidity and mortality profiles. We know that their usage of health service differs from that of the housed population and seems inappropriate and ineffective for caring for their health. This research sough to understand the Health Service Usage Behaviour of Homeless People in Dublin. This presentation relates to a barrier identified in that research which is a new concept called Conversations of Exclusion.

Methods: A critical realist ethnographic approach was adopted and conducted in four sites frequented by homeless people in Dublin. This was supplemented by 37 semi-structured interviews with homeless people and 2 focus groups between homeless people and hospital doctors.

Results: One of the factors identified in the research as contributing to the HSU pattern of homeless people were recurrent interactions between health professionals and patients whereby patients were either excluded or discouraged from attending the health service or self-excluded themselves from that or other such services. These interactions were described as Conversations of Exclusion. Four such conversations were described, the Benzodiazepine Conversation (where a patient asks for addictive medication); the Distrustful Conversation (where the doctor distrusts the patient); the Blaming Conversation (where the patient is blamed for their condition); and the Assertive Conversation (where the patients has not learnt to assert themselves in a manner that is not perceived as aggressive by the health provider).

Conclusion: These Conversations result in patients who are among the most unhealthy in society being excluded from health services. A technique for converting the Benzo Conversation into one of Inclusion will be presented. Conversations of Exclusion are one of the many barriers that exist for homeless people accessing such services.

Keywords: homeless persons

[Abstract: 0620 - P-0887]

Bridging the research-practice gap: The success of the Veterans' MATES program in improving medication use in veterans with musculoskeletal pain

Amanda Barnard[1], Lisa Kalisch Ellet[2], Mhairi Kerr[2], Marie Ionnos[2], Kerrie Westaway[2], Elizabeth Roughead[2]

[1]Medical School, Australian National University, Canberra, Australia, [2]Quality Use of Medicines and Pharmacy Research Centre, Sansom Institute, School of Pharmacy and Medical Sciences, University of South Australia, Adelaide, Australia

Background & Aim: The Veterans' Medicines Advice and Therapeutics Education Services (MATES) program engages General Practitioners to improve medicine use for veterans. The Australian Government Department of Veterans' Affairs administrative claims data are used to provide patient-based prescriber feedback to GPs. This is supported with evidence-based, peer-reviewed educational material developed by a clinical panel and overseen by a nationally representative editorial committee. This study evaluated the impact of the intervention that aimed to improve the management of chronic musculoskeletal pain by reducing the use of long-term opioid analgesics.

Methods: Educational materials included each patient's recent use of pain medicine use, with requests to review the need for medicines and non-pharmacological therapies, as well as education for self-management. Targeted veterans with chronic musculoskeletal pain received an educational brochure on the benefits of a multi-modal approach to management. Change in use of pain medicines as a result of the intervention were assessed using a Wilcoxon signed rank test.

Results: Tailored educational materials were mailed to 5,341 GPs and 8,440 veterans. Fifty-seven percent of doctors reported the prescriber feedback would assist them to review

patients, and 82% reported they would utilise the "Six A's" of pain management when assessing patients. More targeted veterans were on lower doses of tramadol and oxycodone after the intervention. Tramadol use decreased by a median of 0.03 defined daily doses per person per day (IQR: 0.00-0.22) (p<0.0001). Oxycodone use decreased by a median of 0.01 (IQR: 0.00-0.07) (p<0.0001).

Conclusion: The intervention was successful in reducing the amount of opioid analgesics used by targeted veterans. The significance of this work lies in its ability to bridge the research-practice gap in the general practice setting.

Keywords: education; quality use of medicines

[Abstract: 0623 - P-0254]

Fibrinolysis, a real outpatient alternative

Pedro Guijo Gonzalez, José María Fernández González, Juan Jesús Rodriguez Vallejo, Hector Leonardo Lugo Ramos

(Hospital Jerez de la Frontera, Spain)

Background & Aim: The aim of this study is to analyze and compare times of performance between Primary Angioplasty and Fibrinolysis. We pretend to underline the importance of the knowledge and results of the Fibrinolysis therapy due to the benefit it gives to the patient.

Methods: We analyze during a period of 6 months, a total number of 72 Stroke Code patients in a Second level hospital. We compare Fibrinolysis and Primary angioplasty by analyzing times between first medical contact and appliance of the treatment and time between pain and treatment. We also analyze the need of rescue in patients treated with Fibrinolysis.

Results: Medium age was of 60 years, 88% of them were males whereas 12% of them were women. The time between pain and appliance of Fibrinolysis was averaged 120 minutes, median of 97 minutes. Time between first medical contact and appliance of fibrinolysis was averaged 53 minutes, median of 47 minutes. The total effectiveness of fibrinolysis was in 50% of the patients, medium aged 59 and 86% of them male sex. Primary angioplasty was applied 69,4% of the times, patients medium aged 62 and 88% of them male sex. Time between pain and appliance of the therapy was averaged 220 minutes, median of 195 minutes. On the other hand, time between first medical contact and Angioplasty was averaged 128 minutes, median of 110 minutes. Time between initiation of pain and first medical contact was averaged 91 minutes, median of 46 minutes.

Conclusion: Fibrinolysis has an effectiveness of 50% which implies the removal of the obstruction in less time with the subsequence decrease in posterior morbimortality. If we apply Fibrinolysis we get to a decrease in performance time not only since the beginning of the pain but also since first medical contact to the appliance of the therapeutic procedure.

Keywords: chest pain, acute coronary syndrome, emergency department

[Abstract: 0629 - P-0832]

Co-management Shared Care Unit between Family Medicine and Internal Medicine

Jaime Barrio[1], Kristina García[1], Jaime Rodriguez[1], Pablo Gómez[1], Miriam Uzuriaga[1], Arancha Barranco[1], Miguel Martinez[1], Mar Contreras[1], María Teresa Beca[2], Carmen

Suárez[1]

[1]Hospital Universitario de La Princesa, [2]Hospital General Universitario Gregorio Marañón, Madrid, España

Background & Aim: The Co-management Shared Care Unit between Family Medicine (FM) and Internal Medicine (IM) from Hospital La Princesa was created in 2011 to deliver more efficient care to complex patients through an IM doctor who coordinates the healthcare. This shared healthcare is done in person or through phone/email. The groups of patients referred to the unit by the FM doctor include:

A. Multiple Chronic Conditions Patients (MCCP) who are followed by FM.

B. MCCP who visit their FM doctor after discharge from IM hospitalization.

C. Priority care patients for malignancy suspicion.

D. Patients who need immediate follow-up.

E. Patients with common diseases who require consultant expertise.

F. Patients with abnormal labs/diagnosis/treatment doubts who require consultant expertise.

G. Patients with complicated social conditions.

Methods: A descriptive retrospective study from January 2013-April 2014 was done. We collected socio-demographic, clinical, functional, and utilization data of 302 patients belonging to the 4 health centers which participate within the unit.

Results: The average age was 70.9 and 59% were women. The patient breakdown was 44% group_E, 29.8% group_B, 8.9% group_F, 8.2% group_C, 5.9% group_A, 1.6% group_D and 1.6% group_G. 753 visits, 89 telephone consults, 146 ER visits, 90 hospitalizations and 96 daycare visits were performed. 52% of patients were discharged, 39% remained in the unit and 4.6% were deceased. Within the MCCP group, the average age was 80.5, average number of drugs used per day was 8.7, average ER visits was 0.7, average number of hospitalizations was 0.5 and the average Barthel Index was 75.1.

Conclusion: Patients in the MCCP group were older, used more drugs and resources and had more severe functional impairment. There was no difference in reason for referral between the health centers. Telephone was an important way to communicate with the patients.

Keywords: care management, efficiency, family practice, internal medicine

[Abstract: 0646 - P-0720]

Assessment of the risk factors influencing osteoporosis in patients who were admitted to outpatient menopause clinic

Ahmet Gürhan Poçan[1], Çiğdem Gereklioğlu[1], Kenan Topal[2], Süheyl Asma[1]

[1]Baskent University Medical Faculty, Family Medicine Department, Ankara/Turkey, [2]Adana Numune Training and Research Hospital, Family Medicine Department, Adana/Turkey

Background and Aim: To investigate the risk factors affecting osteoporosis in patients who were admitted to outpatient menopause clinic and to determine their relationship with osteoporosis.

Methods: The association between postmenopausal osteoporosis and history of pregnancy, oral contraceptive (OCS), antiresorptive, calcium, hormone replacement therapy (HRT) use, smoking, alcohol and caffeine consumption, diet and physical activity were questioned in 1139 patient. Total BMD of the femur and lumbar spine were used for statistical analysis and T scores above -1 were accepted as normal, between -1 and -2,5 as osteopenia and -2,5 and below as osteoporosis according to WHO criteria. Two independent sample t test, One Way Anova, Chi-square test and Logistic Regression Analysis were applied.

Results: Mean age of the patients was 53.5±6.7 years. Mean duration of menopause was 7.1±6.2 years (range 1-31), mean age of menopause was 46.3±5.1 years. While 88.6% of the patients had natural menopause, 11.4% had surgical menopause. Mean BMI was found as 29.6±5.1. Femur and lumbar BMD (p= 0.000, p= 0.003) and T scores (p= 0.000, p= 0.000) of these patients were found to be statistically significantly higher than those of the patients with normal weight and increase as BMI increased. Femur T scores were seen to be influenced by OCS (p=0.035), HRT (p=0.003), antiresorptive treatment (p=0.000) use, caffeine consumption (p=0.020), history of fragility fracture (p=0.025), BMI (p=0.000). Lumbar T scores were seen to be influenced by menopause type (p=0.047), HRT (p=0.038) antiresorptive treatment (p=0.000), smoking (p=0.036) and BMI (p=0.000).

Conclusion: Femur and lumbar T scores were found to be lower in patients with normal or low BMI and who are smoking. The scores were higher in patients who had previously used OCS and currently using HRT, who regularly consume dietary calcium. Early detection of particularly modifiable risk factors may reduce osteoporosis risk.

Keywords: postmenopause, osteoporosis, bone mineral density

[Abstract: 0655 - OP-059]

Does unplanned home birth affect use and context of prenatal and postnatal care services

Binali Çatak[1], Can Öner[2]

[1]Kafkas University School of Medicine, [2]Istanbul Bilim University School of Medicine

Background & Aim: Adequate prenatal (PNC) and postnatal (PoNC) care services decrease infant and maternal mortality. Not only the quantitative features but also the qualitative features of these services are important and can be change according to social factors. In this study, it was aimed to evaluate these services given by family physicians at primary care level and by obstetricians at secondary and tertiary care levels in Istanbul in terms of quantity and quality in home delivery and hospital delivery groups.

Methods: The data of this study was derived from part of prenatal and postpartum care of an other case control study namely "Unplanned home birth and affecting factors". The "case" group consisted of 229 women who had "unplanned home deliveries" and "control" group (n=458) of women giving birth in hospitals.

Results: 15.6 % (n=27) of case and 3,4% (n=13) of control group do not receive any PNC, where as 4,0% (n=7) of case and 2,1% (n=8) of control group receive PNC only from family physician. Most of the women in both groups receive PNC form family physician and obstetrician (46.2% (n=80) vs 61,9% (n=239) respectively) (p=0,001). 39.9 % (n=69) of case group and 38.7% (n=149) of control group do not receive any PoNC, where as 50,9% (n=88) of case group and 35,3%

(n=136) receive PoNC from family physician. The rate of PoNC receive from obstetrician was 9.2% (n=16) in case and 26% (n=100) in control groups (p=0.001). When the PNC assessed quantitatively and qualitatively all parameters showed significantly difference between the case and control groups except cardiac auscultation. On the other hand receiving PoNC parameters only abdominal examination and bleeding control showed significant difference between two groups.

Conclusion: It was shown that the context of PNC and PoNC was show significant difference according to place of delivery.

Keywords: prenatal care, postnatal care, home birth

[Abstract: 0657 - OP-017]

The Prevalence and Awareness of Metabolic Syndrome among the Healthcare Professionals Working at First-Step Health Centers in the Southeastern Anatolia Region in Turkey

Tahsin Çelepkolu[1], Pakize Gamze Erten Bucaktepe[1], Hatice Yüksel[2], Yılmaz Palancı[3], Sercan Bulut Çelik[4], Hüseyin Can[5], Ahmet Yılmaz[1], Veysel Kars[1], Gökhan Usman[6], Necmi Arslan[1], Arzu Evliyaoğlu Taşkesen[7], Ilknur Aslan[8], Özgür Erdem[9], Ata Akıl[10], Erkan Kıbrıslı[1], Bayram Başdemir[11], Mehmet Halis Tanrıverdi[1]

[1]Dicle Üniversitesi Tıp Fakültesi Aile Hekimliği Anabilim Dalı, Diyarbakır, [2]Dicle Üniversitesi Tıp Fakültesi Biyokimya Anabilim Dalı, Diyarbakır, [3]Dicle Üniversitesi Tıp Fakültesi Halk Sağlığı Anabilim Dalı, Diyarbakır, [4]Batman Merkez 11 Nolu ASM, Batman, [5]Katip Çelebi Üniversitesi Tıp Fakültesi Aile Hekimliği Anabilim Dalı, İzmir, [6]Adıyaman Üniversitesi Tıp Fakültesi Aile Hekimliği Anabilim Dalı, Adıyaman, [7]Yenişehir 11 Nolu ASM, Diyarbakır, [8]Çınar Devlet Hastanesi, Diyarbakır, [9]Kayapınar 9 Nolu ASM, Diyarbakır, [10]Dicle Üniversitesi Tıp Fakültesi, Kardiyoloji Anabilim Dalı, Diyarbakır, [11]Yenişehir 7 Nolu ASM, Diyarbakır

Background & Aim: Metabolic syndrome (MetS) is a cluster of established cardiovascular risk factors for diabetes mellitus and cardiovascular diseases. MetS has become a growing public health problem since 1/3 of adults in Turkey and in the world are under risk. We aimed to investigate the prevalence and awareness of MetS among the healthcare professionals working at first-step health centers in the Southeastern Anatolia Region in Turkey.

Methods: The universe of the study included a total of 4,800 healthcare professionals working at first-step health centers in 8 provinces of the Southeastern Anatolia Region in Turkey and of these, the participants were sampled from each province. The participants were administered a data form including sociodemographic characteristics and items related to attitudes and awareness of MetS and the prevalence of MetS among healthworkers was assessed using IDF 2005 guidelines.

Results: A total of 493 healthcare professionals participated in the study and 390 participants completed the survey. The prevalence of MetS was found 19.5%. The prevalence among physicians was 40% and this rate was statistically significant when compared to the rates for other professions (%7.8). Of 493 participants, 385 (78.1%) were working at Family Health Centers and 108 (21.9%) at Public Health Centers. The participants included 304 (61.7%) women and 189 (38.3%) men. Mean age was 39.76±8.71 years for the participants with MetS and 33.21±7.71 years for the participants without MetS.MetS was present in 7.5% of women and 32% of men

and in 20.4% of married participants and 7.1% of unmarried participants.

Conclusion: The regulations enacted by the Turkish Health Ministry regarding MetS, particularly the ones enacted as of 2010, have led to positive outcomes for the community. Nevertheless, healthcare professionals should be more sensitive about MetS both for themselves and for the other members of the community applying to them for healthcare service.

Keywords: Metabolic syndrome, healthcare professional, first-step health center, prevalence, awareness

[Abstract: 0664 - P-1020]

Should we wear a white coat in our practice? A cross-sectional study

Dagmar M Haller[1], Paul Sebo[2], François Herrmann[3]

[1]Primary Care Unit, Faculty of Medicine, University of Geneva, Switzerland & Department of Community, Primary Care and Emergency Medicine & Department of Pediatrics, Geneva University Hospitals, [2]Primary Care Unit, Faculty of Medicine, University of Geneva, [3]Geriatrics Division, Department of Internal Medicine, Rehabilitation and Geriatrics, Geneva University Hospitals, Geneva, Switzerland

Background & Aim: Previous studies show that patients prefer specialists and hospital-based physicians to wear white coats, but evidence from family practice is lacking. Our aim was to assess patients' preference for their family doctor to wear white coats.

Methods: This cross-sectional study was conducted in Geneva, Switzerland. A random sample of 75 family doctors was contacted by post and 23 agreed to participate. In each practice, 50 to 100 consecutive patients coming to the practice for a scheduled consultation were invited to complete a survey about their expectations from the family doctor, including whether they preferred their doctor to wear a white coat or not. We examined the parameters associated with a preference for doctors wearing a white coat.

Results: 1637 patients agreed to participate (participation rate: 97%, women: 63%, mean age: 64 years). Only 34% considered wearing a white coat as important. In multivariate analyses, older patients, those of Italian background (as opposed to Swiss origin), and patients consulting uncertified doctors and/or doctors wearing a white coat were more likely to consider White coats as being important.

Conclusion: These findings suggest that white coats are no longer considered a powerful symbol for a majority of patients in family practice. However, family doctors may wish to adjust their attire to meet the expectations of particular groups of patients.

Keywords: patient expectations, white coat, family practice, health services research

[Abstract: 0672 - P-0497]

The phenomenon of polypharmacy among people of third and fourth age in a rural area of Crete

Theodoros Vasilopoulos[1], Georgia Arseni[2], Ioannis Patramanis[2], Vasileios Petsas[2], Athina Kouraki[2], Evangellia Souliotaki[2]

[1]Health center of Ag.Barbara, Herakleio, Crete, Greece,

[2]Venizeleio Gen. Hospital, Herakleio, Crete, Greece

Background & Aim: The recording and qualitative/quantitative assessment of chronic medication among people of 3rd and 4rth age in a rural setting.

Methods: The population of the study consisted of 86 subjects ≥65 years, who attended a designated general medical office, over a period of six months, for regular prescription and who were hospitalized in a pathology clinic at least once during the year 2014.

Results: 32 were men. The ages were 65-93 years old (40 persons of 3rd and 46 of 4th age). Only two subjects (2.2%) were not receiving any medication. The number of medicines per patient was up to 12, with a mean of 4.6 (4.2 and 4.8 for the third and fourth age respectively). The number of daily doses amounted to 16 (mean 5.4, 5.2 and 5.8 for the third and fourth age respectively). Individuals with higher education received lower average number of medicines (3,4 vs 4,8) and a smaller number of daily doses (3,6 vs 5,5). In all cases, the medications were prescribed by a doctor. 22 (25,5%) patients, receiving the maximum number of medicines, were not attending a personal family physician, minimizing hence the possibility their doctor to reduce their number of tablets. The most common drugs were cardiological/antihypertensives (79.1% of patients), anticoagulants / antiplatelets (49.6%), antiulceratives 41.9%- although in most cases had no indication, and psycholeptic ie. antipsychotics / anxiolytics / hypnotics / sedatives / antidepressants / nootropic / dementia (41.7% of patients, with 1-3 compositions per patient). Among medication of the latter category, 7% granted for radiculopathies.

Conclusion: Despite the changes in the health system, the polypharmacy currently seems to be a constant phenomenon in the third and fourth age.

These results highlight the need for radical changes in the national health system and the importance of each patient to have easy access to his personal general/family physician.

Keywords: polypharmacy, general practice physician, health services accessibility

[Abstract: 0686 - P-1022]

The prevalence of Lithuanian population of familial cancer anamnesis (FCA)

Indrė Baužienė, Valerijus Morozovas

Faculty of Medicine, Vilnius University, Lithuania

Background & Aim: Worldwide FC widespread about 10 %. We aimed to determine the frequency of FCA between the sexes and different age groups in Lithuania. Find out the most common localizations. Verify whether there is a statistically significant relationship between age and cancer localization in positive FCA group.

Methods: One time study was carried out in 2012-2014 years. We created self designed questionnaire about FC prevalence. 1200 respondents interviewed online. A statistical analysis was done and the Significance Assessed by a X-square test. The statistical Difference was Considered spreads across if the p value was below 0,05.

Results: FCA positive group accounts for 10,4 % (125): men accounted for 14.4 % (18), women - 85.6 % (107). 65.42 % (70) women were younger than 50 years old, male - 27.7 %(5). After 51 yers -34.58 % (37) women and 72.2 % (13) men. Statistically significant (p=0.002) women often have a positive FCA in 41-45 age group. Statistically significant (p=0.0001)

positive FCA is the most common between 51-65 years men. 64,8% (81) of 125 respondents didn't have oncology, bet they matched positive FCA. In FCA -positive group breast cancer formed 8%, skin 5,6%, ovarian / testicular and prostate by 4,0%, blood 3,2%, large intestine 1,6%, lung cancer 0,8%, other locations 5,6 % and cancer localization wasn't known 2,4 %.

Conclusion: FC prevalence is similar in other countries. Women make up the majority of positive FCA. Increased incidence or the positive FCA observed in younger women and older men. In general, the biggest part of FCA group consists of 41-45 years group. Depending on the results, FCA history with people and their relatives should be intensively investigated in order to reduce this risk.

Keywords: prevalence of familial cancer (FC), anamnesis.

[Abstract: 0709 - P-1024]

A new means to promote organ donation: General practitioners' views on discussing organ donation in the primary care setting - a qualitative study

Jennifer Nicola Maeve Rea, Richard Meakin

Primary Care and Population Health Department, University College London, London, United Kingdom

Background & Aim: Organ shortages limit transplantation as a treatment for end-organ failure. Whilst England operates an opt-in system for donation, there is reliance on public proactivity and altruism for successful donor recruitment. At present, <1/3 of the UK population are registered as donors - more people need to be encouraged to donate. Previous work by this author revealed public expectation to find donation information in General Practice, suggesting an educational opportunity within primary care. Currently surgeries passively promote donation at registration or via posters/pamphlets in surgeries, there is no routine discussion with patients. Little research is available about active donation promotion in primary care or how GPs would respond to taking on this role.

Methods: A qualitative study design using semi-structured interviews with a purposive sample of 15 London GPs. Framework thematic analysis was used to identify trends within data collected.

Results: Participant GPs were conscious of the need to increase donor registration, but had limited education on donation or experience discussing it. Primary Care was acknowledged to be an ideal setting for donor recruitment and GPs were willing to increase their involvement in promotion. GPs accepted that discussion could provide meaningful donation education, but expressed concern that conversations could be time consuming and/or inappropriate for many patients. Optional discussions that were patient-led rather than doctor-led, were considered most suitable.

Conclusion: Organ shortages in the UK are set to rise by 8% each year. With an opt-in system in place, we need to be more creative in our approach to donor recruitment. This study suggests that GPs promotional role could be expanded as part of a wider public drive to increase donation, and that discussion may have a place in promotion if offered selectively for patients who are hitherto undecided and wish to discuss further with a healthcare professional.

Keywords: organ donation, donation, promotion, general practice, discussion, primary care

[Abstract: 0715 - OP-213]

Multidisciplinary approach to treating obesity in a community health centre

Milena Blaž Kovač[1], Igor Švab[2], Antonija Poplas Susič[1]

[1]Comunnity Health Centre Ljubljana, Slovenia, [2]Medical university Ljubljana

Background & Aim: Obesity incidence continues to grow. The main problems of treatment is low success rate and the poor longterm sustainability of reduced weight after completed programme. The most successful methods include multidisciplinary approach, but they are often poorly evaluated. In urban health centre in Ljubljana a long-term programme has been developed by multidisciplinary team of doctors, nurses and physiotherapists. The aim is to evaluate short and longterm outcome of the programme with regard to cardiovascular risk factors and to determine the associations with social and demografic factors, upon preserving in the programme and the maintenance of a lower weight after the programme has been completed.

Methods: The programme included the 6 months weight reduction part and 18 months of the weight maintenance part. 397 participants were recruited by their GPs and data were collected after 24 months. Logistic regression was used as a metod of determing the factors of success and SPSS for statistical analysis.

Results: 346 participants have completed the introductory part and 123 have completed the full programme. In the intoductory the average weight loss was 12% of the initial weight. The participants who completed the full programme lost 9,4% of the intial weight. The values of blood sugar, cholesterol, systolic and diastolic blood pressures were significantly reduced. (p< 0,05) The factors associated with staying in the programme are age over 50 (beta= - 0,6219, p= 0,015), lower educational levels (beta= 0,6430, p= 0,029), lower initial weight (beta= -0,0089, p= 0,10) and higher weight loss (beta= 0,0363, p= 0,064) in the introduction.

Conclusion: The multidisciplinary approach to obesity treatment was effective for a selective group of people. The proportion of dropouts was relatively high but still low compared to similar programmes. Programme supported NorwayGrantis

Keywords: obesity treatment, primary health care, patient adherence

[Abstract: 0718 - OP-049]

Self-reported hindering health complaints of community-dwelling older people

Sophie C.e. Van Blijswijk, On Ying A. Chan, Anne H. Van Houwelingen, Jacobijn Gussekloo, Wendy P.j. Den Elzen, Jeanet W. Blom

Department of Public Health and Primary Care, Leiden University Medical Center, Leiden, The Netherlands

Background & Aim: Proactive care for community-dwelling older persons targeting self-reported hindering health complaints might prevent a decline in function. To effectively offer proactive care, knowledge of which complaints hinder older persons most from day-to-day is needed. Therefore, the aim of this cross-sectional study was to acquire insight in the broad spectrum of self-reported hindering complaints of community-dwelling older persons, the association with functional outcomes, and the awareness of GPs concerning these complaints.

Methods: Within the ISCOPE trial, participants (aged 75+) received the ISCOPE screening questionnaire. Answers to the open question "At the moment, which health complaints limit you the most in your day-to-day life?" were coded according to the ICPC-1-NL. We examined the prevalence and the association between the number of complaints and functional outcomes (Groningen Activities Restriction Scale [GARS], Cantril's Ladder, Mini-Mental State Examination [MMSE], Geriatric Depression Scale-15 [GDS-15], and De Jong Gierveld Loneliness Scale [DJG]). Electronic patient registers (EPR) of 4360 participants were gathered and searched for the most reported complaints.

Results: In total 7285 persons participated (median age: 81.0 years [IQR 77.8-85.3], 38.6% males). 2379/7285 participants (32.7%) reported no complaints. The others reported 13,524 complaints (median 1, range 0-18). Most reported were problems with walking/standing (n=1609, 22.1%), pain (n=1515, 20.8%) and weakness/tiredness (n=620, 8.5%). In the EPRs these complaints were also mentioned in respectively 28.3%, 91.3% and 55.5%. A higher number of self-reported complaints was related to poorer scores on the GARS, Cantril, GDS-15, and DJG.

Conclusion: One third of the participants reported no complaints. Problems with walking/standing, pain, and weakness/tiredness were most reported, but often not found in EPRs. The number of complaints was associated with poorer scores on functional outcomes. GPs should ask about these complaints and their influence on daily life as a basis for proactive care.

Keywords: geriatrics, self-reported complaints, functional limitations

[Abstract: 0728 - P-0895]

Preventive culture: First aid for children 11 years old

Ana Cristina Menendez Lopez[1], Lázaro De Castro Peral[2], Javier Arnés Acevedo[1], Juana Jiménez Martínez[3], Francisca María Aceituno Villalba[1], Alvaro Ruiz Risueño Montoya[1], María Dolores Bosque Mata[1], Sonia Falla Jurado[1], Alicia Sánchez Martínez[1]

[1]San Javier Health Centre, [2]San Pedro del Pinatar Health Centre, [3]Torre Pacheco Healt Centre

Background & Aim: Based on the Resolution of the Ministry of Education, September 7, 1994 (BOE of 09/23/94), which introduces in basic education the "cross-cutting themes" including health education, and in Article 5.2 of the Law on Prevention of Occupational Risks, which include as an aid in the prevention culture: family, teachers and health professionals, we went to school to teach a short course on first aid for children in 6th grade. They answered a questionnaire to confirm the knowledge acquired, also asking for their health vocation. We aim to teach basic and useful concepts in prevention and make them feel interested as well as giving importance to our profession.

Methods: It is a cross-sectional study carried out on the total students in sixth grade (95). Using a questionnaire of 12 items previously validated. Statistical Analysis T-student, G-STAT 2.0 software, considered to be significant at P <0.05.

Results: Women 42.48 %, 51.58 % men, they want to be a doctor when they are older 33.68 % (51.60 % women, 48.40 % men). As for first aid, 78.95 % learned the first thing to be

done when dealing with an injured person, within the treatment of bleeding 85.26 % answered correctly. Correct answers regarding the syncope 63.68 %, higher number of failures in hypoglycem (50.53 %). In the Heimlich maneuver almost 90 % both in theory and practice. The 83.51 % answered adequately about burns. The overall result was enormously satisfying, as only 3.16 % had a mark less than 5, with an average rating of 8.01. Finally, we do not find statistically significant difference between the number of correct answers, preference for being a doctor and sex.

Conclusion: 1-Need for health education (family and school), concept of prevention. 2-To stand out the children´s ability to discover and learn

Keywords: first aid, accident prevention, health education

[Abstract:0734 - P-1025]

Pathological internet use, cyber-bulling and mobile phone use in adolescence: A multicenter, school-based, cross-sectional study in Greece

Zoi Tsimtsiou[1], Anna Bettina Haidich[2], Anastasios Drontsos[1], Fotini Dantsi[1], Zafiria Sekeri[3], Evangelos Drosos[4], Nikolaos Trikilis[5], Theodoros Dardavesis[2], Panagiotis Nanos[6], Malamatenia Arvanitidou[2]

[1]Urban Health Center of Evosmos, Thessaloniki, [2]Department of Hygiene, School of Medicine, Aristotle University of Thessaloniki, Thessaloniki, [3]Health Center of Litochoro, Litochoro, [4]Health Center of Siatista, Siatista, [5]Health Center of Chalastra, Chalastra, [6]3rd Health Authority of Macedonia, Thessaloniki, Greece

Background & Aim: Although Internet is a very useful means of information retrieval, social networking and entertainment, potential hazards have been recognized in the vulnerable group of adolescents. We aimed in investigating the prevalence of Internet addiction (IA) and cyber-bulling behaviors in adolescents, their possible association and identify associated factors among socio-demographics, Internet habits and the use of mobile phones with Internet access.

Methods: In this cross-sectional, school-based study, 8053 students of 30 middle and 21 high schools (12 to 18 years old) in North Greece were invited to participate, based on a multistage stratified random sampling technique. Internet Addiction Test (IAT) was used along with experience of cyber-bulling (victim or/and perpetrator), socio-demographics, Internet activities and use of mobile phone with Internet access.

Results: 5590 students participated (response rate 69.4%). We found that 30.1% had mild, 9.6% moderate and 0.4% severe IA, while 7.3% were cyber-bulling victims and 6.6% perpetrators during the last 12 months. Ownership of mobile phones with Internet access was 65.2%. Younger age, hours online during a school day and surfing from mobile phones, visits in Internet cafes, use of pornographic sites, chartrooms and being a victim or perpetrator of cyber-bulling were associated with IA, while the use of athletic sites was inversely related. Hours of Internet surfing from mobile phones and IAT score were associated with both cyber-bulling profiles. Cyber-bulling victims were more likely to be female, use Facebook and chartrooms, while perpetrators to be male, use Internet longer and prefer pornographic sites. A perpetrator was 5.5 times more likely to have also been victim.

Conclusion: Cyber-bulling behaviors are associated with IA

and the longer hours of mobile phones use for Internet access were found associated with both conditions.

Keywords: internet, addiction, adolescents

[Abstract: 0741 - P-0058]

Control of old hypertensive patients with comorbidities

Pedro Alejandro Gonzales Flores, Silvia Sanchez Casco, Monica Pons Querol, Ione Veronica Mejia Ganoza, Giancarlo Jesús Ormeño Victorero

Catalan Health Institute, CAP Les Fontetes, Cerdanyola del Vallès, Barcelona, Spain

Aim:

1.To determine the degree of control of the patients with High Blood Pressure in the CAP Les Fontetes.

2.To determine the presence of diabetes in these patients and to assess its control.

3.To determine the main TOI (Target organ injruy) of studied patients and the established cardiovascular disease (ECD).

Methods: Patients with HBP of the CAP FONTETES (Cerdanyola del Vallès. Barcelona) was studied in a descriptive and cross. Were chosen 583 (80%). The two guides used were one of the Catalan Health Institute (ICS) and the another one of the European Hypertension Society (EHS). The TOI, the presence of diabetes and established Cardiovascular disease and its respective control were determined. Results were processed using the SPSS system.

Results: Prevalence of hypertension was 46.3%. We selected 583 patients (80.2%). 341 were women (58.5%). The degree of control was 59.5% and 69.9% according the used guide. 162 had diabetes (27.8%) being the control right in 64.2% and 74.1% (ICS and ESH guide). The TIO were 22 left Ventricular hypertrophy and Microalbuminuria 28 (4.8% and 3.77%), and their control were 50% and 72,7% (ICS) and 60,7% and 81,8% (EHS). Established cardiovascular disease were: heart disease 82 (14.07%), kidney failure, 67 (11.49%), AVC 27 (4.63%), arterial disease 15 (2.57%). Patients with ECD control was: 64.3% heart disease, Chronic Renal Failure 56.7%, AVC 74.1% and arterial disease 66.7% (ICS Guide) and 75.6%, 66.6% and 85.2%, and 80% (EHS guide)

Conclusion: 1.The degree of control was 59.5% (ICS) and 69.9% (ESH), 2. Presence of diabetes mellitus was 162 (27.8%) being controlled by 64.2% and 74.1% according the guide used, 3. Control of the patient with TOI: Microalbuminuria and LVH is 50% and 72% , 4. Control of heart disease 64.3%, 56.7% Chronic Renal Failure, AVC 74.1% and 66.7% arteriopathy. No differences with the literature

Keywords: high blood pressure, target organ injury, established cardiovascular disease

[Abstract: 0747 - P-1026]

Reasons for consultation of gastric cancer in primary care in the Netherlands

Charles W Helsper[1], Kristel M Van Asselt[2], Roxanne Ten Bokkel[2], Gerline Van Den Brink[1], Niek J De Wit[1]

[1]Julius Centre for health and primary care, UMC Utrecht, [2]Department of Primary Care, AMC Amsterdam, Netherlands

Background and Aim: Gastric cancer is relatively rare with an

incidence of 1,500 in the Netherlands. Since most patients are diagnosed in advanced stage of disease, mortality rate is high, with over 1,400 deaths each year. Moreover, gastric cancer causes a significant burden of disease. Earlier identification of gastric cancer patients is likely to reduce both mortality and disease burden. Since symptoms and complaints are first seen in general practice, the aim of this study is to identify and quantify reasons for consultation of gastric cancer in primary care to improve early diagnosis.

Methods: A case series using combined routine care data of the Julius general practitioners Network (JHN) and the GP-network-AMC (HAG-net-AMC) was performed. Files of patients diagnosed with gastric cancer between 1996 and 2014 were extracted and manually screened for recorded reasons for consultation. Screened text included coded and uncoded (free text) data.

Results: Patient files of 103 gastric cancer cases were studied. Recorded reasons for initial consultation were; abdominal pain (68.0%), anemia (39.8%), decreased appetite (36.9%), nausea (36.9%), reflux (35.9%), weight loss (33.0%), vomiting (29.1%) and constipation (23.3%). In over 70% of cases, a combination of two or more complaints was found. In 50% a combination of three or more complaints occurred. The combination of; abdominal pain and/or decreased appetite and/or nausea and/or reflux, was found in 82.5% of patients. Abdominal pain and/or anemia occurred in 82.5%. Alarm symptoms were found in 49.5%.

Conclusion: Abdominal pain is the most frequently recorded reason for consultation in gastric cancer patients in primary care. Most GPs recorded more than one complaint. Alarm symptoms were recorded in approximately half of the patients. To determine the diagnostic value of these findings in primary care, further research is needed.

Keywords: gastric cancer, general practice, primary care, diagnosis, symptomes

[Abstract: 0773 - P-1028]

Alcohol consumption among young adults in Lithuania

Mante Barzdenyte, Monika Niedvaraite, Daiva Makareviciene, Greta Salciute, Ana Chaleckaja, Ignas Barzdenis, Virginijus Sapoka, Vytautas Kasiulevicius

Vilnius University Faculty of Medicine, Lithuania

Background & Aim: The data about alcohol using in young adult subjects is poor in Lithuania. The aim of our survey was to evaluate alcohol consumption models among young aduts.

Methods: A randomized survey was performed by carrying out annonymous 32 questions questionnaire covering the period from 2014 to 2015 years, collecting data on basic characteristics, tobacco and alcohol consumption models. A modified alcohol dependence scale (ADS) was used. Questionnaire was completed by 797 respondents, 794 were taken to the final analysis. Main selection criteria was age from 18 to 29 years. According to estimates of the ADS, respondents were divided into 5 groups: 0, 1-13, 14-21, 22-30, 31-47.

Results: Among 794 participants, 70.0% were women, 95.2% - unmarried, mean age was 22.2±2.3 years. Of all, 50.1% respondents lived in the capital city Vilnius. The majority of subjects (41.3%) lived with their parents, 20.1% - together with the lover, and 17.1% lived in dormitory. According to the survey 92.6% had university education. Unemployed were

69.9% participants, 30.4% of young adults had steady jobs. Non-smokers were 61.2%, but a reasonable proportion of the respondents (38.8%) were constantly smoking or attached themselves to social smokers. Women had a significantly lower estimate of ADS than men (p = 0.004). Those who lived with their parents or the lover had lower ADS (p = 0.034). It was also noted that the unemployed participants were in a significantly larger alcohol dependence risk compared to the working population. There was no connection among age, city, social situation and the resulting estimate of ADS.

Conclusion: Our research showed that less alcohol consume in employed female, living with their parents or lover.

Keywords: alcohol use, alcohol consumption, young adults

[Abstract: 0774 - P-0837]

Women's health monitoring in suburban area of the capital of Brazil

Fernando Ferreira Natal

Escola Superior de Ciências da Saúde - ESCS - Federal District - Brazil

Background & Aim: The region studied is a suburban neighborhood inhabited by popular urban working classes of central Brazil called Ceilândia, characteristized by areas with regular urban infrastructure combined with large pockets of poverty and precarious socioeconomic status. To survey health monitoring indicators related to women issues linked to prenatal, postpartum and reproductive planning in 11 basic health units located in Ceilândia.

Methods: Cross-sectional study in 2013 in a population of 147.405 women of childbearing age in a total of 414.531 inhabitants in a suburb of the Brazilian Federal Capital. The data collection was executed during the assistance provided by the health workers in the local community.

Results: At first, the indicators assessed the extent to which services provided to the community in 2013 reached the results recommended by regulators of primary health care in Brazil. In its second stage, the study proposed the analysis of the indicators done by Ceilândia health workers themselves, so that from these data, there could be proposals to solve the identified problems.

Conclusion: The result is a series of regulations adopted since 2014 by health facilities in order to enhance the work related to the primary health care of women. Among them, there is the need to conduct training and in-service training for professionals to better meet the prenatal component; as well as the necessity to perform networking activities between Ceilândia Regional Hospital and basic health units to ensure appointments in early postpartum period by the 10th day after birth; hold meetings to better guide the planning within the reproductive health unit, but also in schools to reach the teen audience.

Keywords: health indicators, prenatal, puerperium, reproductive planning

[Abstract: 0776 - OP-001]

Characteristics of the diagnosis of violence against women in a regional health service

Rosario Morales López[1], José Miguel Bueno Ortiz[2], José Jesús Guillén Pérez[3], Celia Alsuhail López Blanco[1], José López

González[4], Sandra Jiménez Rejón[5]

[1]Centro de Salud Cartagena-Oeste. Servicio Murciano de Salud, [2]Centro de Salud Fuente Álamo. Servicio Murciano de Salud, [3]Consejería de Sanidad Comunidad Autónoma Región de Murcia, [4]Centro de Salud Cartagena-Este. Servicio Murciano de Salud, [5]Centro de Salud La Unión. Servicio Murciano de Salud

Background & Aim: Violence against women (VAW) is an important problem of Public Health. Primary Care (PC) is critical in its approach and the best place for early detection. To know more about VAW-PC cases.

Methods: Design: Observational, descriptive, cross-sectional. The study was performed in Primary Care. Population: Family doctors (FD) of a Regional Health Service (N=829). Selection Criteria: Systematic random sampling (n=263) (e) 5%, (p) 50%. FD Self-administered questionnaire related to their patients' medical diagnoses in the last 10 years. Variables: age, type of abuse, professional who has diagnosed the problem, existence of prior suspicion, number of medical consultations in the last year and consumption of psychotropic drugs. The statistical analysis SPSS 21.0. Approved by the Regional Clinical Research Ethics Committee.

Results: Answers: 233 FP (88,59%). Number of cases of VAW diagnosed per FD: 0: 44 FD (18.84%); 1: 54 FD (23.11%); 2: 64 FD (27.46%); 3: 38 FD (16.30%); 4: 18 FD (7.72%); 5: 11 FP (4.72%); 6: 2 FD (0.85%); 7: 2 FD (0.85%). Total: 415. Mean 1,78. Detection: FD: 288 (70.1%); nurse: 26 (6.3%); Hospital emergencies: 26 (6.3%); social worker: 20 (4.9%); police: 20 (4.9%); Primary care emergencies: 16 (3.9%); Others: 15(3.6%) Age of victims: 14-87. Mean: 50. Number of consultations last year: 0-40. Mean: 8. Treatment with Psychotropic Drugs: Yes: 268 (27.8%), No: 133 (33.2%). Type of abuse: Physical: 267 (65%); Psychic: 290 (70.6%); Sexual: 4 0(9.7%); Economic: 60 (14.6%); Environmental: 18 (4.4%)

Conclusion: Each FD has diagnosed in last 10 years a mean of 1.78 VAW cases. The detection has been performed more frequently by FD without previous suspicion of VAW. The VAW victim's average age is 50 years, consulted on 8 times to their FD in the last year and consume psychotropic drugs. Mental and physical are the most frequent types of abuses suffered.

Keywords: violence against women, diagnosis, family doctor.

[Abstract: 0781 - P-0500]

The model of care oasis: A new approach for GPs to improve care for persons with advanced dementia

Jean Claude Leners

LTCF ALA Oasis, Erpeldange, Luxembourg

Background and Aim: Since some 6 years now we have organized two care oasis for People with advanced dementia. In order to implement definitively this model of care, an external evaluation was realized. The aim of the care oasis is to improve communication, diminish anxiety, guarantee comfort. Both care oasis are imbedded in two larger nursing homes and five GP are working in these institutions and are also part of the communication facilitators during their presences once or twice a week.

Methods: The care approach in the oasis is well related to T Kitwood's work on patient-centered care (details during presentation) and the model chosen to evaluate the positive interactions between carers and patients is based on Wessel's model on human ontogenetic.(details during presentation) The interaction between the Person with dementia and the caregiver, including the physicians, was evaluated during 14 days and communication abilities were split into several aspects.

Results: The main outcome from the Patient's point of view was: giving (to act at same eye level for both) = 71%; apathy = 5,1% and submission = 17,1%. The interaction giving was subdivided further in openness to act = 36,7% and showing personal concern in 23,7%. From the caregiver's side, including GPs, the three major interactions were: guidance (30%), recognition or valuating the Patient (18) and negotiation (15). (All results will be displayed). Furthermore the activities in direct contact with the Patient were in the care oasis 68% of total activity, compared to 55% in a regular ward. Finally the burn-out evaluation for the caregivers showed lower values in the care oasis team (2,5) compared to regular ward team (2,9) for the emotional exhaustion scale.

Conclusion: The model of care oasis is an alternative for good medical practice in nursing homes for people with advanced dementia.

Keywords: advanced dementia, medical interaction, care oasis

[Abstract: 0785 - P-0593]

Workplace stressors and its effects to perception of depersonalization and job dissatisfaction in physicians

Nurka Pranjić[1], Sanda Kreitmayer Pestic[2], Ljiljana Maleš Bilić[3], Anja Pranjić[4]

[1]Department of Occupational Medicine, Tuzla University School of Medicine, Tuzla, [2]Educational Centre of Family Medicine, Tuzla University School of Medicine, Tuzla, [3]Department of Occupational Medicine, School of Medicine, Banja Luka University, School of Medicine, Banja Luka, [4]Postgraduate study of Faculty of Economies of University of Tuzla, Tuzla, Bosnia and Herzegovina

Background & Aim: Depersonalization is described as suffering from episodes of surreal experiences. Some of these experiences have been also reminiscent of panic attacks and paroxysmal anxiety. To examine the prevalence of workplace stress, depersonalization and job dissatisfaction; to assess the association between differential levels of distress and job dissatisfaction on depersonalization among physicians in Bosnia and Herzegovina.

Methods: A cross- sectional study was conducted in period January 2014- January 2015. Questionnaires were distributed to a convenience sample of 715 physicians employed in Hospital Clinical Centers and Health Centers in Tuzla Region. The response rate was 71% (n=511). Data were collected using the Occupational Stress Assessment Questionnaire (OSQ) and the Maslach- Burnout Inventory.

Results: Twenty three percent of respondents (n=511) reported a high level of workplace stress, 13% perceived a high level of job dissatisfaction and 15% a high level of depersonalization. Feeling of moderate level of depersonalization was present in about 49% of respondents (about half of physicians). Perception of depersonalization predicted following stressors: need to using knowledge and skills during working tasks (β=0.132; 95% CI, -0.032-0.508) and work has phases that are too difficult (β=0.136; 95% CI, -0.001-0.574). Job dissatisfaction

was predictor for perception of depersonalization (β=0.238; 95% CI, 0.236-0.816).

Conclusion: The study results underline the importance of continued education, work organization, improving job satisfaction on way to protect development of depersonalization in physicians.

Keywords: depersonalization, distress, job dissatisfaction, physicians

[Abstract: 0825 - P-0069]

Primary care providers' opinions about online self-management for well-controlled type 2 diabetes mellitus patients

Huberta Hart[1], Elke De Leeuw[2], Guy Rutten[2], Rimke Vos[2]

[1]Leidsche Rijn Julius Health Centers, Utrecht, [2]Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, The Netherlands

Background and Aim: To explore perceptions of primary care providers about an online self-management program for well controlled type 2 diabetes (T2DM) patients that replaces a greater part of regular care, and to assess the selection of eligibility of these patients in their own practice.

Methods: An online self-management program was introduced in four primary healthcare centers. Well-controlled T2DM patients could get the opportunity to visit the practice once per year and to upload self-measured bloodglucose, blood pressure and bodyweight measures three-monthly. Patients will be contacted afterwards on indication. Well-controlled (both HbA1c, LDL-cholesterol and blood pressure) patients were selected from the Electronic Data Base. Primary care providers judged who of them were eligible for the self-management program, and reported reasons for ineligibility. Patients' characteristics were compared and multivariable logistic regression was performed. Besides, the general practitioners and nurses received a questionnaire on online self-management in general.

Results: Thirty six primary care providers participated. They considered 154 (54.6%) patients of 282 well-controlled T2DM patients eligible for self-management. Main reasons for ineligibility were 'language barrier' and 'cognitive impairment'. Odds for ineligibility were higher for older age (OR 1.05; 95%CI 1.03-1.08) and non-Western ethnicity (OR 4.18; 95%CI 1.77-9.90). In general, 32 primary care providers judged online self-management costeffective (56.3%) and beneficial for patients (62.5%). The following categories of patients were considered to be capable of self-management: people with high compliance (90.3%) and health literacy (80.6%), being well-controlled for a longer period (61.3%) and with little comorbidity (6.5%). Most reported barriers for online self-management were poor health literacy (90%), cognitive impairment (83.3%), language barrier (83.3%) and low compliance (76.7%).

Conclusion: In general, primary care providers have positive perceptions about online self-management as alternative to regular care for well-controlled T2DM patients, but in practice they consider a high proportion of patients ineligible for online self-management.

Keywords: self management, type 2 diabetes mellitus, primary care providers

[Abstract: 0853 - P-1035]

Tinnitus prevalance and effect on sleep quality

Erkan Melih Sahin, Mustafa Turan Ozdemir, Yusuf Haydar Ertekin, Aysegul Uludag

Department of Family Medicine, Canakkale Onsekiz Mart University, Canakkale, Turkey

Background & Aim: Tinnitus is a global problem effecting 278 million people and up to 15% of the population. Clinical conditions like depression and suicide are seen in about 20% of the tinnitus patients that also have serious decline in health quality mostly attributed to decline in sleep quality. The aim of this study is to determine the prevalence of tinnitus in adults living in Çanakkale, Turkey and effect of tinnitus on sleep quality.

Methods: Study sample were selected from Çanakkale adult population 18 years and older who attend to primary care centers for any reason using a cluster sampling. Demographic characteristics, tinnitus symptom and medical history were questioned and Tinnitus Reaction Questionnaire (TRQ) and Tinnitus Handicap Questionnaire (THQ) were applied to detect severity of tinnitus. Subjective sleep quality was evaluated using Pittsburg Subjective Sleep Quality Index (PSQI).

Results: Tinnitus were found 36 (7.2%) of the 500 participants. Mean TRQ score was 18.8 ± 8.9, and mean THQ score was 20.9 ± 10.3 in tinnitus patients. Mean PSQI score of the participants was 4.4 ± 2.6 and there were 171 (34.2%) people with a 5 or higher PSQI score which interpreted as worse sleep quality. PSQI score of the tinnitus patients (5.8 ±3.1) were significantly higher than others (4.3 ± 2.5) (U=5813; p=0.002). Rate of worse sleep quality among tinnitus patients (12.3) were significantly higher than the non-tinnitus patients (4.6%) (X2=10.040; p=0.002). The PSQI score did not correlate with TRQ or THQ score.

Conclusion: The prevalence of tinnitus found lower in our region according to our results. Participants might not declare lesser symptoms that did not effect their quality of life. Our results confirmed the relation of sleep quality and tinnitus. Sleep quality should be a part of the follow-up of tinnitus patients for a proper health care.

Keywords: tinnitus, prevalence, sleep quality

[Abstract: 0866 - P-0840]

Reduction in prank calls to prehospital emergency care services "Samuzinho Project"®

Mônica Beatriz Ortolan Libardi[1], Júlia Maria De Oliveira Duarte[1], Rodrigo Belém Caselli[1], Ubirajara José Picanço De Miranda Junior[2]

[1]Mobile Emergency Care Service - SAMU 192, [2]Superior School of Health Sciences - ESCS - Federal District - Brazil

Background & Aim: The Ambulance Service of the Federal District of Brazil - SAMU 192-DF, under the Ministry of Health, is a prehospital care service accessed through telephone call to a Central Medical Regulation. The high prevalence of undue calls is a problem that occurs in this service. This problem is responsible for the overload on the system, professional burnout and even dislocation of ambulances to unnecessary places, leaving unattended victims who really need help. The majority of these calls were prank calls, made by schoolchildren and also by adults, representing about 60% of the undue calls.

In 2007, the Samuzinho® Project was launched in order to bring to the community knowledge the SAMU 192-DF service, developing their spirit of solidarity, citizenship and service to others. Thus, this project aims to highlight the importance about the correct use of telephone to call for a prehospital care service.

Methods: Realization of first aid notions training course for schoolchildren and adults. It were used story creation ludic methods, scrapbook and collage, clay handling, and the real presentation of ambulances and teams, moto-ambulance and even helicopter. It was given a certification of completion for the participants.

Results: By March 2015, a total of 13,055 people were trained. Among them there were children, teenagers, primary school, high school and college's professionals, charity companies and institutions, kindergartens and the community in general, elderlies and prison system's employees. As a result, there were a reduction of 51% on undue calls, remaining a rate of 9% of misuse of telephone to call the service.

Conclusion: This training programme has demonstrated the importance of community awareness about the correct use of a help communication tool and, as a result, the improvement on the prehospital emergency care service.KEY-WORDS: Prehospital; ambulance service; SAMU 192-DF.

Keywords: mobile emergency care service – SAMU, Samuzinho Project, reduction in prank calls

[Abstract: 0870 - P-1037]

Face and content validation of a symptom diary for patients with suspected urinary tract infection (UTI) in primary care

Anne Holm, Gloria Cordoba, John Brodersen

The Research Unit for General Practice and Section of General Practice, Department of Public Health, University of Copenhagen, Copenhagen, Denmark

Background & Aim: Studies investigating UTI often include patient-reported outcomes measures (PROMs), but none of the existing PROMS were validated for complicated UTI and they had not considered that each item in a questionnaire can contribute differently to the measurement of the construct. The aim of this study was to develop and validate a condition-specific PROM on symptoms in adults with UTI in primary care divided into three domains: patient-reported symptom severity, bothersomeness and impact on daily activities.

Methods: The study group identified symptoms and activities relating to UTI from the literature. Response categories were added to generate a first draft version of the diary. Content validity (relevance and coverage) was ensured by conducting single interviews and focus groups with women and men who had previous had at least one UTI. Participants were recruited from the university practice clinic, urological departments (men), a seniors' activity center and the researchers' network.

Results: The first draft version of the PROM encompassed 21 items (eight symptoms and five daily activities) and response categories from 0 (none) to 3 (a lot). Two focus groups and nine single interviews resulted in 23 additional items. One item was discarded as not relevant. In the final interviews, no new items appeared, and we concluded, data saturation was reached (see table)

Conclusion: All three domains were confirmed to be relevant for patients with an UTI. The domains of symptom severity encompassed 18 items, the domain bothersomeness 18 items and the impact on daily activities domain seven items. The items included in these three domains will be psychometrically validated using the partial credit Rasch model for polytomous items.

Keywords: urinary tract infections [Mesh], symptom-diary, patient-reported outcomes

[Abstract: 0915 - P-0075]

The comparison of illness perception between breast cancer patients and other cancer patients

Sevsen Cebeci[1], Elif Akyol[2], Gül Eren[2], Dilek Önler[2], Müzeyyen Arslan[2], Metin Canbal[1]

[1]Depatmant of Family Medicine, [2] School of Nursing, Turgut Ozal University, Ankara, Turkey

Background & Aim: Patients cluster their ideas about an illness around five coherent themes or components. These components together make up the patient's perception of their illness. The components provide a framework for patients to make sense of their symptoms, assess health risk, and direct action and coping. Each of these components holds a perception about one aspect of the illness and together they provide the individual's coherent view of an illness.

Methods: The research sample was conducted in 106 outpatient treatment patients in Dr. Abdurrahman Yurtaslan Oncology Education and Research Hospital services which is located in the center of Ankara, who were treated between November 2013 May 2014. Questionnaire containing patient characteristics and Illness Perception Scale was used to collect the data.

Results: In our study treatment control and duration (cyclic) subscale scores were found to be higher in patients with breast cancer compared to other cancer patients (p=0,000, p=0,041). Breast cancer patients have lower ascription points of lifestyle than other cancer patients (p=0,013). Chance factors, physical factors, treatment control subscale scores were higher in patients with a family history than those without a family history(p<0,05) Treatment control subscale scores in housewifes were higher than other occupational groups, external ascription and lifestyle ascription subscale scores were lower (p<0,05).

Conclusion: A strong belief that the illness can be cured or controlled is typically associated with short perceived illness duration and relatively minor consequences. In contrast, beliefs that an illness will last a long time and has a number of symptoms tend to be associated with more severe consequences perceptions and lower beliefs about cure or control of the disease.

Keywords: illness perception, breast cancer, family medicine

[Abstract: 0924 - P-1041]

Social and health problems and family health strategy: a diagnosis of Vila DNOCS, a village of Brasilia, capital of Brazil

Ananda Dos Santos Conde, Thiago Cavalcante Magalhães, Ubirajara José Picanço De Miranda Junior

Escola Superior de Ciência da Saúde(ESCS), Brasília, Brasil

Background & Aim: The DNOCS Village, in Federal District of Brazil, is a place with a history of migration culminating in current social and health problems character. Actually, 488 families live there and the professionals of Family Health are the only social facilities on village. These professionals are in problem, because are surrounded by violence, unemployment and lack of effective public policies, interfering in the planning of health activities in the village.

Methods: To understand the challenges of the local health professionals, we elaborated a social and health diagnosis from a risk scale based in the form A of the Information System for Primary Care (Ministry of Health- Brazil). This scale is based on risk sentinels and was adapted of Coelho e Savassi scales (COELHO; SAVASSI, 2011).

Results: In total were analysed 545 forms. It has been demonstrated that unemployment (in 190 families - 34.86 % of forms), Hypertension (131 families - 24.03 % of forms) and the illiteracy (105 families - 19.26% of forms), are the main problems recorded in the records. However, problems such as violence - that was experienced during the observation of the health professionals in their activities in the village - not were registered (only 1 form from 545 forms), corroborating for a misperception of the local situation.

Conclusion: The results demonstrate the close relationship between health and social structure and as well the failures to registration of the health problems on the forms analysed. The systematic use of the forms can be a instrument to reorganizing the demand, but also can help not only in prioritizing home visits, as well can assist the communication between primary care and resource health managers and other social policies.

Keywords: family medicine, scale risk, social Problems

[Abstract:0928 - P-1272]

Job satisfaction of primary health care professionals in Turkey and their exposure levels to violence

Seyhan Hidiroglu[1], Ozlem Tanriover[2], Melis Tosun[1], Cem Armağan Turan[1], Burcu Sena Günaydın[1], Büşra Eser[1], Kaug Myat Htoo[1], Melda Karavus[1]

[1]Department of Public Health, Marmara University School of Medicine, [2]Department of Family Medicine, Yeditepe University Faculty of Medicine, Istanbul, Turkey

Background and Aim: Job satisfaction can be affected by various factors such as financial compensation, opportunity for advancement, relationship with the supervisor, and the job security in workplace. On the other hand, the incidence of workplace violence against health care workers is reported 16 times higher than that of any other professionals. The aim of this study was to determine the correlation between workplace violence and job satisfaction of primary health care professionals in Turkey.

Methods: In this descriptive cross-sectional study a questionnaire was administered to 143 primary health care professionals. The questions asked about workplace violence and their reactions against it, while the job satisfaction was asked using "Minnesota Job Satisfaction Scale".

Results: Sixty-five percent (n=92), was exposed at least once to workplace violence throughout their career. Majority (82%, n=117) of the sample were exposed to psychological harm including verbal assaults, while 20% (n=28) of the sample were exposed to physical agression, during the last year. Most of them had never been trained how to prevent the workplace agression or how to react when it took place. Seventy percent (n=88) of the participants who showed great anxiety in case of violence, had been exposed to workplace violence at least once throughout their career (p<0,05). The ones who had been exposed to workplace violence at least once were less satisfied with their current profession than the ones who had never been exposed to violence before (p<0,05).

Conclusion: Overall, the results showed that the majority of primary health care professionals had been exposed to workplace violence. Their anxiety levels due to the violence lead them to doubt whether the standards for workplace security are sufficient or not. The findings also pointed out the fact that the exposure to workplace violence affects the job satisfaction in a negative way.

Keywords: violence, job satisfaction, primary health care professionals

[Abstract: 0929 - P-0596]

Measurement of neck perimeter as a predictor of cardiovascular risk

José Carlos Sánchez Perez, Nayade Jorge Matin, José Ángel Sanchez Ortiz, Maria Ángeles Castaño Fuentes, Maria Rosa Sánchez Perez, Rocio Gil Ruiz Andalusian Health Service

Aim: Studying the capacity of the measurement of neck perimeter as predictor of cardiovascular risk in patients with obesity, arterial hypertension, dyslipidemia, type 2 diabetes and/or tobacco use.

Methods: Random samples were obtained from patients at 10 health clinics, all of whom presented some cardiovascular risk factors: arterial hypertension, dyslipidemia, obesity, type 2 diabetes and tobacco use.The following parameters were measured: age, sex, weight, waist size and bodily mass index (BMI), abdominal perimeter, neck perimeter.The samples were divided according to obesity: obese patients (BMI > 30) and not obese patients (BMI < 30).The inferential statistics were recorded with R commader program,

Results: The samples were of 251 individuals, 117 men (46,61%) and 134 women (53,39%).They were separated into 2 groups according to BMI, 120 obese (47,81%) and 131 not obese (52,19%).No statistical differences was found between the 2 groups related to the following parameters: age, sex, waist size and tobacco use. There was, however, a significant difference found between the average neck ann abdominal perimeters of the 2 groups. Analysis of correlation between 3 variables:BMI, neck perimeter and abdominal perimeter, was record (table 1).Linear regression between neck and abdominal perimeter was analyzed with de following equation: Abdominal Perimeter: 45,67 + 150 neck perimeter.

Conclusion: A correlation exists between BMI, abdominal perimeter and neck perimeter.It would be convenient to pursue an enhanced study with a greater sample size to obtain more significant statistical data, hereby enabling the establishment of a more precise correlation. It would already have practical importance that neck perimeter is faster and easier to obtain in a clic that BMI or abdominal perimeter.

Keywords: neck perimeter, abdominal perimeter, bodily mass index (BMI)

[Abstract: 0951 - P-0599]

Prospective cohort study of smoking cessation program in the "real world"

Ana Marqueño Ellacuría[1], Marc Tarín Martí[1], María Cordobés Millán[1], Sílvia Crespo Blas[1], Angela Inés Vieira Rodríguez[1], Rosario Hernández Ibáñez[2], José Miguel Baena Díez[2], Cristina Serrano Morales[3], Natividad Martín Peña[3]

[1]Resident de Medicina Familiar i Comunitària, CAP La Marina, [2]Metge de Família, CAP La Marina, [3]Infermera, CAP La Marina, Barcelona, Espanya

Background & Aim: Smoking is a major cause of morbidity in developed countries. The aim of study was to describe the characteristics of patients included in a smoking cessation program, and to estimate the "real-world" effectiveness in general population.

Methods: We conducted a prospective cohort study in 264 adult smokers who participated in a smoking cessation program in a primary care centre. Patients were referred to the first visit with a trained nurse. The rest of the visits where performed by general practitioner or a nurse. The protocol included the following variables: age, gender, chronic pulmonary disease, cardiovascular disease, cardiovascular risk factors, psiquiatric disorders, previous smoking cessation counseling, smoking cessation attempts, Fageström and Richmonds' scales, carbon monoxide (CO) in expired breath, and farmacologic treatment.

Results: The mean age was 47.2 years old (SD 10,8), and 50.9% were women. The prevalence of pathologies were: pulmonary disease 13.5%, ischemic cardiopathy 4.8%, stroke 2.2%, hypertension 23.2%, hypercholesterolemia 27.0%, diabetes mellitus 7.1%, depression 15.0%, anxiety 28.2% and psychosis 1.9%. Previous smoking cessation counseling was done in a 85.7% of the patients, and 75% had a previous attempt. The mean of the Fageström scale was 5.26 (SD 2.18), and the Richmonds' mean was 7.71(SD1.89). The mean of carbon monoxide (CO) in expired breath was 3.81 (SD 2.16). The most common prescribed treatment was varenicicline (52,8%), and nicotine replacement therapy (17,5%). The 34,5% of the patients (95% confidence interval 28.6% to 40.9%) remained smoke-free after a 3.16 years of follow-up. These results were not associated with any variables of the study.

Conclusion: This study demonstrates the effectiveness of a smoking cessation program in a long term cohort in the "real world". Abstinence rates were similar to previous studies. Remark that psiquiatric disorders' prevalence was high. Instead, cardiovascular diseases had a low prevalence.

Keywords: smoking cessation, primary care, effectiveness

[Abstract: 0953 - OP-021]

A double-blind randomized, placebo controlled trial of the effect of vitamin D3 supplementation on long term glycemic control

Shaheen Chowdhury, Gift Norman, Carolin Elizabeth George

Bangalore Baptist Hospital, Bangalore

Background & Aim: Diabetes is responsible for a major share of the burden of chronic disease worldwide. It has been postulated that the islet cell reactivity and inflammation in T2DM is responsible for the progressive nature of the disease.. In this context, the role of Vitamin D is being explored in view of its modulation of inflammatory pathways which comprise key events in T2DM progression. In addition in the Indian context particularly,

Vitamin D deficiency appears to be an endemic problem. To study the effect of adding Vitamin D3 supplementation to the therapeutic regimen on the long term glycemic control in type 2 diabetes patients.

Methods: This randomized double-blind placebo controlled clinical trial was conducted with 85 type 2 diabetic participants. The vitamin D-group (n = 44) and the placebo group (n = 41) were matched for gender, age, sunlight exposure and HbA1c at the baseline. The vitamin D-group received 60,000 IU vitamin D3 once a month for 3 months whereas the placebo group (n = 42) received a matching placebo.

Results: One hundred and sixteen participants were randomly assigned into two groups. Post attrition 85 subjects (with no difference in baseline characteristics) were analysed. Mean Hb1Ac increased at the end of 3 months in the placebo group (p value - 0.021) whereas the Vitamin D group did not show a statistically significant increase (p value - 0.090)

Conclusion: Three months of Vitamin D3 supplementation to T2DM patients appeared to arrest the progression of the natural course of disease.

Keywords: vitamin D, type 2 diabetes mellitus

[Abstract: 0958 - P-0503]

Complications of urinary catheters in elderly

Theocharis Georgios Lepenos, Maria Dimitrios Liarou, Dimitrios Lampros Mpellos, Panagiota Vasileios Prasinou Tzormpatzaki, Roza Ioannis Koliogeorgi, Vasileios Ioannis Spatharas, Spyridon Panagiotis Skoufias, Eirini Matthaios Sveroni

Health Center Amfikleia-Lamia Hospital-Greece

Background & Aim: Elderly people are more likely to require urinary catheterization for longer periods of time due to a variety of medical problems. Our purpose is to turn General Practitioners' attention to the commonest complications of long-term catheterisation in the elderly.

Methods: The usual practice for indwelling catheters is to change them every 4-5 weeks. Between May 2013 and April 2014 we studied 52 patients (45 men and 7 women) older than 65 years of age who attended the Health Center, seeking medical attention before the planned date for the catheter change. They all had had complications related with their catheters. On assessment, patients reported a constellation of symptoms including tiredness and lethargy, confusion, fever and rigors, being generally unwell, changes in urine ("milky", "cloudy" or bleeding), abdominal pain, dysuria and large amounts of urine leaking around the catheter.

Results: The complications related with indwelling catheters in the study population were: 34,6%(18) urinary tract infections; 42% (22) catheter blockage or obstruction, 9.6% (5) bladder spasms, 13.4% (7) urethral Injury. In patients with urinary tract infection, the catheter should be changed and a urine sample from the newly inserted catheter should be sent for MC+S. Patients with mechanical complications (leakage, blockage (encrustations)) might do better if their catheters were changed more often. The most commonly prescribed drugs to relax the bladder and prevent spasms were anticholinergics. Urethral injury is a common, especially if the catheter is inserted forcefully.

Conclusion: Catheter complications usually require replacement of the catheter. Long-term catheter users need to be well trained in the management of their catheters, as their quality of life may be seriously affected by the above mentioned

complications. The use of urinary catheters should be avoided whenever possible.

Keywords: elderly, complications, urinary catheters

[Abstract: 0964 - OP-096]

Situations of undergoing screening tests for cancer prevention of family physicians in Ankara, Turkey

Selda Tekiner[1], Gülseren Lale[2], Gülsen Ceyhun Peker[1]

[1]Department of Family Medicine, Ankara University School of Medicine, Ankara, [2]Meydan Family Health Center, Mut, Mersin, Turkey

Background & Aim: Family physicians recommend and guide their patients to undergo screening tests for preventable cancer types. We aimed to determine physicians' self-screening rates.

Methods: This is a descriptive cross-sectional study. Family physicians working at "Family Health Centers" in Ankara at the age of ≥ 40 years were included. A questionnaire was designed to define doctors' screening rates and it was completed face to face. The data were collected from 246 Family Health Centers between June 2013 and August 2013 and analysis was performed using SPSS version 15. Data were described as means and standard deviations(mean±SD) or medians and ranges. Comparisons of nominal variables were performed with the Pearson's chi-square and Fisher's exact test.

Results: Of the participants 43% were between the ages of 46-50 years; 42.2% were female and 9.5% were family physician specialists while 90.5% were general practitioners. The rates of undergoing screening tests were: 8.6% for colonoscopy, 2.7% for fecal occult blood test, 60.0% for mammography, 41.1% for clinical breast examination, 60.0% for Pap smear. Having a colonoscopy ratio was 32.3% among doctors with a family history of colon cancer, and 6.9% among doctors without a family history (p<0.001). Of the doctors 95.6% agreed with the necessity of undergoing screening tests, and 32.9% believed that family physicians should be responsible to ensure patients' undergoing screening tests. The ratio of "not believing about the responsibility of the patients' tests" was higher among general practitioners who didn't receive speciality education compared with the specialists (p= 0.041). The ratio of applying their own family physicians for screening tests was only 3.5%. The main reason for not undergoing screenings was "lack of time".

Conclusion: Family physicians had inadequate screening status for cancer. It is essential to draw physicians' attentions about cancer screening tests for themselves.

Keywords: cancer prevention, family physicians, screening

[Abstract: 0982 - OP-023]

Hypoalbuminaemia and cancer diagnosis in primary care: a case-control study

Samuel William David Merriel[1], Fergus Hamilton[1], Deborah Sharp[1], Robert Carroll[1], Willie Hamilton[2]

[1]Centre for Academic Primary Care, University of Bristol, [2]Medical School, University of Exeter

Background & Aim: Earlier cancer diagnosis improves treatment and survival rates. Hypoalbuminaemia (albumin <35g/L) is associated with poorer cancer prognosis and treatment outcomes in secondary/tertiary care patients. No studies have yet been performed exploring the relationship between low albumin and a new diagnosis of cancer. The primary aim was to determine if adult patients with a new diagnosis of cancer in primary care have hypoalbuminaemia in the 12 months prior to diagnosis. A second aim was to explore whether hypolbuminaemia is associated with a diagnosis of particular cancer types.

Methods: A case-control study of 243,730 adult patients in primary care was performed on data extracted from the DISCOVERY database. The main outcome measure was a diagnosis of cancer, including the type of cancer. Relevant past medical history of conditions affecting albumin levels (liver dysfunction, nephrotic syndrome, chest or abdominal trauma, sepsis or heart failure) and demographic data were also extracted. Descriptive statistics, chi-square and t-tests, were used to summarise albumin levels and baseline characteristics of participants. Unadjusted and adjusted logistic regression analyses were performed. Positive predictive values (PPV) for cancer diagnoses were calculated.

Results: Patients with a diagnosis of cancer were similar in age and gender to those who did not have cancer. Mean albumin levels were significantly lower in patients with a cancer diagnosis compared to controls (39.89g/L vs 41.35g/L, p<0.0001). The adjusted analysis showed patients with hypoalbuminaemia were more likely to be diagnosed with cancer within the next 12 months (OR 1.68 95% CI 1.58, 1.80). The PPV was 13.8% (95% CI 13.7%, 13.9%). Hypoalbuminaemia was associated with an increased risk of diagnosis of a number of different cancer types.

Conclusion: Hypoalbuminaemia is associated with an increased risk of subsequent cancer diagnosis. GPs should consider a possible diagnosis of cancer in their differential diagnosis for a low albumin.

Keywords: primary health care, neoplasms, hypoalbuminemia

[Abstract: 0988 - OP-097]

Pneumoccal vaccination in primary care settings

Peter Vajer, Peter Torzsa, Ferenc Tamás, László Kalabay

Department of FAmily Medicine, Semmelweis University Budapest, Hungary

Background & Aim: Influenza and pneumococcal vaccination are important preventive care measures to reduce morbidity and mortality in high-risk groups. Pneumococcal vaccination has also been shown to have effects additional to influenza vaccination in preventing pneumococcal bacteraemia, particularly in high-risk groups.Despite recommendations for immunization there is evidence of poor coverage of high-risk groups. The aim of this project was to show whether a campaign based in general practice is a practical and appropriate mechanism for increasing uptake of pneumococcal vaccine among high risk patients.

Methods: Every patient vaccinated with influenza vaccination was informed either by the nurse or by the GP about the importance of pneumococcal vaccination and was asked to fulfill a short questionnaire in 20 GP settings in Hungary during 2012/13 influenza vaccination campaign. Those who had been vaccinated by pneumococcal vaccine fulfilled a second questionnaire later on.

Results: 4000 patients were involved in the study, 576 asked for prescription of pneumococcal vaccine, while 310 were vaccinated, 16,5% of the women and 11,6% of men (OR 1,67 CI 95% 1,37-2,04, p<0,001), mean age 70,95 vs. 69,8 (OR 1,01; CI 95% 1,00-1,02; p<0,05). In case the pneumoccal vaccination

was offered by the GP the rate of asking for prescription was 33,6 vs offering by the nurse it was 8% (OR 6,33; CI 95% 5,23-7,67; p<0,001), while the rate of vaccinated patients 17,7% vs 4,4%. The number of vaccinated patients from the year 2011/12 to 2012/13 was increased 6,32 folds (p<0,001). The vaccination was refused because of the high price of the vaccine in 45%, 20% of the patients were vaccinated within 5 years, some were "afraid of the needle".

Conclusion: A practice based campaign is an effective method of increasing uptake of pneumococcal vaccine by high risk groups. Offering pneumococcal vaccine by GP is more effective then by practice nurse.

Keywords: pneuomococcus vaccination

[Abstract: 0996 - P-1044]

Study of the impact assessment of exergames in BMI percentile range of children aged 7-14

Ana Belen Piñon Gamallo[1], Paula Pilar Rodriguez Casal[1], Santiago Perez Cachafeiro[1], Margarita Boullosa Estevez[1]

[1]Department of Primary Care, [2]Department of Pediatrics, Integrated Management Area Pontevedra-Salnes, Galicia, Spain

Background & Aim: Overweight and obesity on children is one of most serious problems of the public health in the century XXI. While practicing physical activity (PA) is essential for growth and health in childhood, over the last decades children sedentary has been increased. The appearance of videogames on the market which involve PA, called exergames, it creates the opportunity for children to employ more energy than is used on classic games, representing a new alternative for maintaining an active lifestyle. To evaluate the association between BMI percentile range and the use of active videogames on children of 7-14 years.

Methods: A cross-sectional descriptive study was performed. The data was collected for 12 weeks, under parental consent. It was made with volunteer children who attended at the consultation of paediatrics in Marín (Pontevedra).

Results: The survey of 56 children, 31 males (55.36%) and 25 women (44.64%) with a mean age of 11.10 years was performed. Approximately a quarter (23.21%) were above the 95th percentile of weight. The 89.29% have a home console, the most frequent is the Wii (51.79%) and the PlayStation (42.86%). The 69.64% of them have exergames. Only 6% of those with console are overweight, compared to 16.67% of those without. The time spent on active consoles is 1.86 hours a week, while employing 4,56hours in other aerobic activities.

Conclusion: The exergames represent a new alternative of PA which if practiced regularly it could reach the daily minimum recommended PA. However, we have to keep in mind that not all active videogames require the same intensity of PA. So we think it is necessary more research in this field.

Keywords: exergames, video game, Children, physical activity, exercise, Body Mass Index

[Abstract: 1010 - P-0384]

Assessment of nutritional status in children and adolescents in Malvinas Argentinas District, Buenos Aires, Argentina

Juan Emilio Casabella[1], Favio Flores1, Zara Paiva[1]

[1]Municipio de Malvinas Argentinas, Buenos Aires

Background & Aim: Overweight is an increasingly condition in childrens and teenagers in primary care consultations, in Malvinas Argentinas District, however health teams based on experience from previous years prioritized the investigation of malnourished children. It is the aim of this study to describe the prevalence of both malnutrition and obesity in children of this county. To assess the nutritional status of schoolchildren in differents primary care units of Malvinas Argentinas district. To carry on medical interventions if necessary. Assess fullfilment of immunization schedule and initiate recovery scheme vaccine if necessary. Assess Visual Acuity. Detect the presence of caries.

Methods: Observational, descriptive cross-sectional study conducted in 20 functional units of the Municipality of Malvinas Argentinas, during and March 2014 during February. 3002 children between 2 and 20 years were evaluated. Data were obtained from HC made in Aptos Physical Operational School. The Anthropometric Tables Z-score WHO were used for age and sex, evaluating weight / age, height / age and body mass index (BMI).

Results: 3002 patients were evaluated, of which 55% (n = 1651) had adequate weight, 36% (n = 1081) Overweight / Obesity and 9% (n = 271) were underweight / malnourished. The highest percentage of malnutrition was in the age range of 2-5 years. The highest percentage of overweight / obesity was detected in the age range of 6-11 years. The percentage of children with caries was similar in the 3 groups, overweight and obesity: 59%, right Weight: 55%, Low weight, Malnutrition: 62%.

Conclusion: Among the data evaluated in our town we observed higher prevalence of overweight / obesity in relation to underweight children. Caries prevalence was similar in the three groups evaluated. Almost all of the patients tested had full schedule of vaccines for age.

Keywords: obesity, malnutrition, overweight, vaccination, primary care intervention

[Abstract:1024 - P-0084]

COPD guidelines and inhaled corticoesteroids. Do we prescrive them correctly in primary care?

Xavier Flor[1], Silvia Alvarez[1], Sara Davies[1], Albert Brau[1], Amparo Hervás[2], Núria Sánchez[2]

[1]Institut Català de la Salut, [2]CAPSE

Aim: To determinate the number of patients that are being correctly treated with inhaled corticoesteroids (IC) according to the stage and the different guides To determinate the percentage of patients treated correctly according to the stage, severity and the guide used (GOLD or GesEPOC)

Methods: Multicentric transversal study in Barcelona city. A total of 401 patients diagnosed of COPD and with FEV1/FVC post-bronchodilatation < 0,70 in spirometry test, from 6 primary care centres, were included. The treatment prescrived to the patients was analysed and compared to the recommendations given in both guides. Statistical bivariate analysis was performed.

Results: If we analyse the IC treatment according to GOLD's classification, the highest percentage of prescrived IC is in stage B (81,5%). Although, if we analyse it according to GesEPOC's classification, the highest percentage is in phenotype D (80%). The adequacy of prescribed treatment according to GOLD's guide is correct in 89,5% of the patients in stage B. On the other

hand, according to GesEPOC's guide, 70,6% of phenotype C patients have IC correctly prescrived.

Conclusion: According to GOLD's guide, there's a high percentage of patients in mild and moderate stages who should not have IC prescrived. Regarding GesEPOC's guide, the same happens with phenotype A patients. There is a correct adequacy of prescrived IC in the other stages and phenotypes. Globally, we can observe a better treatment adequacy in mild and very severe stages according to GOLD's guide, and phenotypes A and C in accordance to GesEPOC's guide

Keywords: COPD, corticoesteroids, adequacy, guidelines

[Abstract: 1028 - P-0505]

Immunization status ın the elderly: What are the attitudes of health care workers and improving precautions?

Orhan Yildiz, Saliha Serap Çiftçili

Marmara Medical School, İstanbul, Turkey

Background & Aim: The aims of this research are to explore attitudes of health care workers in primary health care workers towards elderly immunization and to define the barriers against it.

Methods: There were two phases in the study. In the first phase; Health Care workers (physicians and nurses) who work in Family Health Centers and people over 65 years of age who admitted to these centers between 15.08-15.12.2014 were evaluated. Datas were collected from 583 participants by the help of three different questionnaires. In the second phase of the study, qualitative data were collected from the 26 volunteers who accepted to be in the focus group interviews. Six focus group and three in-depth interviews were conducted by two educated researchers. The interviews were audiotaped and transcribed verbatim. In the statistical analysis of quantitative data, descriptive statistics, chi—square test and Student's t test were used. Thematic analysis was used to encode the qualitative data.

Results: Of the elderly participants; 65,3 % (n=235) thinks that vaccination is unnecessary in their age group; 57,5 % (n=207) said that they has been vaccinated at least once last year. Of the family physicians participated in the study, 66,4% (n=75) told that they knew the vaccines necessary for this age group. Of the family health care center nurses, 50,9% (n=56) says that they know the vaccines for this age group. The participants pointed out lack of integration in between different levels of health care system, lack of follow-up and records of adult immunization, problems with availability of certain vaccines in the market and workload excess as barriers against adult vaccination.

Conclusion: In conclusion, most of the elderly participants were not aware of the subject. Need for post-graduate and public education came up and public education material such as brochures or TV spots was offered as a solution.

Keywords: vaccination in elderly, adult Immunization, aging, preventive Immunization, vaccine.

[Abstract: 1043 - P-0906]

Use of Electronic Health Record (EHR) in the consultation: The impact of a training intervention on physician-patient interactions

Cédric Lanier[1], Melissa Dominicé Dao[1], Patricia Hudelson[1], Bernard Cerutti[2], Noëlle Junod Perron[1]

[1]Division of primary care, Geneva University Hospitals, [2]Geneva Faculty of Medicine, Geneva, Switzerland

Background & Aim: Electronic health records (EHR) are now widely used in outpatient medical settings. Although the first minutes of the consultation are considered essential to establish a good physician-patient relationship, little is known about how doctors use EHR while initiating the consultation. The aim of the study was first to evaluate EHR use in terms of physician-patient interaction and second to assess the impact of training on how to use computer/EHR during clinical encounters during the first 10 minutes of the consultation.

Methods: A pre-post study was conducted at the Division of primary care of the Geneva University Hospitals. 24 residents were invited to take part in a 3-month training program focusing on how to use computer/EHR during clinical encounters. The intervention included two group training sessions and 2-4 individual supervisions based on residents' own videotaped encounters. Residents were asked to videotape 3-4 encounters before and after the intervention. Outcomes measures were objective analysis of computer use in relationship with the content of the interaction (using the Roter interaction analysis system).

Results: 17 residents took part in the study. Pre-intervention, the first 10 minutes of the physician-patient interaction included the following contents: 29% emotional, 17% medical, 11% therapeutic and 6.6% psychosocial. The time spent using EHR during each type of discourse was: 29.8% medical, 26.6% therapeutic, 24.5% psychosocial and 21.1% emotional. Post-intervention, the overall proportion of time using EHRs decreased significantly (53.2 vs 49.8% p < 0.0001) and more specifically during psychosocial discourse (24.5% vs 9.76% p<0.0001).

Conclusion: Residents use the EHR 30% of the time during the first 10 minutes of consultation. The intervention had a positive impact on physician-patient relationship since it reduced residents' use of EHR during sensitive issues such as psychosocial discourse.

Keywords: electronic health records (EHR), physician-patient relationship, education

[Abstract: 1057 - P-0909]

Comparing the empathy levels of the family physicians, psychiatrists and residents

Sukriye Bayrak Ozdin, Fusun Artiran Igde

Department of Family Medicine, Ondokuz Mayis University, Samsun, Turkey

Bacground & Aim: The importance of patient-centered medical advisory and empathy reveals especially in the primary care and psychiatry. In this study, it is aimed to assess the empathy levels of the family physicians, psychiatrists and psychiatry residents.

Methods: This descriptive, cross-sectional study carried out multicenter between March-November 2014, was conducted across the country in the form of electronically attendance by

means of the e-mails and in the form of manual application. The Jefferson Scale of Physician Empathy and a survey involving questions to demonstrate sociodemographic characteristics were carried out to the 405 physicians, including 222 family practitioners and 183 psychiatrists/psychiatry residents. Data was assessed with the SPSS 21.0 package soft ware and statistical significance was considered as p <0.05.

Results: 222 of the participants are family physicians (54,8%) and 183 of them are psychiatrists and psychiatry residents (45,2%). The majority of the participants were between 24-35 years old physician (n:289, %71,4), and the average age was calculated as 33,84 (SD: 8,63). The average of family physicians' total JSPE scores is calculated as 78,79 ± 11,45, and the same average is 81,78 ± 8,33 for the psychiatrists. The average of psychiatrists' total empathy scores is found significantly higher than that of family physicians (p: 0,003).

Conclusion: It is concluded that especially the primary care physicians' empathy level is more inadequate and physicians generally do not adopt the patient-centered clinical methods. It can be thought that this situation is related to the imperfect knowledge of physicians, their inability to allow enough time for their patients due to the busy schedules and their lack of motivation due to the changing health policies. Thus, it would be guiding for physicians to raise the consciousness of them, discuss the subject efficiently in medical education and in-service training and to make more researches and studies.

Keywords: patient-centered care, models psychological, empathy, family practice, psychiatry

[Abstract: 1061 - OP-221]

Analysis of the smoking population. What is the perception of the usefulness of ICTs for smoking cessation?

Jose Manuel Trujillo Gómez[1], Laura Díaz Gete[2], Carlos Martín Cantera[3], Mireia Fábregas Escurriola[4], Mónica Manzano Montero[5], Lourdes Clemente Jiménez[6]

[1]Institut Universitari d'Investigació en Atenció Primària Jordi Gol (IDIAP Jordi Gol), Barcelona, [2]Primary Healthcare Centre, La Sagrera, ICS, Barcelona, [3]Primary Healthcare Centre, Passeig de Sant Joan, ICS, Barcelona, [4]Primary Healthcare Centre, La Marina, ICS, Barcelona, [5]Primary Healthcare Centre, Horta, ICS, Barcelona, [6]Primary Healthcare Centre, Santo Grial, SALUD, Huesca, Spain

Background & Aim: Common interventions for smoking cessation are based on medical advice and pharmacological aid. Information and communication technologies (ITCs) may be helpful as interventions by themselves or as complementary tools to quit smoking. Determining the profile of the smoking population and knowing the perception of the utility of ITCs for smoking cessation who has the patients attended in Primary care we could elucidate the viability of an ICT intervention in smoking cessation in primary care.

Methods: Descriptive observational study in 84 health centres in Cataluña, Aragon and Salamanca. We included by simple random sampling 1725 primary healthcare smokers aged 18-85. Through personal interview professionals collected Socio-demographic data and variables related with tobacco consumption, ICTs use and perception of the utility of ITCs for smoking cessation collected through face to face interviews. Data was analyzed by SPSS 17.0.

Results: Smokers mean age was 45.5 years, 51.1 % were male. Participants were more likely to be married (63.5%), manual workers (59.5) and 52.5% had completed secondary education. Mean age of starting tobacco consumption was 17.2 years and the mean number of self-declared cigarettes smoked per day was 15.4. Half of the participants declared a low dependency on nicotine. 74.5% of participants declared previous attempts to quit smoking. Patients tended to live in a non-smoke-free environment; 84.4 % of the patients were users of ICTs. Web pages/Internet was the ICT most valued to help smokers in tobacco cessation, but overall confidence that ICTs could help smokers to quit smoking is low.

Conclusion: The perception of the usefulness of ICTs to quit smoking by the participants is generally low and lower than expected, being higher in women, younger than 45 years old and users of each of the ITCs, being the most valued web pages / Internet.

Keywords: smoking cessation, information and communication technologies, primary health care, e-mail.

[Abstract: 1071 - P-0454]

Delayed childbearing for students: A hidden issue, dilemma, or real emotional problem?

Pascal Collard[1], Claudia M. Van Der Heide[2], Peter Vonk[3], Frans J. Meijman[4]

[1]Policy Analysis and Entrepreneurship in the Health and Life Sciences, VU University, [2]Student Health Services, Department of Research, Development and Prevention, University of Amsterdam, [3]Huisartsen Oude Turfmarkt and Student Health Services, General Practice, University of Amsterdam, [4]Department of general practice & elderly care medicine, VUmc School of Medical Sciences, VU University, Amsterdam, the Netherlands

Background & Aim: From a survey in 1983 it appeared that ambivalence towards having children can lead to uncertainty, confusion and emotional distress among female university students. The aim of this study in 2013 was to measure if this ambivalence towards having children is changed in the time of thirty years, to find possible time trends and to determine indicators for general practitioners to detect internal conflicts (dilemmas or real emotional problems) regarding the desire to have children among female university students in order to provide effective care.

Methods: We used a mixed methods design. Interviews with seven general practitioners, a literature search and the questionnaire used in 1983 were used to develop a new questionnaire. The newly developed questionnaire was distributed amongst female students through the Internet and a students' health service during spring 2013 (n = 398). We performed descriptive analyses and a logistic regression.

Results: 13% of the female students experienced being childless as problematic (2% often and 11% sometimes). From logistic regression analysis five factors showed significant associations with the internal conflicts concerning delayed childbearing: being older (p=.057), living together with a partner (p=.080), worrying (or worried) about fertility (p=.003), refusing abortion if pregnant (p=.021) and dissatisfaction with current contraceptive use (p=.073). GPs can use these factors as indicators in student patient consultations to detect dilemmas or real emotional problems.

Conclusion: Female students may experience being childless as a dilemma or even as a real problem in 2013. There was similarity in outcomes with the 1983 study. The factors

correlating with the presence of a real problem or dilemma can be used by general practitioners as indicators that may prove useful to identify students with ambivalence towards delayed childbearing, in order to provide effective care.

Keywords: delayed childbearing, students, emotional well-being

[Abstract: 1091 - P-1047]

Sitting time, activities and willingness to change in primary health care patients with overweight and obesity

Elena Martínez Ramos[1], Carme Martín Borràs[2], Jose Manuel Trujillo Gómez[3], Carlos Martín Cantera[4], Angela María Beltrán[5], Carme Claramunt Romero[6], Ivette Fabián Bontempelli[7], Laura Ruiperez Guijarro[8], Epifania Rodrigo De Pablo[9], Oriol Gallart Soteras[10]

[1]Primary Healthcare Centre, Vilanova, Institut Català de la Salut (ICS), [2]Department of Physical Activity and Sport Sciences, FPCEE Blanquerna, Universitat Ramon Llull, [3]Primary Healthcare Centre, Cuevas del Almanzora, North Almeria Region, [4]Department of Medicine, Universitat Autònoma de Barcelona, Bellaterra (Cerdanyola del Vallès), [5]Lifestyles Study Group, RedIAPP, Institut Universitari d'Investigació en Atenció Primària Jordi Gol (IDIAP Jordi Gol), [6]Primary Healthcare Centre, Sant Pere de Ribes, ICS, [7]Primary Healthcare Centre, Lluis Millet, ICS, [8]Primary Healthcare Centre, Viladecans, ICS, [9]Primary Healthcare Centre, Passeig Sant Joan, ICS, [10]Primary Healthcare Centre, Calella, ICS, Barcelona, Spain

Background & Aim: Obesity and physical inactivity are associated with chronic diseases and mortality. Sedentary behavior is increasingly common in primary care consultations. The aim of the study is to determine the magnitude of this behavior in overweight and obese patients, their relationship with chronic diseases, activities that are performed sitting and their willingness to diminish them.

Methods: Descriptive observational study. 464 mild obese and overweight patients (41.6% male, 51.9±10.10 years, 54% of them had a job) from 25 Primary Health Centres (PHC) were selected. The study variables were: age, gender, chronic diseases, prolonged sitting time and sitting activities in working and nonworking days (Marshall Sitting Questionnaire, MSQ) and willingness to diminish them (stages of change).

Results: The overall median was 6.2 hours/day of sitting time on working days and 6.0 hours of non working days. 49.6% were sedentary (≥6 hours a day sitting). The most frequent pathologies were: hypertension (44.4%) and dyslipidemia (41.2%). The main sitting activities were: a) working day: work or academic activities 34.4% sitting (2.1 hours) and watching TV 33.3% (2 hours); b) non-working day: the most frequent activity was watching TV 49.9% (3 hours). Regarding to willingness to reduce the sitting time, 47.6% had not considered to change this behavior (precontemplation phase).

Conclusion: The present findings show that about half of patients with overweight and obesity are sedentary and therefore a high-risk group to target for reducing prolonged sitting time. Knowing that activities performed in sitting position and willingness to change will help us design interventions in primary care to reduce this behavior. The study is partially funded by Instituto de Salud Carlos III (PI11/01082).

Keywords: overweight, obesity, Sedentary behaviour, sitting time, primary health care

[Abstract: 1100 - P-1048]

Is it possıble no psychotropıc ın jail?

Suat Sincan[1], Zekeriya Aktürk[2], Abdulkadir Kaya[2], Kenan Taştan[2]

[1]Atatürk Universty Student Health Center, [2]Ataturk University Medical Faculty Department of Family Medicine

Background & Aim: It's usually difficult to work in a jail, as a family physician. Usually, drugs have been given for the relaxation of prisoners but unfortunately, the prisoners who have used these drugs are bleeding wounds of prison and are responsible for the majority of criminal cases in these institutions.

Methods: The number of prisoners using psychotropic drugs were determined in an E type closed prison in Erzurum. Solutions and alternative treatment plans were created in a meeting with specialist physicians on Psychiatry, Neurology and Physical Therapy. Drugs that have been used by convicts who have been referred to hospital, have been replaced with non-psychotropic drugs suitable for the alternative treatment. Unless medical necessity, the green prescription and psychotropic drugs were not suggested for the prisoners.

Results: 164 of 550 prisoners (29.8%) were using green prescription medication, and 46 of 550 prisoners (8.3%) were using psychotropic drugs. Because of the taking these drugs high and uncontrolled doses, it was seen that 728 prisoners harming to himself and someone else in the form of cut were happening per year. Six months later, the number of prisoners using green prescription drug decreased to 0 (0%) and the number of prisoners using gabapentin, etc. 11 (2%). After the first year, a total of 8/ year, at the end of the second year 4 / year were encountered with a cut in the form of self-mutilation incident, depending on the dose of drug intake inappropriately.

Conclusion: Prisons are places that are difficult for physician because of incompatible prisoners and the drugs they use. These drugs are given to prisoners to pacify them, may cause greater legal and illegal problems. Therefore, if there in no indication, such drugs avoid prescribed, can significantly reduce criminal incidents that may arise in prison.

Keywords: green prescrition, prison, harming to himself

[Abstract: 1106 - P-0085]

Healthcare improvement through the new technologies: Diabetic Retinopathy Screening in Primary Care and Ophthalmologist teleconsultation

Esther Díaz Salcedo, Mònica Torremorell Núñez, Gemma Puig Ponsico, Maria Jesus García Jordán, Cristina Gallardo Sánchez, Encarna Rodríguez Sánchez, Oriol Huguet Briva, Cristina Viladot Viñas, Xavier Castro Bresco, Rosa Codina Pascual, Marta Albiol Serra Institut Català de la Salut, Barcelona, Spain

Background & Aim: The new technologies development can allow us to streamline the process of ophthalmologist teleconsultation if we detect pathology in diabetic retinopathy screening (DRS) in Primary Care (PC). Therefore, it's reasonable to develop new organizational proposals between healthcare levels to improve system efficiency. The main objective is to speed up the healthcare process when pathology is detected in DRS, using the teleconsultation. As secondary objective we study the diagnostic concordance between physician

and opthalmologist retinography interpretation, and with the diagnosis doing a direct fundus oculi by the ophthalmologist.

Methods: Retrospective descriptive study of 2014 Population: diabetic patients included in the DRS (non-mydriatic camera) attended in our PC area and presented pathology suspicion, reason why a teleconsultation is performed. Variables: Total number performed teleconsultation, retinography realization and ophthalmologist teleconsultation response delay, retinography interpretation diagnostic concordance between physician and ophthalmologist, and with the direct ophtalmoscopy diagnosis, main diagnosis in teleconsultations.

Results: Assigned population: 110153, 4245 diabetic patients, 3650 visits in DRS, 98 teleconsultations (2,7% of the DRS visits). From the 98 teleconsultations, we received 96 ophthalmologist response, and 56 patients needed a classroom visit. Average days delay: between DRS visit and ophthalmologist teleconsultation response, 52 +/- 67'9. Diagnostic concordance: between physician and ophthalmologist retinography interpretation: N: 83, good concordance kappa 0'727 (P<0.001). Between physician retinography interpretation and ophthalmologist classroom visit diagnosis: N: 50, acceptable concordance Kappa 0.444 (P>0.001). Diagnosis in physician teleconsultation: 46.9% moderate diabetic retinopathy (DR), 14.3% mild DR, 8.2% druses. Diagnosis in ophthalmologist teleconsultation: 38.5% moderate DR, 13.5% other pathologies and doubts, 8.3% druses.

Conclusion: The teleconsultation system between specialized levels allowed to speed up the assitance in suspected pathology diabetic patients of DRS. The ophthalmology service waiting lists have decreased. Phsysicians do a good retinography interpretation. Retinography is a good screening tool for the pathology detection.

Keywords: primary care, diabetic retinopathy, fundus oculi

[Abstract: 1109 - P-0606]

An epidemiological study in obese patients assisting to a dietetic therapeutic programme in primary care

Cristina Navarro Robles[1], María Cristina Garrido Laguna[1], María Fernández Zambrano[1], Agustín Benítez De La Poza[1], Maria Dolores Romo[2], Idoia Arrillaga Ocampo[1], Irene Padial Reyes[1]

[1]General Practitioner, [2]Psychologist, Las Lagunas Health Center, Mijas Costa, Andalucía, SPAIN

Background & Aim: Knowing the dietetic habits in obese patients is essential for the achievement of a variation in the daily life habits. To analyze the epidemiological profile in obese patients who start an interventional group.

Methods: A retrospective observational study in obese patients was performed between 2013- 2014 in Mijas Costa Health Center (Málaga, Spain).

Results: The programme was composed of 78 patients, 60 women and 18 men, including 86% of obese patients (IMC > 30). In this study we observed that 38.5% eat only three meals a day. 83% reported eating at home and 64% accompanied. It is observed that 44% eat between meals despite having a fixed schedule for main meals (78%). Most of those attending the program are responsible for the family diet, 68% was in charge of cooking and 76% perform daily shopping. 53% recognize continuous sensation of appetite. 68% acknowledged binge eating. The way of cooking of the 30% was making stew dishes

against an 11% who reported eating grilled food. We have found that 72% of our patients tried previous unsuccessful diets.

Conclusion: Among patients in our cohort, we found a minority of them with BMI 25-30 so we conclude that the programme would be more useful in early stages, preventing progression to morbid obesity, when it is more complicated that the programme could be successful. Most of our patients are responsible of cooking and doing the shopping, as well as they eat at home with fixed schedules and accompanied, therefore bad habits extend to the household and the results of the intervention come indirectly to the patient family environment. About the realization of previous diets, most admitted having done many previous diets without results. In addition we observed low adherence to the Mediterranean diet with an increase of unhealthy habits.

Keywords: obese, habits, dietetic programme

[Abstract: 1111 - P-1051]

Prevalence of functional dyspepsia and associated psychological factors, in the urban area of leon municipality. Nicaragua. A community based study 2003 – 2004

Edgar Martin Peña[1], Nawi Ng[2], Douglas R Morgan[3]

[1]Multiprofessional Teaching Unit of Family and Community Care- Zaragoza II Sector, Zaragoza, Spain. Centre for Epidemiology and Health Research, University of Nicaragua, León, [2]Unit of Epidemiology and Global Health Umeå University, Sweden, [3]Department of Medicine, Vanderbilt University, Nashville, TN, USA. Department of Medicine, UNC Chapel Hill, NC, USA

Background & Aim: The diagnosis and classification of Functional Dyspepsia in the general population has been a focus of researchers since the 1980s. Nonetheless, there are few community-based studies on this issue, particularly in Latin America. AIM: To measure the prevalence of functional dyspepsia and to analyze the psychological factors associated with functional dyspepsia, in the urban area of Leon, Nicaragua.

Methods: The study design is a cross-sectional survey, with household interviews. It was conducted within a demographic and health surveillance system (DHSS) of the Leon Municipality, Nicaragua. A sample of 1617 inhabitants (18 to 65 years old) was randomly selected from the DHSS. Three different instruments were used: the Rome II modular questionnaire to measure Functional Dyspepsia, Harvard-Uppsala trauma questionnaire focused on posttraumatic stress, rape and war experience; and finally conflict tactic scales to determine domestic violence. Socioeconomic Status (SES) was measured with the poverty index based on unsatisfied basic needs.

Results: The prevalence of functional dyspepsia in the community was 11.6%, affecting more females (12.6%) than males (10.2%). Domestic violence was significantly associated with Functional Dyspepsia in the logistic regression model (OR: 1.61, IC95% 1.10, 2.37).CONCLUSIONS: The prevalence of Functional Dyspepsia was 11.6%. Domestic violence was identified as an important independent risk factors for functional dyspepsia our final logistic regression model.

Conclusion: This study was supported by a grant from the Rome Foundation (DM). The study infrastructure was provided for by the Centro de Investigación en Demografía y Salud (CIDS, Center for Epidemiology and Health) of the University of Nicaragua, León, as a member of the global INDEPTH Network.

Keywords: functional dyspepsia, prevalence, nicaragua, survey, domestic violence

[Abstract: 1152 - OP-224]

Satisfaction of patients attended in two different models of primary care in Spain and Portugal

Ricardo Enrique Reolid Martínez, María Flores Copete, Mónica López García, Pilar Alcantud Lozano, Milagros Azorín Ras, Francisco Escobar Rabadán, María Candelaria Ayuso Raya

Centro de Salud Zona IV. Sescam. Albacete. España

Background & Aim: Patient satisfaction can be important as a measure quality of care in acceptability terms to individual patients of different primary care organizational models. The aim of the study is to know the degree of user satisfaction regarding the health care service in a Spanish health center(public, SESCAM) and another Portuguese(Unit of Functional Health).

Methods: Design: Cross-sectional study. Setting: Primary Care. Participants: 87 and 80 patients in Spain vs Portugal. Main outcome measures: They were asked to respond the EUROPEP instrument,23-item validated and internationally standardized measure evaluations of general practice patients. Other variables: age, sex, education level. The collected data were coded and entered into a database using the SPSS 17.0 statistical programme. The analysis included a description of the variables, comparing both health center (Mann-Whitney U test).

Results: The mean age was 50.1 (SD:16.3) and 56,9 years (SD:17.0) in Spain vs Portugal (p=0.011); 56.3% and 61.2% were women, there were no statistically significant differences (NS) by sex. (84.3 and 73.7%) had primary or higher level (NS). In general, Portuguese patients had more favourable opinion about the care they received. The most striking differences (p<0,0001) were found: telling them what they wanted to know about their illness (97,2 vs 81,7), helping to deal with emotional problems related to health status (94.5 vs 74.1);waiting time in the waiting room (74.7 vs 40,0). With regard to questions assessing some professionalism aspects (confidentiality, helping to feel well, physical examination, knowing what he or she had done, preparing to expect from hospital care) and administrative ones (getting an appointment, getting through the practice or the doctor on phone) there were NS.

Conclusion: Portuguese users of Unit Functional Health have shown a higher degree of satisfaction with the care provided compared with those who were attended in Spanish health center

Keywords: patient satisfaction, models, organizational, primary health care

[Abstract: 1187 - OP-225]

Cognitivite function assessment in relation with socio-demographic features and depression in geriatric patients: a community-based study

Ayse Akay, Aysegul Uludag, Erkan Melih Sahin, Yusuf Haydar Ertekin, Murat Tekin, Selen Gungor, Zeynep Daglı, Semsettin Can Asar, Meryem Askın

Department of Family Medicine, Faculty of Medicine, Canakkale Onsekiz Mart University, Çanakkale, Turkey

Background & Aim: To evaluate the socio-demografic features and depression relation with cognitive impairment in geriatric population.

Methods: The research was descriptive design. The population was established by 65 years and older people live in Kepez town of Çanakkale. In this region 1,200 geriatric people were living. These people were classified according to gender and age and we aimed to reach 10% of whole geriatric population. The participants who lost sense of reality and declared not to submit the study were excluded. A questionaire including sociodemographic features was applied. Mini Mental Test (MMT), clock drawing test and geriatric depression scale-SF were also applied.

Results: Mean age was 72.8±6.4 [65-91], total of 128 geriatric participants were included. Of 50.8% participants were female and 3.9% participants were evaluated at home visit. Mini mental test mean score was 26.8±3.9 [10-30]. Of 85.9% participants were normal, 9.4% mild cognitive impairment, 4.7% of had dementia. In clock drawing test 38.3% participants got score 4 and lesser, as having cognitive function impairment. MMT and clock drawing test were positively correletad (Kendal tau-b r=0.363;p<0.05). There was no significant difference between mini mental test scores of male and females (F=1.050; p=0.353). In 85 years and older age group got significant low MMT scores than others (F=9.951; p<0.05). There was no significant association; retired and working individuals were significantly had higher MMT scores than unemployed ones. Significant higher MMT scores were associated with increased educational level and regular monthly income (p>0.05). As the Geriatric depression test, 35.9% of participants were concordant with depression. MMT score and depression scale score were negatively related. (Pearson r=-0.351, p<0.05). Participants, depression risk, got significantly lower scores from clock drawing test and MMT (t= 4.065;p>0.05 and t=3.287;p<0.05).

Conclusion: In the geriatrics; age, education level, working status and depression influence cognitive impairment.

Keywords: geriatrics, cognitive function, socio-demografic function, depression, mini mental test

[Abstract: 1192 - P-0386]

Assessment of depressıon and socıal phobıa of obese and overweıght adolescents

Sara Akıcı[1], Dilek Toprak Evcik[1], Ibrahim Hakkı Aktan[2]

[1]Family Medicine Clinic, [2]Pediatric Clinic, Şişli Hamidiye Etfal Training and Research Hospital, Istanbul, Turkey

Background & Aim: In this research, we aimed to investigate the relationship between adolescents' BMI, and depression and social phobia.

Methods: This study is a case-control study which was conducted among 10-17 age adolescents in Şişli Hamidiye Etfal Training and Research Hospital General Pediatri Policlinic. The research conducted between April 2014-October 2014. After investigating for sociodemographic features, Child Depression Inventory(CDI)and Çapa Social Phobia Scale for Child and Adolescent(CSPSCA)were applied. Every adolescent's length-weight measurement performed and BMI was calculated. Obese-overweight adolescents were defined as "case group" and normal weighted adolescents were defined as"control group".

Results: In this study, out of 183 cases, aged between 10-17, 91 were male,92 were female; 90 were normal weighted,93 were obese-overweighted. Both groups were similar in the male-female ratio. Obese-overweight group's school scores were higher, they were attending school activities less, having

breakfast more regularly,was doing less physical activity,were usually only child in the family, their parents had more chronic diseases,they perceived their families' financial situation better than it is compared to normal weight group (p<0.05). Obese-overweight adolescent's mothers and fathers were more obese(p=0,016 and p=0, 0001 respectively). There was no significant difference between the groups about CDI-CSPSCA scores (p=0,665;p=0,100).In normal weighted group there was a positive linear and intermediate level correlation between CDI-CSPSCA scores, but in Obese-overweighted adolescent group there was no correlation like that. Obese-overweight girls had higher scores of CDI than normal weighted girls. Obese-overweight adolescents who didn't do physical activity regularly; the CDI scores (p=0,070) and the CSPSCA scores were found to be higher(p=0,067). In both groups, there was a significant negative weak correlation between family economic status and CSPSCA scores(pcase group=0,009,pcontrol group=0,013).

Conclusion: This study showed that parents' obesity and childhood obesity highly correlated. Adolescents' obesity is associated with social phobia and depression severity. Necessary measures should be taken to prevent possible psychological problems of over-weighted adolescents.

Keywords: adolescent, obesity, depression, social phobia

[Abstract: 1194 - P-0808]

Domestic violence among women and girls in Munshaat Sultan, Egypt

Hala Mohamed Elmoselhi Shaheen, Nagwa Nashat Hegazy

Department of family medicine; Faculty of medicine, Menofia university

Background & Aim: Violence against women and girls is one of the most systemic and widespread violations of human rights worldwide. One-third of Egyptian women have been physically abused by their husbands/ father, according to EDHS 2005. Nearly 39% of women and girls think that a husband and father is justified in hitting or beating his wife/ daughter under certain circumstances. The main objective of this study was to assess the different types of violence, explore the reasons behind this high percent of violence in Egypt and the roots of silence toward reporting.

Methods: Females were recruited from the family health center clinic, Munshatt sultan village, using a convenient sampling technique. Qualitative approach was used to gain an in-depth knowledge of the issues. Two types of focused groups were organized, one for married women and the other for young girls. All interviews were facilitated by moderator and an observer, and followed a pre-tested questioning route. They were audio-taped, transcribed verbatim, and were then analyzed for thematic contents by the standard content analysis framework. Thematic content analysis.

Results: Two major themes were identified regarding the type of violence: physical and emotional violence. Difficulties in reporting for violence were different according to the age group where married women reasons were grouped in three main categories: cultural, personal and the presence of children. On the other hand girl's explanations were grouped into two main themes; financial and fear.

Conclusion: A major part of the domestic violence is related to the community where the thoughts of female inequity are still prevailing.

Keywords: domestic violence, emotional abuse, iniquity

[Abstract: 1208 - P-1057]

Heart failure in a primary care population: What can we improve?

Maria João Abreu, Nuno Namora, Tiago Ribeiro, Maria Inês Madureira, Fernanda Rodrigues, Luísa Ferraz

USF Duovida - ACES do Alto Ave, Guimarães, Portugal

Background & Aim: Heart failure (HF) is a disorder with increasing prevalence in recent decades, associated with high morbidity and mortality. According the EPICA study, the estimated overall prevalence of HF in the Portuguese population was 4.4%, with a marked increase with age. Determine the prevalence and characterize the HF in the population of a primary care unit.

Methods: Observational, descriptive and retrospective study in adult patients of a primary care unit with the HF code (K77) of the International Classification of Primary Care - 2nd edition. Data was obtained by consulting the electronic health record in February 2015 to characterize the population about: gender, age, body mass index (BMI), alcohol abuse, medical comorbidities, echocardiography (date of the last) and therapy. Statistical analysis was performed in SPSS.

Results: 139 cases were considered with the diagnosis of HF, so the prevalence of this disease was 1,3%. The mean age was 74.5±14.0 years, with a predominance of female (59,4%). The population average BMI was 28.6±5.9 kg/m2 and alcohol (g for week) was 100.6 ± 137.3. About 75% of patients had a history of hypertension, 23% had diabetes mellitus, 25% had atrial fibrillation, 12% history of stroke and 9% had myocardial infarction. It was found that 69.9% (n=93) of patients had registered echocardiography, and 72% (n=67) of these had echocardiography in the last 5 years. About therapy, in 82.7% (n=110) of patients were prescribed a modulator of the renin-angiotensin system. Diuretics were prescribed in 75.2% (n=100) and beta-blockers in 43.6% (n=58) of the patients.

Conclusion: It was found that the prevalence of HF is lower than reported in the literature, which can be justified by the absence of clinical records. The General Practitioners have an important role in the early diagnosis of this disorder, thus reducing the morbidity and mortality associated with it.

Keywords: heart failure, primary care

[Abstract: 1220 - OP-227]

The necessity to thyroid ultrasound screening using TIRADS classification and strain elastography, in neighboring countries affected after Chernobyl radioactive disaster

Mihai Sorin Iacob[1], Mihai Ghiris[2], Sorina Saftescu[2], Madalina Gligor[2]

[1]Department of Ultrasonography in Family Medicine, Timis Society of Family Medicine, [2]Department of Family Medicine, Advitam Medicis Medical Center, Timisoara, Romania.

Background & Aim: Latest statistics, places Romania at a high level among EU countries in terms of morbidity and incidence of the thyroid diseases. In recent decades in Romania, after the nuclear accident at Chernobyl, especially in the Banat Mountains, where there are still incorrect disused uranium mines, we observe a clear increase over ten times of thyroid diseases predominantly because of multi nodular goiter and autoimmune thyroiditis. The prevalence of malignant thyroid nodules are growing, most being 80% papillary micro

carcinomas. We tried to analyze this, using Power and Doppler Duplex ultrasound and then was made the Strain Elastography to identify tumors stiffness.

Methods: We report a prospective thyroid ultrasound screening performed on 1169 adults with oncological risk factors, aged over 20 years, followed for two years, female gender sex ratio =3:1. As an initial diagnostic method, the Doppler Duplex ultrasound was the main investigation technique. We designed in our study an Ultrasound Scoring System for predicting thyroid malignancy. Each patient entered was stored into an electronic database in Microsoft Access, executed by us. For standardization and accuracy of reporting, we used TIRADS classifications by Russ and Strain Elastography scores by Rago et al.

Results: Were found a total of 119 patients with diffuse diseases and 227 with benign and malignant thyroid nodules. The prevalence of thyroid diseases was 29.60% (95%CI:26.99% to 32.31%), with sensitivity 95.38%, specificity 94.78%, accuracy 94.95%, PPV 88.47%, NPV 97,99%, p<0.01. Then we did a comparative statistical analysis of our ultrasound methods used (ROC curve analysis, ANOVA p<0.001).

Conclusion: Ultrasonography proves to be a very efficient method with a high value in thyroid screening for the early detection of diffuse diseases and tumors of thyroid in asymptomatic stage with high prevalence, for diagnosis of vascular network in tumors and absence of elasticity in the nodule certifying malignancy.

Keywords: thyroid ultrasound screening, strain elastography, TIRADS classification, Chernobyl radioactive disaster.

[Abstract: 1238 - P-0094]

Breaking the barriers: Addressing the patient's understanding about insulin in Type 2 diabetes in primary care clinic

Abdul Hafiz Mohamad Gani[1]

[1]Department of Health, Federal Teritory of Labuan, Labuan, Malaysia

Background & Aim: Resistant in accepting insulin as a part of diabetes treatment is a common scenario facing by most of primary care physician. Patients have their own perception in addition to the information that they received which may contribute to their compliance of treatment plan. To identify patient myths and clinical facts that may affect their decision on insulin as one of the treatment option in Type 2 Diabetes

Methods: 384 registered Type 2 Diabetes patients in Primary Care Clinic in Labuan, Malaysia were randomly selected. Patients who are on insulin were excluded from the study. The questionnaires consisted of socio-demographic and lists of ten questions on the most important barriers were given to them. They were also given option whether to accept insulin treatment if advice by doctor in the future.

Results: Based on the interviewed data, 71.3% (n: 274) of them knew or have heard of insulin. Only 11.1% of them disagreed that insulin is given only to diabetic patient with uncontrolled blood glucose level only. However, majority of the patients agreed that insulin should be kept in a special place. Those with high score (correctly answered the questionnaires) have better acceptance toward insulin for diabetic management.

Conclusion: It is important to address the patient's understanding about insulin in Type 2 Diabetes before the decision to initiate insulin in order to rectify any misconception. Those with proper understanding regarding insulin have better acceptance towards insulin use in diabetic treatment.

Keywords: insulin, barriers, type 2 diabetes mellitus, primary care

[Abstract: 1301 - OP-257]

Interprofessional cancer care: Who should get access to the personal electronic health record? An explorative study

Dominik Johannes Ose[1], Martina Kamradt[1], Eva Winkler[2], Joachim Szecsenyi[1], Ines Baudendistel[1]

[1]University Hospital Heidelberg, Department of General Practice and Health Services Research; [2]National Center for Tumor disease (NCT), Ethics and Patient-Oriented Care; Heidelberg, Germany

Background & Aim: A patient-controlled "personal electronic health record" (PEPA) is under development within our project. As a subset of PHRs, the web-based PEPA would enable patients to access, maintain and manage (including access management) a secure copy of their PHI integrated from various HCPs´ primary systems. Within the PEPA concept, patients are understood as active partners who manage their PHI across settings as one prerequisite for a more active role in their health care. The aim of our study was to explore perspectives of patients and HCP's in terms of access management to a web-based PEPA.

Methods: Overall 10 semi-structured focus groups were performed collecting views of 3 prospective user groups: patients with colorectal cancer (n=12) and representatives from patient support groups (n=2), physicians (n=17), and non-medical HCPs (n=16). Data were audiotaped, transcribed verbatim and thematically analysed.

Results: Patients overall like to share their personal health information with others. Give general record access especially to GPs or in case of an emergency were discussed issues. Share their patient-controlled record with family members like spouses or trusted persons was central to patients, e.g. in instable phases of chronic illness or in case of an emergency. However, the opportunity to withdraw access was wished. Physicians from different health care settings wished to have full access to all information included in order to make appropriate treatment decisions.

Conclusion: Patients are willing to share their personal health information with HCPs and others like family members. Managing the access to a PEPA and its data gives patients the chance to take on an active part in their health care. A PEPA could facilitate information exchange among health care process participants and could enhance continuity of care. Giving access to family members could become relevant for instable situations in chronic conditions or in case of an emergency.

Keywords: patient empowerment, personal health record, patient-centred information technologie

[Abstract: 1317 - OP-003]

Intimate partner violence (Mis) perceptions of Turkish men and women

Hatice Kurdak[1], Yeşim Incecik[2], Nafiz Bozdemir[1]

[1]Çukurova University, Department of Family Medicine, [2]Başkent

University, Department of Family Medicine, Seyhan / Adana

Background & Aim: Over the past years, Turkey has been witnessing the devastating consequences of intimate partner violence (IPV). Relativeness and complexity in the perceived norms of violence may interfere with diagnosis. This cross-sectional study aims to determine IPV perceptions and experiences of men and women in primary care.

Methods: Socio-demographic variables, IPV experiences and perceptions were investigated among the applicants of two primary care units from central Adana during one month. Of the 271 applicants, 38 were excluded. Surveys were conducted face-to-face and confidentially.

Results: Of the enrolled, 70% were women. The women's mean age was 44.5±13.1 and men›s was 47.0±14.9. Among participants 97.1% men and 26.2% women had their own income. Of the women 39.3% and of the men 51.4% had at least college education. All participants agreed that pushing, manhandling, hair pulling, kicking, dragging, beating, choking and threatening with knife are violence. The highest misperceptions were on economical IPV. "Victims of IPV may have deserved it" statement found 41.7% supporter in both genders; 39.3% women and 44.3% men agreed on "violence is a private matter, not the business of others" statement.

Conclusion: Even tough IPV victims are mostly women; the percentages of men who experience IPV are remarkably high. The misperceptions about economical and sexual IPV are evident. We may assume that this may affect people's IPV acknowledgement, experiences and may interfere with diagnosis. Therefore understanding the IPV perceptions are essential for family practitioners who has a professional responsibility in comprehensive approach and holistic modeling while managing health problems.

Keywords: ıntimate partner violence, perception, men, women

[Abstract: 1332 - P-0509]

Do we know the balance and fear of falling of the elderly?

José Luis Sánchez Albarrán[1], Pilar Montero Alía[1], Georgina Martinez De La Iglesia[1], Rosa Alcaraz[1], Domenec Serra Serra[1], Carla Benedicto Pañell[1], Mercè Jiménez González[1], M Carmen Rodriguez Pérez[1], Sheila Mendes[1], Sonia Dolader Olive[1], Josep Prat Rovira[3], Cristina Teixidó[1], Laura Muñoz Ortiz[2], Pere Toran Monserrat[2]

[1]Primary Healthcare Centre, Catalan Health Institute, Mataró, [2]Primary Healthcare Research Support Unit Metropolitana Nord. Institute of Primary Care Research (IDIAP) Jordi Gol. Barcelona, [3]Residence for the Elderly Catalan Institue of Assistance and Social Services

Background & Aim: 75% of all falls come to happen in elderly people over 65 years. Having suffered a fall is itself a risk for a new one. The aim of the present study is to determine the balance and fear of falling of people >70 years-old in order to plan further community interventions.

Methods: Cross-sectional study. 951 patients older than 70 years-old from 5 different Surgeries and able to walk (with or without any device) have been included. Exclusion criteria: Pfeiffer≥5, patients unabled to get out of the house, palliative patients and those receiving walking rehabilitation in the last year. The recruitment has been made by mean the Surgery phone list of people selected according to age.

Results: 59.4% women, mean age 76 years, mean BMI 28.3,

crutches for walking 12.6%, mean functional capacity (Lawton and Brody's test) 4.7 in men and 7.6 in women, mean fear to fall (shortened FES-I) 9,2 (score from 7 to 28 points where low scores mean lower fear to fall), balance assessed by mean Wii from Nintendo 61.5% (score from 0 to 100 points where higher scores mean better balance), balance and gait assessment by mean Tinetti's test (balance 14.6 out of 16, gait 11.2 out of 12, total 25.8 out of 28), balance assessment by mean unipodal test (patient is capable 70.5%). Fall rate during a 12-months period prior to inclusion: 32.8%.

Conclusion: Although an acceptable balance and gait score, our cohort show up an important fall rate 12 months prior to inclusion. Taking into account that almost the entire elderly population is visited in a Primary Care Surgery we suggest that preventive strategies in order to lower the number of falls and their physical, psychological and economic consequences should be encouraged.

Keywords: balance, elderly, fear of falling

[Abstract: 1340 - P-0104]

Evaluation of dyslipidemia in type 2 diabetes: Degree of control and associated lipid-lowering treatment

Carmen Maria Cortes Salazar[1], Jose Carlos Fernández Garcia[2], Diana Domínguez Jiménez[3]

[1]Primary Care Centre of Badolatosa, Seville, [2]Endocrinology Department, Virgen de la Victoria University Hospital, Málaga, [3]Primary Care Centre of Estepa, Seville, Spain.

Background & Aim: Dyslipidemia is one of the major risk factors for cardiovascular disease in type 2 diabetes mellitus (T2DM). The characteristic features of diabetic dyslipidemia are a high plasma triglyceride concentration, low HDL cholesterol concentration and increased concentration of small dense LDL-cholesterol particles. In this study we aimed to evaluate the degree of control of dyslipidemia in patients with T2DM in primary care.

Methods: Retrospective cohort study which included patients with T2DM followed in a primary care setting. Patients were classified according to the following criteria: strict control of dyslipidemia (LDL<100 mg/dl and triglycerides < 150 mg/dl), partial control of dyslipidemia (LDL≥100 mg/dl or triglycerides ≥150 mg/dl), or absence of control of dyslipidemia (LDL≥100 mg/dl and triglycerides ≥150 mg/dl). Treatment with lipid-lowering drugs (statins, fibrates, nicotinic acid, ezetimibe) was also collected.

Results: 183 patients were included, with a mean age of 62.1±8.3 years (58.4% women). After stratification of patients according to previous criteria, only 32% of patients had strict control of dyslipidemia, 43% had partial control of dyslipidemia and 25% had absence of control of dyslipidemia. Associated lipid-lowering treatment was present in 72% of patients with strict control, in 81% of patients with partial control and in 90% of patients with absence of control.

Conclusion: Despite the high rate of prescription of lipid-lowering therapy in patients with T2DM, a significant percentage of patients do not achieve recommended lipid goals.

Keywords: type 2 diabetes, dyslipidemia, associated-treatment

[Abstract: 1344 - OP-188]

New type 2 diabetes guideline implementation at primary care in Ukraine: results, barriers and optimization

Victoria I Tkachenko

Shupyk National Medical Academy of Postgraduate Education

Background & Aim: New diabetes care guidelines was developed with our participation and approved in Ukraine since 2012. The content of primary diabetes care and quality indicators (QI) were indicated at first. The aim is to evaluate the quality of diabetes care, results and barriers of diabetes guidelines implementation.

Methods: We proposed complex data analyses, which included quality indicators monitoring, analysis of data from outpatient cards, statistical reports of medical facilities and survey of 536 general practitioners-GPs (using modified and validated GUIDANCE questionnaire) and survey of 459 diabetes patients with ADDQol19 and DTSQ questionnaires (Bradley&Spleight, 2002). Statistical analysis - using Excell-2007, SPSS.

Results: GPs'knowledge of diabetes guideline and adherence to its implementation in 2013-2014 are insufficient as quality of care, quality of life (AWI=-3,58±0,47points) and treatment' satisfaction (26,49±0,75points). The GPs'self-reported outcomes of diabetes care correlated to objective data from statistical reports and may be used during assessment. The 1st QI is development of local protocol that was barrier for GPs. We developed typical local protocol, it was approved by Health Ministry. The 2nd QI is percentage of patients with identified glycosylated hemoglobin, it was 8,84% in 2012, 12.2% in 2013 and remains low. The 3rd QI - percentage of admitted to hospital patients - increased from 8,66% in 2012 to15,01% in 2013. It can be explained by insufficient equipment of primary care, limitation in free laboratory tests, low economical level and low adherence of patients to self-management. The 4th QI is annual monitoring of patient' condition that is difficult to collect without electronic medical records. We developed a template for GP for collecting data, developed and implemented postgraduate course for GPs to optimize diabetes primary care.

Conclusion: The quality is insufficient at early stage, the availability of laboratory tests at primary care and implementation of electronic medical records will improve.

Keywords: quality, diabetes primary care, guidelines implementation, Ukraine

[Abstract: 1345 - P-0393]

Evaluation of Adenovirus and Rotavirus Prevelance Among Inpatients at Child Infections Clinic Diagnosed as Gastroenterit

Cansu Öztürk, Aycan Topaloğlu, Dilek Toprak

Şişli Hamidiye Etfal Training and Research Hospital Family Medicine Clinics, Istanbul, Turkey

Background & Aim: Acute gastroenteritis in children is the second important cause of infectious morbidity after the respiratory infections. Rotavirus and adenovirus are two of the most important infectious causes of childhood gastroenteritis. The purpose of this study is to determine the frequency of rotavirus and adenovirus of inpatient children who pre-diagnosed as acute gastroenteritis in child infectious diseases clinic.

Methods: Rotavirus and adenovirus 40/41 antigens were investigated by immunochromatographic method in stool samples of 96 child inpatients admitted at our children infectious disease clinic inhospital with the diagnosis of acute gastroenteritis between June 2013-June 2014.

Results: There are 96 patients of which %55,2 was male and %44,8 was female. Average age was 2.61±2,90 (0-15). Rotavirus was positive in 33,3% (n=32) and adenovirus was positive in 4,2% (n=4) stool samples. 57% of patients having positive Rotavirus antigen were male, 75% of patients having positive adenovirus antigen were male. Patiens of Rotavirus antigen positivity 57%, patients of adenovirus antigen positivity was 75% It has been observed that both rotavirus and adenovirus antigen at stool specimens are more common at boys. Meaningful relation is not observed between the genders having positive Adenovirus and Rotavirus p=0,885, p=0,416. Its observed that positive Rotavirus ratio is %38,5 and Positive Adenovirus ratio % 4,6 for the ages below 2 years old. There was no significant relationship between virus positivity and age.

Conclusion: Rotaviruses is the most common agent in childhood acute gastroenteritis. The detection of viral factors at acute gastroenteritis is important to prevent inappropriate antibacterial and antiparasitic drug usage. Detection of enteric viruses is important for patients since viral gastroenterit may cause serious complications.

Keywords: acute, adenovirus, child, gastroenteritis, infection, rotavirus

[Abstract: 1349 - OP-229]

A cluster randomized control trial to evaluate complementary feeding strategies through dietary diversification in infants in developing country

Aziz Abdul Rehman Jiwani[1], Zulfiqar Bhutta[2]

[1]Department of family medicine, aga khan univsersity, [2]department of paediatrics, aga khan university, karachi, pakistan

Background & Aim: Transition from exclusive breast feeding to the complementary feeding poses many challenges as the demand of nutrients for optimum growth and development increases steadily. The question; would the food based strategy through education be enough to provide a wide variety of micronutrients for the treatment of anemia and growth or addition of micronutrient is required.

Methods: A prospective community-based randomized controlled efficacy trial in a representative urban population of Karachi was conducted. Infants and mothers were enrolled and placed in three groups - defined as Nutr Education (Nutr Edu), Oral iron supplementation (OIS) and Multiple micronutrient fortification (MMF). A cohort of 451 infants (177 in group Nutr Edu, 141 in group OIS and 133 in MMF) were followed for three months (till the end of treatments).

Results: This trial demonstrated that MMF significantly improved the iron status. Mean Hemoglobin level improved significantly between the groups to 10.30 gm/dl (95% CI; 10.02, 10.58) in MMF vs. 9.87 gm/dl (95% CI; 9.61, 10.12) in the Nutr Edu at the end of trial. There was an overall improvement in rate of anemia with significant reduction in anemia [relative risk (RR) of 0.81 (95 % CI; 0.68, 0.97)] for MMF compared with nutrition education alone and RR of 0.84 (95 % CI; 0.71, 1.00) of OIS compared to Nutrition education alone. The improvement in weight gain over the period of trial was significant as the

mean monthly weight gain increased by 300 gm in the group MMF as compared to 240 gm (P= 0.014) in the Nutr Edu group and the mean monthly WAZ scores improved significantly by 0.12 in MMF as compared to 0.04 in Nutr Edu group.

Conclusion: Along with iron other micronutrients may be needed to improve nutrient intake, iron absorption, and growth in infancy.

Keywords: infant, anemia, malnutrition, complementary feeding

[Abstract: 1353 - OP-167]

Private or salaried practice: How do general practitioners make their choice? A qualitative research study in France

Shérazade Kinouani, Gary Boukhors, Baptiste Luaces, Bernard Plédran, Bernard Gay

Department of general practice, University of Bordeaux, Bordeaux, France

Background & Aim: In France, the primary health care system is largely based on the private practice of general practitioners. The number of general practitioners who had exclusively a private activity has decreased of 4.4% these last seven years, while the number of salaried general practitioners has increased. These trends could continue, at least until 2020, in spite of measures taken by French government or local communities to encourage young practitioners to choose private activity. The aim of this study was to explore the reasons determining choice between private or salaried practice among young general practitioners in Gironde (France).

Methods: a qualitative study was conducted by semi-structured interviews with a purposive sampling of young general practitioners in Gironde between june 2013 and april 2014, until reaching saturation. Data were analyzed according to Grounded theory, after triple coding.

Results: Through the 16 interviews led, multiple occupational factors were found, the first being professional interest. Their choice was not much influenced by the installation location (rural or urban). The occupational factors had to be consistent with their private (family or social) life. Young practitioners were attracted by health centers. They hoped a less intensive work rhythm, which would lead to a better quality of care, an easier access to team work or the possibility of advantages of the public area in general practice. They thought current incentives were not efficient enough, inaccurate and weakly known.

Conclusion: The problem of French medical demography could be resolved with incentives who take into account at a time the needs of population and the wishes of young doctors. A political effort must be made in order to give to the French universities enough resources to train and encourage the future general practitioners to the private practice.

Keywords: general practice, private practice, qualitative research

[Abstract: 1367 - P-0844]

The role of family doctor in anxiety problems among students due to tsunami risk in Padang City West Sumatra

Rima Semiarty Kamardi[1], Hardisman Dasman[2]

[1]Departement of Public Health,Faculty of Medicine Andalas University, Indonesia, [2]International Public Health Studies Faculty of Medicine and Health Sciences Flinders University Bedford Park, Adelaide Australia

Background & Aim: Padang is one of the city in Indonesia that have a high risk to earthquakes and tsunami disaster. After Aceh Tsunamy in 2006 and big earthquake in 2009 in Padang, there were area that consider red zone which are closed to danger area (near the beach) and green zone that relatively far from danger area. For those who survived from tsunami attack, will face mental trauma that still remain such as anxiety.

Methods: This study examined the correlation of the tsunami risk to the anxiety level on children in the red and green zone of Padang after conducted simulated on earth quake and tsunami for elementary school. This research is an observational analytic study using cross sectional design with total sample of 117 responden were selected by stratified random sampling. from elementary school located in red and green zone. The data were collected by using a HRS -A questionaire analyzed by chisquare test.

Results: Result of this study indicate the level of anxiety in children in red zone higher then in green zone. After intervention from group of family doctor, colaborated with medical students in public health clerkship, the level of anxiety decrease significantly.

Keywords: tsunami risk, anxiety, children, simulation

[Abstract: 1368 - P-1296]

Can we trust the results of the urine dipstick for the identification of pyocytes and red cells? Comparison with microscopy

Konstantinia Karakoula, Zoi Tsimtsiou, Antigoni Tsimtsiliakou, Antonis Asimakopoulos, Elpida Efthimiadou, Eirini Litra, Achileas Koureas, Fotini Dantsi

Urban Health Center of Evosmos, Thessaloniki, Greece

Background & Aim: Urine dipstick testing is widely used in Primary Health Care settings. This study aimed in evaluating the sensitivity, specificity, positive and negative predictive values of the examination with dipsticks in identifying pyocytes and red cells in urine.

Methods: All the results of the urine examinations that took place in the Primary Health Center of Evosmos from January to December 2014 were recorded, along with the gender of the examined patients. The results of the urine dipstick tests were compared with the findings of microscopy of the same urine sediments.

Results: 1716 urine samples were examined. 135 (7.9%) were positive for the pyocytes (enzyme of the leukocyte esterase) and 739 (43.1%) for red cells (method of peroxidase activity of erythrocytes). The sensitivity of the urine dipstick test for the detection of pyocytes ($\geq$4 per field) was 28.2%, the specificity 99.6%, the positive predictive value 96.3% and the negative predictive value 79.1%, whereas for the detection of $\geq$12 pyocytes per field the results were respectively 45.7%, 84.8%, 78.5% and 92%. The corresponding values for the detection of hematuria ($\geq$3 red cells per field) were 92.6%, 99.5%, 98.6% and 97.4%. When the dipstick found one plus (+) for pyocytes the median value of the pyocytes counted with microscopy was 18 to 20 per field, in two plus (2+) 50 to 60 per field and in three plus (3+) 53 to 60 per field.

Conclusion: Urine dipstick testing can serve as a useful guide to the physician of Primary Health Care settings, as a

screening test or as a diagnostic test, but there are many times that the dipstick results have be correlated with microscopy and clinical parameters, especially for the detection of urinary tract infections.

Keywords: urine dipstick test, pyocytes, hematuria

[Abstract: 1379 - P-0394]

Tonsillectomy, adenoidectomy and adenotonsillectomy rates in school-aged children: relative contributions of socio-demographic and clinical features

Yusuf Cetin Doganer[1], James Rohrer[2], Umit Aydogan[3], Mckennan Thurston[2], Kenan Saglam[4]

[1]Department of Family Medicine, Turkish Military Academy, Primary Care Examination Center, Ankara, Turkey, [2]Department of Family Medicine, Mayo Clinic, Rochester, Minnesota, USA, [3]Department of Family Medicine, Gulhane Military Medical Faculty, Ankara, Turkey, [4]Department of Internal Medicine, Gulhane Military Medical Faculty, Ankara, Turkey

Background & Aim: The present study sought to investigate the frequencies of tonsillectomy, adenoidectomy and both adenotonsillectomy (T&A) among 6-12 year old children. In addition, we tried to find out the predictors associated with these previous upper respiratory tract (URT) surgeries.

Methods: This cross-sectional study consisted of 1900 children educated in 3 different elementary schools in Ankara, Turkey. Data about demographics and health conditions were obtained from survey questionnaires completed by parents.

Results: Of the 1900 children, 15 children (0.8%) previously underwent tonsillectomy, 43 children (2.3%) had adenoidectomy and 80 children (4.2%) had T&A surgical histories. Multiple logistic regression analysis revealed that older students compared to younger ones [Odds Ratio (OR) = 1.15, p=0.011], and those who had parent-reported apnea compared to subjects without apnea were more likely to have URT surgery histories [OR=2.34, p=0.001]. Those children with surgery histories were more likely to have fathers with a higher educational level [medium level: OR=2.07, p=0.012; high level: OR=2.79, p=0.001 vs. low level) and the subjects had greater BMI percentiles [overweight: OR=1.71, p=0.036; obesity: OR=2.32, p=0.003 vs. healthy weight]. Children who had 1-2 URT infections per year [OR=0.47, p=0.019] had less probability of URT surgery histories, whereas those children with AOM ≥3 times per year [OR=2.52, p=0.003] had more probability of URT surgery history.

Conclusion: We conclude that a reasonable explanation for higher rates of URT surgery among children with a high level of paternal education may originate from their awareness about URT associated diseases and possibly due to the ease of access to health care services.

Keywords: tonsillectomy, adenoidectomy, adenotonsillectomy, children

[Abstract: 1381 - OP-126]

Ask women "family history of breast cancer" for person-centered approach of screening

Mehtap Kartal[1], Nilgun Ozcakar[1], Sehnaz Hatipoglu[2], Makbule
Neslisah Tan[1], Azize Dilek Guldal[1]

[1]Family Medicine Department of Dokuz Eylul University, [2]Ministry of Health, 24th Family Health Centre, Izmir, Turkey

Background & Aim: Screening recommendations of physicians are important for women to raise awareness about their risk factors, and to promote appropriate screening behaviors. However, it seems challenging for primary care physicians (PCPs) balance between disease prevention and diagnosis-treatment. The aim was to describe physicians' breast cancer consultancy practice including family history, cancer prevention issues for the women they care.

Methods: Data were collected as part of a cross-sectional survey about breast cancer risk factors, different risk perception measures, and screening behaviors of women. During face-to-face interviews 577 women completed the questionnaires. For breast cancer risk prediction, 5-year risk score ≥1.67 in Gail model, was considered as "increased risk".

Results: Among women 49.9% reported that they visit PCPs for an annual examination during the year, and 36.1% had first degree relatives with cancer while 7.3% with breast cancer. According to Gail score 22.4% of the women were in increased risk group. Among cancer and breast cancer related characteristics of the women only a positive family history of first-degree relative with breast cancer was statistically significantly more in increased risk group(p<0.001). Although PCPs, compared to other physicians, asked more about family history of cancer (p<0.001) and informed more about cancer prevention issues (p<0.001) the women who visited them for annual examination, still they didn't ask 64.9% of these women their family history of cancer and didn't inform 73.6% about cancer prevention issues.

Conclusion: For PCPs cancer still seems to be a hard issue to discuss even with women visiting them for annual examination. Asking first degree relative with breast cancer can give PCPs the chance of determining women with increased risk, and support women's appropriate understanding of their risk in relation to their family history. This can support shared-decision making for the development of person-centered approach for breast cancer screening.

Keywords: breast cancer, prevention, family history, screening

[Abstract: 1393 - P-0917]

Effectiveness of health education in waiting room of pensioners bank in improving elderly health perspective, behavior and morbidity

Aria Kekalih[1], Fithriyyah Shalihati[2], Idqan Fahmi[2]

[1]Community Medicine Department, Faculty of Medicine Universitas Indonesia, Jakarta-Indonesia, [2]Graduate Program of Management and Business – Bogor Agricultural University (IPB), Bogor-Indonesia

Bacground & Aim: Elderly has high risk for typical age-related diseases like degenerative disease, syndrome metabolic and also infectious disease. Elderly need intensive exposure of health education to recognize and prevent the diseases. Pension bank is a place where elderly has chance to gather and spend significant time waiting to withdraw pension money every first week of the month. This condition initiated bank cooperated with trained primary physician to perform specific health education program to elderly in the waiting room. This study investigates how health education and consultation program in pension bank would be effective to change elderly

health perspective, behavior and morbidity.

Methods: We investigated 436 elderly in 14 cities of bank branches in Indonesia and divided them in two groups: those who participated (n=342) and never had health education in waiting room (n=94) to compare their health perspective, behavior and morbidity.

Results: Participated group had significant increase of health perspectives, especially about importance of regular health checking and maintaining healthy diet (p<0.05). They also had fewer case of chronic illnesses (p=0.01, OR 0.51 CI95% 0.30-0.89). Their active lifestyle was also increase but not significant (p=0.164).

Conclusion: Health education in the waiting room of pension bank was proven effective to improve health perspective and decrease long term illnesses in elderly. With standardized education module and cooperation with trained health educator, this approach of optimizing queuing time in waiting room of pension bank can be applied to intensify access to health education for elderly.

Keywords: health education, elderly, morbidity, primary physician

[Abstract: 1394 - P-0110]

Multimorbidity management in general practice

Daniela Mileva[1], Zornitsa Ambareva[1], Levena Kireva[1], Maria Semerdjieva[1], Gergana Foreva[1], Radost Asenova[1]

[1]Dept of General Practice, Medical University Plovdiv

Background & Aim: Demographic changes are leading to an increasing number of people with chronic conditions and multimorbidity. The management of the long-term conditions is a major challenge for GPs who are responsible for comprehensive care. However, the health care systems are largely configured for individual diseases rather than multimorbidity.The aim of the study was to explore the opinion of the GPs about the management of multymorbidity in general practice consultations.

Methods: A cross-sectional study among 217 GPs in Bulgaria, using a questionnaire focused on management of multimorbid patients, was done. Measured outcomes - socio-demographic data, difficulties in patient management, communication barriers. The results were processed by SPSS 17.0 version, using descriptive statistics and nonparametric test (Chi-square). The study was conducted as part of a PhD thesis.

Results: Appropriate management of multimorbid patients was one of the main challenge in general practice consultations. 53% of the GPs defined multimorbidity as the presence of two or more chronic conditions. The participants pointed out that multimorbidity affects the emotional status of patients and according to 68.7% of them patients were depressed. Only 46% claimed that patients accepted their condition. 44.7% of studied revealed that the main difficulties in counseling were related to the lack of financial resources. 32.7% reported about administrative barriers, 35.9% about difficulties associated with legislative limitations. 65.0% of the GPs considered that care for multimorbidity patients required more time, 54.8% more explanations for patients and 37.8% special attitude. 37.8% noted that multimorbidity requires an assessment of the psychological status of the patient. 39.2% of responders underlined the need of communication skills.

Conclusion: This study indicates the need for adjustment

in the function of the health care system as well as the need of applying the guidelines for multimorbidity management in general practice.

Keywords: multimorbidity, general practice, long term care

[Abstract: 1420 - P-1071]

Long term changes of metabolic parameters in T1DM patients on the switch from MDII to CSII with BMI categorization

Alexandros Kamaratos, Evangelos Fousteris[1], Christos Verras, Athanasia Papazafeiropoulou, Ioannis Bakalis, Vasiliki Liosi, Viktoria Katsouri, Parthenopi Alexandropoulou, Styliani Iraklianou, Andreas Melidonis

[1]Diabetes Center, Tzanio General Hospital, Piraeus, Greece

Bacground & Aim: This study addresses the impact of continuous subcutaneous insulin infusion (CSII) on each BMI category of type 1 diabetes patients under typical multiple daily insulin injections through a 3-year prospective follow up period. We compare the effectiveness of CSII on each BMI category as long as it concerns glycemic control, frequency of hypoglycaemia and needs of insulin units per day, given the fact that possible insulin resistance might alter the results as BMI rises.

Methods: 81 patients with T1DM treated with multiple daily insulin injections were finally recruited after signed informed consent. We documented detailed medical history, clinical and laboratory findings for each participant before the launch of CSII and each year later on for 3 consecutive years. For statistical analysis we divided the study population according to their BMI: Group A: BMI<18,5: underweight, Group B: 18,5<BMI<25: Normal, Group C: 25<BMI<30: Overweight, Group D: BMI>30: Obese.

Results: 81 participants were divided into the 4 study groups: A: 2 patients, B: 40 patients, C: 25 patients and D: 14 patients. Except the group A, all the rest groups presented better glycemic control,within the first year of follow up which maintained throw-out the total follow up period (p<0.01) without change of BMI. Lesser hypoglycemias were noticed even from the first year after CSII especially for groups B & D (p<0.01). All study groups preserved initial basal insulin rate at first year but reduction was noticed for 2nd and 3rd year of re-examination.

Conclusion: This study is the first to show the impact of switch from MDII to CSII on a Greek cohort of type 2 diabetes patients according to BMI category. CSII ameliorates rapidly and safely the glycemic control of type 1 diabetes patients regardless the BMI category of each patient. Hypoglycemic events were significantly reduced in normal weight and obese patients.

Keywords: Continuous subcutaneous insulin infusion, BMI, diabetes

[Abstract: 1464 - P-0620]

Comprehensive treatment of patients with Diabetes mellitus type 2 in model practice

Katerina Bubnič Sotošek, Andriana Sotirov, Antonija Poplas Susič
Community Health Centre Ljubljana, Ljubljana, Slovenia

Background & Aim: Chronic hyperglycemia presents in patients with Diabetes mellitus type 2 (DM2) is cause for chronic complications. Proper and long term joint cooperation between the medical team and patient improves outcome of treatment. Efficient treatment requires defined quality criteria. The aim is to analyze and search for improvements in treatment

of patients with DM2.

Methods: The study consisted of 150 patients with DM2 from model practice, treated according to the guidelines and quality criteria: examination of feet and fundus, regularity of blood pressure and laboratory tests: glucose level, HbA1C, lipid profile, glomerular filtration rate and proteinuria/albuminuria.

Results: The 98.56% of patients had annually measured glucose level and HbA1C. Goal values achieved 61.54% of them. For 90.77% of patients laboratory tests were performed, while 36.92% had goal value for LDL cholesterol. Unfortunately, only 35.38% of patients had feet examination. On the other hand, 56.92% of patients had fundus examination. All patients, however, had measured blood pressure, with 49.23% of them having goal values.

Conclusion: Results show that medical team cares for patients adequately in sense of performed measurements (>90%). The goal values were achieved in less than 50% of all cases. Feet examination had 35% of patients, where main responsibilities have graduate and patronage nurse. To achieve goal values easier patient cooperation is mandatory. For this purpose additional individual education and training would be reasonable. Improvements in treatment should also incorporate regular fundus examination, care for older less mobile patients having difficulties coming to model practice. During treatment in model practice patient should acknowledge essential facts about the disease, accept it as part of everyday life, gain skills and knowledge for its control. Ultimately, the goal is to ensure high quality of life of patients with DM2 regardless of age and controlling the disease and its chronic complications.

Keywords: diabetes mellitus, quality, model practice, home care

[Abstract: 1477 - P-0621]

Assessment of a sexually transmitted Infections circuit in an urban primary health care centre

David García Hernández[1], Santiago Lancho Lancho, María Cecilia Casano Carnicer, Kristýna Klevarová, Agnès Salvador Mateo, Laura Eroles Mallolas, Judit Martínez Téllez, Aina Piera Salmerón, Natàlia Subirats Duran, Maria Inês Dos Reis M. Van Zelst, Ana Romagosa Pérez Portabella, Laura Romera Liébana

[1]EAP Raval Nord Primary Health Care Centre, ICS, Barcelona, Spain

Background & Aim: Sexually Transmitted Infections (STIs) represent a European public health problem, specially in the last 15 years. Hereby, a STIs circuit was accomplished in an urban primary health care centre (PHCC) in order to: 1) Improve patient accessibility; 2) Provide a global STI care (including diagnosis, notification, treatment, contacts tracing, STIs screening, follow up, prevention and counselling); 3) Increase Primary Care professionals' training and 4) Enhance collaboration between care levels. In addition, patient and doctor satisfaction with this circuit was analysed using questionnaires.

Methods: The project was initiated in April 2014 by a Family Doctor (FD) with special interest in STIs (FDSISTI), who was previously trained for one year. The FDSISTI performs (with a FD trainee) a weekly STIs consultation in the PHCC. All patients and contacts receive treatment (if necessary), STIs screening, follow up and counselling; and they are referred to other specialists if needed. STIs briefings are held bimonthly for the PHCC professionals. The satisfaction survey consisted of 4 questions to the patients and 3 questions to the referring FDs, with possible score going from 1 (dissatisfied) to 5 (highly satisfied).

Results: Until December 2014, 288 consultations of 93 different patients were performed (82% men, 51% foreigners, average age 34.78). The main diagnoses were: condyloma (50), nonspecific urethritis (10), herpes (10), chlamydia (8), gonorrhoea (8), syphilis (7). The main treatment was cryotherapy. Regarding patient satisfaction, the mean score of the answers was as follows: information given (4.74/5), care provided by the FDSISTI (4.81), treatment-result of the problem (4.41) and the circuit in general (4.43). In terms of FD satisfaction, the mean score of the responses was: learning about STI (4.75/5) and circuit usefulness (4.82).

Conclusion: Patient and care providers' satisfaction was very high. The circuit can improve accessibility, FDs knowledge and coordination between specialists.

Keywords: sexually transmitted diseases, primary health care, public health, accessibility, patient satisfaction

[Abstract: 1489 - BR-028]

Evaluating potential foods as a cause of foodborne disease

Nikolaos Prassas[1], Panagiota Tsiatsiou[1], Emmanouil Velonakis[3], Kassiani Mellou[4], Konstantina Kontopoulou[5], Alkiviadis Vatopoulos[2]

[1]AHEPA Univercity Hospital,Thessaloniki, [2]Department of Microbiology, National School of Public Health, Athens, [3]Central Public Health Laboratory, HCDCP, Athens, [4]Office Foodborne Diseases, HCDCP, Athens, [5]General Hospital of Thessaloniki, G. Gennimatas, Thessaloniki, Greece

Background & Aim: In the light of current market conditions, the consumers' habits and the mass food production are changing rapidly, therefore, a vast number of consumers run the risk of foodborne diseases. Thus, the purpose of this study is twofold. First, it is aimed at examining the effect of preceded disease from food illness or not on the respondents' perception of the contagiousness of a disease through foods and second to identify which food might be a potential vehicle of foodborne disease by comparing the results of two groups (preceded or no infection).

Methods: In order to accomplish the objectives of this study, a structured questionnaire was used. The data was collected by intercepting patients, companions and employees from AHEPA hospital and Health Center of Sohos, Thessaloniki, during the period of 01/09/2014 to 28/02/2015 and yielded a usable sample of 401 completed questionnaires. The sample was comprised of 197 respondents without any previous foodborne illness and 204 respondents who had already suffered from a foodborne disease.

Results: The study was conducted by pearson chi-square analysis. The analysis results indicated that significant differences between the two groups were found in all categories of foods, such as eggs (x^2=18.775,sig.0.000), milk (x^2=42.159,sig.0.000), vegetables (x^2=17.480,sig.0.000), seafood (x^2=10.239,sig.0.001), meat (x^2=30.862,sig.0.000), water (x^2=33.919,sig.0.000). The analysis indicated meat, seafood and eggs as the most dangerous kinds of food for an infection by respondents who had already been infected. Unlike meat (lower from the other group), water and milk were blamed for foodborne disease by the previously non-infected respondents.

Conclusion: The study shows that various foods prompt

respondents to be careful with their daily food consumption. However, the differences between groups show that they have not received all the appropriate information on how to protect themselves by everyday food threats and judge subjectively the food categories.

Keywords: foodborne disease, food consumer, perception of consumers

[Abstract: 1496 - P-1075]

Evaluation of family care-giver's knowledge on warfarin in home care settings

<u>Nisa Solmaz</u>, Feyza Çelik, Münevver Tulunay, Doğukan Doğruel, Mustafa Arslan Bircan, Cenk Aypak, Derya Iren Akbıyık, Hülya Yıkılkan, Süleyman Görpelioğlu

Dışkapı Yıldırım Beyazıd Training and Research Hospital, Ankara, Turkey

Background &Aim: Warfarin is the most widely prescribed oral anticoagulant in the world. It has been shown that increasing patients' knowledge about warfarin usage via a structured education, lowers those side effects and leads to better outcomes. Therefore we aimed to determine warfarin education levels of family care-giver in our home care settings.

Methods: We conducted this cross sectional study among care providers of patients (n=80) who have been followed up by Dışkapı Yıldırım Beyazıt Research Hospital Home Care Service. We obtained information via phone call if those care-givers had received education about warfarin from medical professionals. We collected the data about age, sex,all prescribed drugs, underlying disease, last three months INR (International Normalized Ratio) values, history of hemorrhage from medical records of home care service.

Results: There were 59(74%) women and 21(26%) men included in the study. The mean age was 76.1 ± 9.6 years. Warfarin associated hemorrhage was seen 16 (20%) of 80 patients during the last three months. Only sixteen (20%) care-givers have received an unstructured verbal warfarin education from a medical professional. There are no significant statistics in comparison between warfarin education group and control group regarding hemorrhage, INR monitoring frequency,therapeutic INR range weekly warfarin dose, in last three months period.

Conclusion: A huge investment of time and finances has been directed to optimising the outcomes of patients requiring oral anticoagulant therapy. Our findings have revealed that warfarin education of care givers of home-care patients who are among the most vulnerable population, is inadequate despite intense monitoring visits. A multidisciplinary and a real structured education program may improve family care-givers' warfarin knowledge and result in better anticoagulation control which leads to fewer visits and reduction in health care costs.

Keywords: warfarin, warfarin education, family care giver

[Abstract: 1520 - OP-155]

BenZoPrev: Prevalence of benzodiazepine prescription in family health unit famílias

<u>Ana Margarida Pinho</u>, Tânia Martins Dias, Adriana Rosas Relvas, Ana Palhares Delgado, Ana Sofia Azenha, Célia Gomes Silva, Jacinta Oliveira Vaz, José Nunes Sousa, José Pedro Águeda, Maria Miguel Sá, Nádia Fernandes Correia, Sara Generosa Almeida

ACES Entre Douro e Vouga I Feira/Arouca, USF Famílias, Lourosa, Santa Maria da Feira, Portugal

Background & Aim: Benzodiazepines are a class of psychoactive drugs used to treat anxiety, insomnia and other problems. Chronic benzodiazepine treatment can cause tolerance, physical and psychological dependence. The prevalence of benzodiazepine consumption in population-based studies range from 2 to 10% in the adult population. 15 to 30% of the consumers are chronic users. Therefore, is essential to understand the prescription habits and to aware the physicians for the rational use of benzodiazepines. With this study we aim to determine the prevalence and the type of benzodiazepine prescription and to analyze the influence of sociodemographic characteristics, alcohol and tobacco consumption, psychiatric and neurological disorders in the users.

Methods: A cross-sectional analytic study was performed. A random sample (n=1360) of patients aged 18 or older from the Family Health Unit Famílias was studied. The relation between Benzodiazepine prescription and age, gender, profession, educational degree, alcohol and tobacco consumptions, number of encounters from 2011 to 2013 and psychiatric and neurological disorders was studied. Type and duration of Benzodiazepine prescription were assessed.

Results: Prevalence of Benzodiazepine prescription between 2011 and 2013 was 22,9%. The chronic use of this drug was 46,3%. Alprazolam was the most prescribed benzodiazepine. A quarter of users were consuming more than one benzodiazepine at the same time. There was a positive correlation with female gender, old age, low education, unemployment or retirement, psychiatric and neurological disorders and greater number of encounters. Consumption of alcohol and tobacco had a negative correlation.

Conclusion: The prevalence of benzodiazepine consumption was higher to that found in other studies. Despite this, the prevalence of chronic use of benzodiazepine is in accordance with published results. The consumption was more frequent in women and increases with age. The benzodiazepine consumption didn´t have association with alcohol and tobacco consumption, so there wasn´t an overlapping of dependencies.

Keywords: benzodiazepine, prevalence, primary health care

[Abstract: 1558 - P-1077]

Relationship between body mass index and estimated glomerular filtration rate

Bojan Zoran Pavkovic, <u>Marija Marjan Zaric</u>[1]

[1]Department of General Practice, Health Center "Dr Simo Milosevic"

Background & Aim: Obesity is significant risk factor for chronic kidney disease (CKD). Glomerular filtration rate (GFR) provides an excellent measure of renal function. The aim of study was to determine the existence of possible links between body mass index (BMI) and renal function.

Methods: BMI was calculated based on anthropological measurement of patients. Renal function was evaluated by the estimated glomerular filtration rate (eGFR) using the Modification of Diet in Renal Disease (MDRD) study equation. Data were collected during 2014 and statistical analysis was done using SPSS 19.0 software to evaluate the relationship between BMI and eGFR.

Results: The study included a total of 65 patients, 36 females

and 29 males, aged 20-64 years, all without clinical history of diabetes mellitus, cardiovascular event or renal failure. Subjects were divided into three groups according to BMI: normal weight (18.5″BMI″24.9), overweight (25″BMI″29.9) and obesity (BMI≥30). Analysis showed statistically significant difference in eGFR between normal weight patients and both singly, overweight and obese patients (p<0.05), but not between overweight and obese patients (p>0.05). It was found that normal weight patients had better renal function compared to both, overweight and obese patients.

Conclusion: Overweight and obesity are associated with decreased filtering capacity of kidneys. In obese patients should always pay attention to renal function in order to prevent the occurrence of CKD.

Keywords: BMI, eGFR, chronic kidney disease

[Abstract: 1559 - P-1078]

Lower zinc levels and risk of cognitive decline in hypertensive adults

Eda Celik Guzel[1], Savas Guzel[2], Volkan Kucukyalcin[2], Aliriza Kiziler[3], Birsen Aydemir[4], Coskun Cavusoglu[5], Tevfik Günyaşar[6]

[1]Department of Family Medicine, Namik Kemal University, Medical Faculty, Tekirdag, [2]Department of Medical Biochemistry, Namik Kemal University, Medical Faculty, Tekirdag, [3]Department of Department of Biophsica, Namik Kemal University, Medical Faculty, Tekirdag, [4]Department of Department of Biophsica, Sakarya University, Medical Faculty, Sakarya, [5]Department of Medical Biochemistry, Anatolia Hospital Istanbul [6]Department of Department of Biophsica, Trakya University, Medical Faculty, Edirne, Turkey

Bacground & Aim: The objectives of this study were to evaluate the relationship between hypertension and cognitive impairement, to identify risk factors associated to the development of cognitive impairement (zinc, copper, vitamin B12, folic acid, gender, age, body mass index, dyslipidemia).

Methods: This study is a cross-sectional study and included total 90 participants as 30 normotensive (ages; 51,18±6,80) and 60 hypertensive subjects (ages; 53,83±7,71). All the participants underwent a standardized clinical assessment, which included a medical history, and physical and neurological examination together with the Mini Mental State Examination (MMSE) tests. Normal cognitive function was defined as MMSE >24. Zinc and Copper levels of serum were determined by a atomic absorbtion spectrophotemer with flame.

Results: MMSE were found to be significantly lower in hypertension patients (p<0.01). Vitamin B12 level was observed to be significantly higher hypertension patients than control group (p<0.01). Trace elements status parameters; copper and zinc levels were no significant differences in hypertension patients than control group. In the >10 years hypertension group MMSE (p<0.05), vitamin B12 (p<0.05) and zinc (p<0.05) had significantly lower than <5 years hypertension patients. Vitamin B12 and zinc levels were significantly lower (p<0.05) in hypertension patients with cognitive impairement. A positive correlation were found between zinc and MMSE (r=0.281, p<0.05) and vitamin (r=0.399, p<0.01). Significant negative correlation was observed between zinc and diastolic hypertension (r=-0.294, p<0.05).

Conclusion: These results suggest that dicreased zinc level can be relationship of cognitive decline in hypertension patients.

Keywords: hypertension, cognitive decline, zinc, copper

[Abstract: 1568 - P-1079]

Pattern of Pap smears among women attending primary health care centers and hospitals in al-mukalla city, Yemen

Rasha Saleh Bazighifan[1]

[1]Hadramout university-almukalla city-hadhramout-Yemen

Bacground & Aim: Pap smear test is one of the most important tests for women to detect cervical cancer in low socio-economic countries. Cervical cancer is considered preventable, as the premalignant stages can be detected by Pap smear examination. This study aimed to identify the pattern of cervical smears and the factors that affect them and compare them among women attending primary centers and hospitals thereby improving the women health in Al-mukalla city, Yemen.

Methods: A cross - sectional study was carried out on women aged 18 years to 60 years were collected who had visit the Obstetrics and Gynecology Clinic at primary centers and hospitals. The data was collected by recording the answers in questionnaires and performing cervical smears by extended tip spatula, then the smears immersed in 96%alcohol solution and were sent for staining and reported by pathologist. Analysis was done by using the SPSS for Windows system version 20.

Results: 10.5% of cervical smears were abnormal and classified as precursors of cervical cancer. Percentage of precursors of cervical cancer in hospitals was 13.7 %, while in primary health care centers was 7.1%. Three types of precursors of cervical cancer were diagnosed which were (ASCUS) 5 (23.8 %), (LSILs) 14 (66.7%) and (HSILs) 2 (9.5 %).

Conclusion: Yemeni women would accept having a Pap test if properly offered to them. the precursors of cervical cancer were present in our society with high prevalence. The older age (33 yrs. and more), multiparty more than 3, long use of oral hormonal contraceptive five years and more,increased sexual activity for husbands and clinical cervical lesions per vaginal examination are the predictors of intraepithelial neoplasia of cervix.

Keywords: intraepithelial lesion, Pap smears, Al-mukalla city

[Abstract: 1629 - P-0514]

Polypharmacy in the elderly patients of the health center (USF Servir Saúde)

Patrícia Amaral[1], Ana Guiomar, Patrícia Silva, Sérgio Marques, Vanda Estríbio

[1]USF Servir Saúde, Corroios, Portugal

Background and Aim: Aging is associated with an increased prevalence of chronic conditions which lead to polypharmacy. Biological processes of senescence originate increased susceptibility to iatrogenia. The use of anxiolytics / sedatives / hypnotics in Portugal has increased and falls in the elderly are often related to their use. The aims of this work were: to find how many patients ≥ 75 years old have ≥ 5 drugs in the chronic prescription list; to know how many of them have anxiolytics / sedatives / hypnotics and/or trimetazidine on that list.

Methods: This was an observational study done in 2014. The data was collected from the patient´s clinical processes. The processing was made in Excel program.

Results: We included 1177 elderly patients. From these, 60.7% had ≥ 5 drugs in their chronic prescription list. On average,

each of them was using 6 drugs. The anxiolytics / sedatives / hypnotics were chronically prescribed to 20.7% of the elderly. Trimetazidine was only present in 1.7% of the lists.

Conclusion: Most seniors of our health center are polymedicated, which may indicate a need for therapeutic review. The prescription of anxiolytic / sedative / hypnotic may lead to negative consequences. Prescription simplification is now a clear priority. We propose implementing strategies such as the more frequent review of the medication, education of the patient and caregiver and the application of the Beers´ criteria and STOPP / START. This will help to differentiate drugs with low efficiency and high risk from those essential and safe for our elderly patients.

Keywords: polypharmacy, elderly, anxiolytic, sedative, hypnotic drugs

[Abstract: 1658 - P-1083]

Awareness of gestational diabetes mellitus among pregnant women in a health center in Turkey

Emel Kelestemur[1], Esengul Turkyilmaz[2], Irep Karatas Eray[1], Ayse Filiz Yavuz Avsar[3]

[1]Department of Family Medicine, Ataturk Training and Research Hospital, [2]Department of Obstetrics and Gynecology, Ataturk Trainig and Research Hospital, [3]Department of Obstetrics and Gynecology, Yildirim Beyazit University, Bilkent, Ankara, Turkey

Background & Aim: Gestational diabetes mellitus (GDM) is defined as glucose intolerance that is first diagnosed during pregnancy. GDM is a kind of diabetes with a high risk of maternal and fetal morbidity. For the decrease in fetal morbidity and prevention of Type 2 diabetes mellitus (DM) development in mother, a 1-h 50-g oral glucose tolerance test (50g OGTT) is strongly recommended for 24-28 weeks of gestation according to guideline of the society of endocrinology and metabolism of Turkey (TEMD). Lately, it has been observed that the number of pregnancies, who do not attend OGTT, is continuously increasing. This study was done to understand the reasons of that increase and measure the knowledge of pregnancies about OGGT.

Methods: This study is consisted of a questionnaire, which is designed to measure the knowledge of pregnancies about the OGTT with 14 questions. It was conducted on pregnancies admitted to pregnant clinic during the months of February-2015 and April-2015.

Results: Three hundred and forty-two pregnant women participated in the study. Mean age of the women was 27.7 years and mean week of gestation was 19.3. Overall, 52.1% women did not want to attend OGTT and 63.2% of that believed that OGTT was harmful for both mother and fetus. 48.7% of the women, who believed that OGTT was harmful, acquired this knowledge from the television/radio.

Conclusion: Person-oriented preventive medicine is one of the major responsibilities of family doctors. Advising and education are indispensable for periodic health examination. However, because of the wrong and non-evidence based information on the media, some of the screening test such as OGTT, can be refused. The decrease in the incidence and prevalence of disease having a high risk of morbidity including GDM can be achieved only with correct and evidenced based advising and education given by family doctors.

Keywords: gestational diabetes mellitus (GDM), awareness, oral glucose tolerance test (OGTT)

[Abstract: 1665 - OP-106]

The contribution of therapeutic education in the empowerment of patient with cardiovascular disease. About an educative group intervention in South West area of France

Mélanie Afonso[1], Christine Quélier[2], Jean Louis Demeaux[1], Bernard Gay[1]

[1]Department of General Practice, [2]Bordeaux School of Public Health, Bordeaux University, Bordeaux, France

Background & Aim: Many national programs have focused on the importance of therapeutic patient education in the management of chronic diseases. The need for a patient-centred approach is recognised to improve its empowerment. It's particularly true for cardiovascular diseases which are one of the leading causes of death in France with more than 180,000 deaths per year. Drug prescription alone doesn't often allow obtaining, a satisfactory impact on the health status of patients with cardiovascular risk factors. The research question is: how therapeutic education led to the empowerment of the patient? The aim is to analyse patient's abilities and to identify factors acting on empowerment.

Methods: Qualitative study, conducted by semi-structured interviews with patients, doctors and educators involved in a series of educative group interventions conducted on the south west area of France, as part of the ETHICCAR study. Analysis of thematic content and identification of key topics.

Results: The group intervention showed that the patients became aware about their power to act and their options in health. The acquisition of abilities was more various: some of them thought they had enough self-management; other had more or less difficulties daily maintaining it. The interviewed subjects suggested the need for a remote relay and express the wish for greater individualization of the care. This work also highlighted the factors limiting the participation and suggests a lack of enthusiasm for the creation of links between participants.

Conclusion: Therapeutic patient education seems a good initiative and increases the patients' confidence of their power to act. Further work will be necessary, in particular, around the concept of participation in order to let the patient ultimately achieving, empowerment to both individual, organizational and community levels.

Keywords: therapeutic education, empowerment, cardiovascular disease

[Abstract: 1668 - P-0137]

Evaluation of health related quality of life in obese individuals

Fatma Kocaman[1], Berrin Telatar[2], Albena Gayef[3], Can Öner[2]

[1]Istanbul Bölge Hospital, Nutrition and Dietetics Specialist, [2]Istanbul Bilim University, School of Medicine, Department of Family Medicine, [3]Istanbul Bilim University, School of Medicine, Department of Medical Education and Informatics, Istanbul, Turkey

Background & Aim: Obesity increases morbidity, mortality and reduces the quality of life. The aim of this study is to investigate

the effect of obesity on health-related quality levels of life.

Methods: The study was conducted with 150 patients and their relatives admitted to the clinic within 2013. The ethics committee approval was taken. Individuals over 18 years of age were enrolled. Sociodemographic questionnaire form, health-related quality of life scale (SF-36) were used for data collection. Body Mass Index (BMI) was calculated. Questionnaires were administered through face to face interviews. The obese, overweight and normal individuals were compared by SF-36 subgroup mean scores. NCS 2007 was used for statistical analysis.

Results: In the study (23.3%) individuals were obese, (35%) were overweight, (46.7%) were normal weight. Obesity was higher in women, in married and non-working individuals. (p<0,05). 82.8% of obese individuals were dissatisfied with their weight (p=0,0001). Familial, environmental and social pressure were significantly higher in obese (p=0,002, p=0,042). Individuals in each of the three groups want to lose weight primarily for health reasons and appearance at a lesser degree. Weakening demand for health reasons was highly significant in the obese group. Compared to sub-groups of the SF-36 scale, significant difference was found in physical function, general health and physical function components. Obese group's physical function means were significantly lower compared to the other two groups. Increasing weight had no effect on the mental dimension (p > 0.05).

Conclusion: Obese individuals are aware of the negative impacts of this situation. Psychological problems may arise as a result of prolonged obesity. Primary health care should be able to play more active role in obesity; presence of nutritionist, social worker and psychologist at primary healthcare institutions will provide a more holistic approach.

Keywords: obesity, health, quality of life

[Abstract: 1674 - P-0635]

Is obesity more than just excess of fat? An analysis using impedanceometry on overweight patients and type I obesity (OI)

Clara Casas, Inmaculada Gil, Yuri Ochiai, Isabel Boba, Mariam De La Poza[1], Guadalupe Fernandez, Roxana Zevallos

[1]Dr Carles Ribas Health Center. Barcelona city. Institut Català de la Salut.

Bacground & Aim: Obesity is a major health issue worldwide, both for its economic impact as well as the various pathologies it implies. In our facilities we are using basic weight and height scales to calculate the body mass index (BMI) to classify overweight patients. The aim of this study is to test the use of impedanceometry in primary care to add further valuable information on the patient's body composition in order to better adjust its treatment. Assess the proportion of visceral fat (VF) in patients with OW and OI. Describe the presence of decreased levels of lean mass (LM) in these patients, which might condition the appearance of sarcopenia.

Methods: Descriptive observational study. Sample: Randomly selected the first 100 OW or OI patients who attended the primary care consults during two weeks time. Variables: BMI, % fat mass (FM), % fat-free mass (LM) and VF measured with OMRON BF 511. Analysis executed with SPSS 20 statistic, chi-square test.

Results: Sample description: 56% women, average age 63 years (25-89). OW: 49%; OI 51% 54% hipertension, 22%

diabetes mellitus, 42,4% dislipaemia.

Global impedanceometry:

Low Normal High Very high FM 0 4% 17% 79% VF 0 20% 45% 35% LM 77 22 1 0 LM and VF analized by sex: Low Normal High LM men 90,9% 9,1% 0% LM women 66,1% 32,1% 1,8% P<0,03 Normal High Very high VF men 6,8 29,5 63,6 VF women 30,4 57,1 12,1 P <0,000

Conclusion: We observed a high prevalence of high or very high visceral fat in overweight and type I obesity patients, more predominantly in men. In these patients, a low percentage of lean mass is noted. When prescribing a diet, to assess its progress we should be able to monitor the loss of visceral fat, aiming to lower the risk of cardiovascular events. It is crucial to prescribe fisical activity along with diet in this patients, to improve lean mass and thus lower the efects sarcopenia might have on their global health.

Keywords: obesity, sarcopenia, lean mass, impedanceometry

[Abstract: 1676 - P-0739]

Influencing factors in female physical capacity

Susana Sanchez Ramon[1], Inmaculada García Rupérez[1], Mª Del Mar De La Torre Carpente[2], Yolanda González Silva[5], Raquel Gómez Bravo[7], Teresa Montero Carretero[5], Carmen Fernández Alonso[4], Yolanda Valpuesta Martín[6], Sonia Herreros Velázquez[3], Ana Belén López Tarazaga[1], Mª Jesús Rollán Gómez[2], Virginia Carbajosa Rodríguez[1], Raúl López Izquierdo[1]

[1]Emergency Department; Río Hortega Universitary Hospital. Valladolid, [2]Cardiology Department. Río Hortega Universitary Hospital. Valladolid, [3]Neurology Department. Río Hortega Universitary Hospital. Valladolid, [4]Servicios Centrales. Gerencia Regional de Salud, Junta de Castilla y León, [5]Plaza del Ejército Health Center, Valladolid, [6]Peñafiel Health Center. Valladolid, [7]SEMFYC, Spain

Background & Aim: To determine the physical parameters in pre and postmenopausal women under stress (stress test). Assess the correlation between hormone and lipid levels with the estimated MET (Metabolic Equivalent) functional capacity.

Methods: Retrospective cross-sectional study. Inclusion criteria: Being female. Outpatient from cardiology consultations or hospitalized had been subjected to an exercise test and blood test, after signing the informed consent, from April to November 2014. Clinical analisys included lipid profile (total cholesterol, LDL, HDL and triglycerides), HbA1C and hormonal (estrogen, progesterone and testosterone). High correlation MET (MET> 8.7) was assessed among: high blood pressure (BPMax), maximum heart rate (HRMax), FSH, LH, estrogen (E), progesterone (P), testosterone (T), total cholesterol (C), triglycerides (TG), LDL (L) and HDL (H). Statistical significance p″0.05

Results: 130 patients. Age:<50 years: 19.23%; ≥50 years: 69.23%; 15 losses. Overall: MET 7.55 (± 2.06); BPMax mmHg 171.27 *(± 24.42); HRmax 135.65 bpm (± 24.63); FSH 60.58 IU / L (± 33.33); LH 27.91 IU / L (± 16.44); E 29.78 pg/mL (± 89.43); P 1.19 ng / mL (± 2.12); T 29.13 ng/dL (± 17.48); Tg 113.89 mg/dL (± 64.48);C 205.03 mg / dL (± 43.37); LDL 123.53 mg / dL (± 37.*48); HDL 58.8 mg/ dL (± 12.79). High MET: 26 patients (22.61%). MET 10.26 (± 0.62); BPMax 155.96mmHg (± 21.17), p <0.01; HRmax 157.08 bpm (± 21.49), p <0.01; FSH 29.36UI/L (± 30.09),p <0.05; LH 22.01 IU/L (± 16.13); E 59.21 pg/mL (± 5404),p <0.01; P 3.11 ng/mL (± 3.89) p <0.01;T 31.45 ng/dL (± 11.38)

Conclusion: Functional capacity is a strong predictor of the morbidity-mortality ratio and survival rate, while MET is an indirect measure thereof. Patients with elevated MET had significantly higher estrogen and progesterone and lower FSH levels. During exercise high MET patients responded with lower systolic BP and higher HR.

Keywords: ergometry, exercise test, female

[Abstract: 1682 - P-0138]

Prevalence of peripheral arterial disease in patients who require home care

Halis Yılmaz, *Çiğdem Apaydın Kaya*[1], Seda Arslan Özkul, Pemra Ünalan

[1]Marmara University

Background & Aim: Most of the patients who need home care services are in high risk groups in terms of peripheral arterial disease (PAD). But, PAD may be asymptomatic in these patients due to inactivity. Determination of PAD in home care patients, may decrease ischemic events and risk of death. The aim of this study is to identify the prevalence of PAD and related factors in patients who are cared at home.

Methods: This study is a cross-sectional study. The study was carried out among home care patients followed by Home Care Unit of Marmara University Hospital between June, December 2014. Two hundred eighty five patients (99 M, 186 F) who were older than 40 years old were included in the study. Ankle-bracial index (ABI) was assessed with a hand-held Doppler device and PAD was defined as ABI>0.9. Socio-demographic features, medical history and physical examination findings were recorded. Data were analyzed in terms of prevalence of PAD age and gender relation and other risk factors.

Results: The mean age of the patients was 76±1.17 (42-100). The PAD prevalence of home care patients were 16.8% (12.4% for female, 25.3% for male). In the univariate analysis, male gender, skin fold thickness, diabetes mellitus, hypertension, CAD and ever smoking were associated with PAD (p<0.005). In multivariate analysis, ever smoking (OR:5.63), hypertension (OR:2.44) and high skinfold thickness (OR:1.11). were the risk factors for PAD.

Conclusion: This study is the first study that determined the prevalence of PAD and related risk factors in patients who require home care. Our study showed that the prevalance of PAD is high in home care patients. The patients who require home care, may be asymptomatic for PAD depending on inactivity. So, ABI measurement is very important for these patients.

Keywords: ankle brachial index, peripheral arterial disease, home care, home health care services

[Abstract: 1718 - P-1088]

Is the prevalence of smoking in Federation of Bosnia and Herzegovina decreased in 2015?

Olivera Batic Mujanovic[1], Azijada Beganlic[1], Larisa Gavran[2], Edita Cerni Obrdalj[3], Amra Zalihic[3]

[1]Family Medicine Teaching Centre of Health Centre Tuzla; Department of Family Medicine, Medical Faculty of Tuzla University, Tuzla, [2]Family Medicine Teaching Cenre of Health Centre Zenica; Department of Health Care in Community, Health Faculty of Zenica University, Zenica, [3]Family Medicine Teaching Centre of Health Centre Mostar; Department of Family Medicine, Medical Faculty of Mostar University, Mostar, Bosnia and Herzegovina

Background & Aim: Cigarette smoking is the largest preventable risk factor for morbidity and mortality in developed countries. We compared prevalence of smoking in people attended primary care centres from three cantons in Federation of Bosnia and Herzegovina 2015 and 2012.

Methods: Study included people attended 16 primary care centres 2015 and 21 primary care centres 2012 from three cantons: Tuzla Canton, Unsko-Sanski and Posavski Canton. Every family medicine team, involved in the Program of Additional Training in Family Medicine, completed questionnaire for 100 patients about their smoking status and readiness to quit smoking. Data collections were performed between February-March 2012 and 2015.

Results: Study included 3700 participants (aged 10-88 years): 1761 (47.59%) men and 1939 (52.41%) women. Prevalence of smoking 2015 is significantly lower than 2012 (40.06% vs. 47.71%%; p <0.0001). Significantly more men than women are still smokers (50.82% vs 38.58; p <0.0001). Number of ex smokers remained approximately the same 2015 and 2012 (17% vs. 17.1%; p=0.9). Significantly more men than women are still ex smokers (21.98% vs. 12.62%; p <0.0001) 2015 and 2012. Significantly more women than men have never smoked (61.95% vs. 22.95%; p <0.0001) 2015 and 2012. Significantly lower percentage of smokers don't think to quit smoking 2015 compared to 2012 (48.67% vs. 53.6%; p=0.05), while percentage of smokers who think to quit in the next six months is approximately the same 2015 and 2012 (38.53% vs. 37.5%; p=0.68). Significantly higher percentage of smokers are ready to quit smoking immediately 2015 compared to 2012 (12.79% vs. 8.88%; p=0.01).

Conclusion: Results of this study shows that the prevalence of smoking in Federation of Bosnia and Herzegovina is still very high. It suggests more effective interventions of primary care teams to identify people who smoke and offer them comprehensive advice and appropriate treatment to quit smoking.

Keywords: prevalence, smoking, Federation of Bosnia and Herzegovina

[Abstract: 1725 - P-0141]

COPD Screening in smokers and former smokers in primary care

Nuria Sanchez Ruano[1], Amparo Hervas[1], Cristina Colungo[1], Nora Selvi[1], Silvia Alvarez[2], Xavier Flor[2]

[1]CAP Comte Borrell, CAPSBE, [2]CAP Chafarinas, Barcelona, Spain.

Bacground & Aim: Chronic obstructive pulmonary disease (COPD) is the fourth leading cause of death in the world. Underdiagnosis of COPD seems to be common. Early diagnosis through case finding will allow for early actions, to influence smoking cessation and can achieve a reduction in the burden of COPD symptoms and reduced disease impact. Spirometry is required to make the diagnosis in the clinical context. The role of primary care is very important in the detection of patients with COPD. Recently designed several portable electronic devices that allow obtaining quickly FEV1, FEV6 and FEV1/FEV6 ratio, and replaces FVC (patient's ability to exhale all the air), for only the patient is able to exhale in 6 seconds. These devices are useful for screening for COPD in

primary care and the ratio FEV1/FEV6 has a good correlation with the ratio FEV1/FVC. This "office spirometry" is validated for the detection of airway obstruction. They are an excellent screening tool for obstructive diseases. If results are normal COPD is discarded. If the results are altered we perform spirometry to confirm the diagnosis.

Methods: We will screen all patients at risk, smokers or former smokers over 40 years with cumulative dose >10 pack-year in consultations at the center of the urban primary care. A screening test will be done with the portable device(COPD-6). If the result is the FEV1/FV6(COPD-6)<0.70 or FEV1%(COPD-6)<80% rate will perform a chest x-ray and standard spirometry to confirm or rule COPD. The following variables will be evaluated: gender, age, smoker or former smoker, cumulative dose pack-year, asymptomatic or symptoms: cough, dyspnea (mMRC), mucus; Portable spirometry

Results: FEV1(COPD-6), FEV6(COPD-6) and FEV1/FEV6(COPD-6) and pulmonary age; Results of conventional spirometry FEV1, FVC, FEV1/FVC post-bronchodilator, and finally new COPD diagnosis, GOLD classification and patients who quit smoking after our intervention.

Keywords: COPD Diagnosis Smoke

[Abstract: 1741 - P-0517]

Detection of apathy in older persons in nursing home: Routine use of NPI (neuro psychiatric ınventory) questionnaire and impact in care framework

Gerard Nguyen[1], Charlotte Haignere[2], Stephanie Blanc[2], Catherine Maffon[2], Laetitia Sarteur[2]

[1]Primary care, Cabinet Marcel Monny Lobe, Soisy sous Montmorency, [2]Residence ARPAGE Jacques Offenbach, ARPAD Epinay sur Seine, France

Bacground & Aim: Apathy is increasingly recognised as a frequent behavioural problem in Older Persons with Dementia. It should be detected systematically. Overlap with depression has been widely described and might explain the large variation of prevalence related. Validated tool as NPI (Neuro Psychiatric Inventory) scale could be used routinely.

Methods: We performed NPI in all of our 53 patients (mean age of 87 yo, 50 women) in nursing home. Forty one (77,35%) have Dementia. We used the recommended tool NPI assed by carers (NPI-ES), added with the Apathy Inventory scale. Apathy represented 30.19% (16/53) of all patients and 24.40% (10/41) of Dementia. Among those with Dementia and Apathy, 43.75 % (7/16) have associated depression. Only 3/7 were under antidepressant drugs and 25.00% (4/16) had anticholinesterase agents. One patient had associated Parkinson symptoms and treatment. Associated factors have been determined with multivariate analysis. Overlap between apathy and depression has been discussed with physicians.

Results: The most important findings were that the use of scale routinely was feasible and accurate. An audit confirmed the results. The routine use of appropriate, validated, recommended and easy to use psychometric scales as NPI in Older Persons and has allowed a change of practice by programming more non pharmacologic (cognitive stimulation approaches, balneotherapy, stimulation games), by increasing an awareness among carers to detect alert symptoms, by making some differences with depression, by re-discussing the indication of pharmacologic agents and by proposing an re-

organisation of care in Nursing Home. The non pharmacologic methods (multiple stimulation methods) have to be preferred. From the results we would recommend the use of NPI in ambulatory practice and in nursing home in a routine geriatric assessment and also in a risk management plan to decrease iatrogeny.

Keywords: apathy, NPI, geriatric care, older persons, dementia

[Abstract: 1751 - OP-177]

Correlation between the breath carbon monoxide levels and the period of smoking in nicotine addiction

Huseyin Can[1], Kaan Sozmen[2], Tijen Sengezer[3], Yusuf Cem Kaplan[4], Gokcenur Utlu[1], Alp Sener[1], Arzu Aybek Yilmaz[1], Olgu Aygun[5], Zeynep Ay[1], Abdulkerim Damar[1], Burcak Bilgin[1], Yasemin Ceren Demirel[1], Halime Seda Kucukerdem[1], Hilal Ikbal Bilyay[1], Seyma Atsiz[1]

[1]Department of Family Medicine, Izmir Katip Celebi University, Izmir, [2]Department of Public Health, Izmir Katip Celebi University, Izmir, [3]Clinic of Family Medicine, Ankara Numune Training and Research Hospital [4]Department of Pharmacology, Izmir Katip Celebi University, Izmir, [5]Family Medicine Center, Izmir, Turkey

Backround & Aim: Faulty measurements of CO may negatively affect the smoking cessation treatment. The exact measurement of CO must be performed within 1-2 hours after smoking. Here in our study, we aimed to investigate the relationship between the time elapsed since the last cigarette was smoked (TLC), and the amount of CO measured in the expiratory air (ExpCO) and the addiction levels of the smokers.

Methods: This study had a cross-sectional design. Upon receiving the ethical approval, face-to-face interviews with the Fagerström test for nicotine dependence (FTND) were carried out with the participants. The amount of ExpCO of the participants was measured by the breath CO monitor. TLC of the participants were examined. The SPSS 15.0 for Windows statistics package program was used for the statistical evaluation of the data. $p < 0.05$ was considered to be significant.

Results: 441 patients, of which 57.4 % were male, were enrolled in the study. Mean age of the patients was 43.2±12.9 (range: 17-82), mean pack-years was 24.0±16.4 (range: 1-100). TLC values in males were significantly lower than women (p=0.001). A mid-level negative correlation was detected between ExpCO and TLC for both sexes (M: - 0.434, p<0.001; F: - 0.535, p<0.001). FTND scoring showed 21.8% (n:96) of the participants had very high level of addiction, while 24.9% (n:110) had high and 22.0% (n:97) had middle-level of addiction. A significant positive correlation was showed between FTND score and ExpCO (E: 0.391, p<0.001; K: 0.471, p<0.001).

Conclusion: Measures of breath CO levels later than 3 hours of smoking may yield lower results which may decrease the therapeutic compliance. Therefore accurate timing of measurement is crucial in the successful management of smoking cessation treatment and struggle with the tobacco addiction.

Keywords: cigarettes, addiction, carbonmonoxide

[Abstract: 1752 - P-0642]

Overweight asymptomatic patients in GP practice-biochemical approach to understand illness

Ilze Skuja[1], Gita Krievina[1], Inga Stukena[2], Aivars Lejnieks[2]

[1]Riga Stradins University, [2]Riga Eastern Clinical University Hospital

Background & Aim: Adiposity is a world-wide problem which leads to Diabetes Melitus Type2 (DM), nonalchocolic fatty liver disease (NAFLD) and coronal heart disease (CHD). Unfortunately patients with enhanced BMI think that they are healthy. They often do not have any symptoms or limitations of life quality and don't notice how illness is approaching stealthily. The aim of this work is to find patients with DM, NAFLD, CHD in early asymptomatic stages.

Methods: In 159 patients (30-45 years, asymptomatic) glucose (Glu), HOMA-IR, Total cholesterol (TC), HDLC, non-HDLC, LDLC, triglycerides (TG), GGT, AST and ALT were estimated. VCAM, tPAI-1, chemerin and E-selectin levels were measured by Luminex xMAP technology. Patients were divided into three groups according to BMI- normal weight, overweight and obese. All biochemical parameters and cytokines were compared between groups.

Results: Significant (p<0.05) positive correlations between BMI and ALT (r=0.28), AST (r=0.42), GGT(r=0.43), TG (r=0.49), Glu (r=0.36), HOMA-IR(r=0.67), tPAI-1 (r=0.33), VCAM (r=0.54) and negative correlation between HDLC (r=-0.36) and chemerin (r=-0.33) were found in the whole group. There were significant (p<0.05) differences in levels of glucose (Glu), HOMA-IR, HDLC, non-HDLC, TG, GGT, AST, ALT, VCAM, tPAI-1, chemerin and E-selectin between normal weight, overweight and obese patient groups.

Conclusion: Differences in cytokine levels between groups showed the inflammation process and higher risk of CHD, NAFLD and DM of overweight and obese persons. It is too expensive to make such cytokine analyses in GP practice, but even every day used biochemical analyse such as HDLC, Glu, HOMA-IR, TG, ALT, AST and GGT had statistically significant differences. It is wise to measure level of Glu, ALT, AST, GGT, HDLC and TG in overweight and obese patients in GP practice to diagnose illnesses in earlier stages and to start quicker treatment and prophylaxis.

Keywords: overweight, triglycerides, cholesterol, glucose, cytokines

[Abstract: 1762 - P-0519]

Effect of Obesity on Cognitive Functions of Invıduals Aged 65 And Above

Kübra Uyar[1], Mehtap Kartal[1], Nil Tekin[2]

[1]Dokuz Eylul University Faculty of Medicine, Family Medicine Department, [2]Narlidere Geriatric Care Center and Residential Home,Izmir,Turkey

Bacground & Aim: Cognitive functions are one of the most important factors effecting quality of life of elderly. Pharmaceuticals stop only progression of dementia so primary prevention issues become more important. Nowadays, some studies indicate that obesity can affect cognitive functions. It is aimed to study the relationship between obesity and cognitive functions among elderly aged 65 and above.

Methods: This case-control study included 390 elderly (128 cases having mild cognitive impairment-MCI and 262 controls without cognitive impairment) living in Narlidere Geriatric Care Center and Residential Home, Izmir, between April 2014-January 2015. Elderly weight, height and waist circumference was measured and recorded, and a questionnaire prepared by the researcher in addition to Mini Mental State Examination, Stroop Test, WMS-5 digitspan test, three words-three shapes test, geriatric depression scale, activities of daily living test and instrumental activities of daily living test were applied face to face.

Results: When compared cases were found older (79.49±7.06) than controls (76.25±7.38) (p<0.001). Cases had more impairment in simple attention (p<0.001), longer total time and color word interference on stroop test (p<0.001), less identification information previously learned (recall) (p<0.001) than cases. Obesity history in the past was significantly higher in cases compared to controls (p<0.001). Multiple logistic regression analysis was done to adjust for age, gender, time period in institution, current body mass index and waist circumference, obesity history and showed that age 85 and above had about 3.9 (95%CI: 1,5-10,3) fold (p=0.005) and positive obesity history had about 9,1 (95%CI: 5.2-15.9) fold (p<0.001) higher probability of MCI.

Conclusion: Today, as the prevalence of dementia is increasing it is important to show facilitating factors that reveals MCI and dementia for both elderly and their caregivers. Primary care physicians evaluating obese patients should take precautions not only for its cardiovascular complications but also for maintenance of cognitive functions.

Keywords: obesity, cognitive functions, age 65

[Abstract: 1765 - P-0144]

Prognostic value of ambulatory blood pressure monitoring in patients at high cardiovascular risk: Diabetes mellitus type 2

Daniel Rey Aldana[1], Sergio Cinza Sanjurjo[2], Enrique López Paz[3], Álvaro Hermida Ameijeiras[3], Gaila Calvo González[3], Carlos Calvo gomez[3]

[1]centro de salud de a estrada, pontevedra, [2]centro de salud de porto do son, a coruña, [3]unidad de hipertensión y riesgo cardiovascular, servicio de medicina interna, complejo hospitalario universitario de santiago de compostela, a coruña, sergas, spain

Background & Aim: Ambulatory Blood Pressure Monitoring (ABPM) defines the circadian variation and is the method of BP measurement that best defines the cardiovascular (CV) risk. Patients with Diabetes Mellitus (DM), are characterized by alterations in the circadian rhythm of ambulatory BP. The objective was to analyze the prognostic value of ABPM in a cohort of diabetic patients after 10 years of follow up.

Methods: Cohort study in a sample of 766 unselected patients diagnosed with DM and HT. In all cases, a clinical-biological and MAP-24h evaluation was performed using monitors SpaceLabs and individualizing all reports. The follow-up of patients was performed by reviewing medical records, recording the event type (peripheral-EAP artery disease, coronary heart disease-CC, congestive heart-IC-stroke or cerebral vascular accident) and the date thereof.

Results: Follow up of 715 patients (274 women) was completed. During follow-up study, 319 events were recorded. Clinical variables, the presence of previous cardiovascular disease

and established diabetic nephropathy negatively influence the CV prognosis and increase the incidence of events. From the values of MAP, those with greater prognostic correlation were nocturnal BP and circadian profiles in which a decrease or loss of depth of ambulatory blood pressure, p <0.0001 is objective. The Kaplan-Meier curve shows that the circadian rhythms riser and non dipper are those with less free time of events.

Conclusion: Nocturnal blood pressure and decrease or loss of depth PA objectified by MAP, along with the presence of previous cardiovascular disease (including impairment of renal function and / or microalbuminuria) are the parameters that are associated with a worse cardiovascular prognosis of diabetic hypertensive patients, confirming the importance of the prognostic value of ABPM, and early diagnosis and treatment of these patients.

Keywords: cardiovascular risk, ambulatory blood pressure monitoring, diabetes mellitus type 2

[Abstract: 1805 - OP-170]

Patient's Satisfaction in Primary Health Care, Bandung, Indonesia

Fedri Ruluwenta Rinawan, Nita Arisanti, Insi Farisa Desy Arya, Henni Djuhaeni, Guswan Wiwaha, Sharon Gondodiputro, Elsa Pudji Setiawati

Department of Public Health, Faculty of Medicine, Universitas Padjadjaran

Background & Aim: Patient satisfaction refers to the extent to which the patients perceived that their needs and expectations are met by the service provided. It means the best health outcomes that are possible given by the available resources should be consistent with patient values and preferences. Patient or client satisfaction is one indicator that can be used to determine whether the Health Care Provider will be a part of health insurance scheme. Universal health coverage in Indonesia was implemented in 2014 as well as in Bandung District. This study assessed the level of satisfaction with quality of care received by patients attending a primary health care in Bandung District, Indonesia.

Methods: This study was a cross-sectional study involving 486 patients in various type of primary health care in Bandung such as government primary health care (Puskesmas), private doctors, private midwives, and private dentistry. Adult patients were selected by cluster sampling. Respondent who met the inclusion criteria in each cluster was selected by consecutive sampling. Data were collected using 'Service quality' (servqual) questionnaire. Satisfaction was measured by semantic differential scale from the following domains: tangibles, reliability, responsiveness, assurance and empathy.

Results: The result of this study showed that most of patient (72%) did not satisfy with the service provided in primary health care, specifically the patient did not satisfy with tangible (66.1%), reliability (57.5%), responsiveness (53.3%), assurance (47.5%) and empathy (59.3%). Dissatisfaction was expressed by most of patients attending government primary health care (Puskesmas). For a country to achieve universal health coverage, several factors must be in place, including sufficient capacity of well trained, motivated health workers in providing the services to meet patients' needs. The government and private primary health care should make self-evaluation and improve the quality of health service.

Keywords: patient, primary health care, satisfaction

[Abstract: 1809 - P-0404]

Assessment of Risk Factors for Hearing Loss and the Results of Hearing Screening Tests for the Newborn

Hacı *Ömer* Sezer[1], Kenan Topal[1], *Çiğdem* Gereklioğlu[2], *Ümit* Çelik[3], Ilhami *Yıldırım*[4]

[1]Adana Numune Training and Research Hospital, Department of Family Medicine, Adana, [2]Baskent University Medical Faculty, Department of Family Medicine, Ankara [3]Adana Numune Training and Research Hospital, Department of Pediatrics, [4]Department of Otorhinolaryngology, Adana. Turkey

Background & Aim: Hearing loss is the most common congenital defect worldwide and also the sensory loss affecting psychosocial and academic development of children most. We aimed to evaluate the risk factors in the babies undergoing hearing screening tests and to evaluate the adequacy of the services given to the mothers in primary care.

Methods: This cross-sectional study was conducted with 253 babies between 1 March 2014 and 30 April 2014. A structured questionnaire form was applied and the results of the Transient Evoked Otoacoustic Emissions (TEOAE) and the Auditory Brainstem Response (ABR) tests were recorded. Chi-square and Mann-Whitney U test were used for data analysis. Fisher's exact test was applied in 2x2 tables and Monte Carlo simulation was applied in r x c tables. A p level of <0.05 was accepted as statistically significant.

Results: Mean age of the babies was 29.1±45.3 days. Ratio of failure increased as age increased (p=0.0001). The ratio of the mothers who experienced a systemic disease during pregnancy was higher among the babies who failed the test (p=0.031). Eighteen babies failed the tests and were referred to another institution for further evaluation. Consanguinity (25.7%), staying for longer than 5 days in newborn intensive care unit (23.7%) and the mother's experiencing a systemic disease during pregnancy (10.7%) were the main risk factors. Of the mothers, 79.4% (n=201) stated that they were satisfied from the services given in primary care, 78.7% (n=199) stated that family physicians cared them much. CONCLUSION: Hearing loss should be detected in the early period, because these children may achieve speech, cognitive, social and emotional development close to their peers through providing a proper hearing device and commencing regular hearing rehabilitation programs early.

Keywords: new-born, hearing loss, risk factors, hearing screening tests

[Abstract: 1820 - OP-128]

Evaluation of Marital Adjustment and Psychosocial State of Couples Undergoing Infertility Treatment

Sule Erayman[1], Fatma Goksin Cihan[2], Mustafa Basaran[3]

[1]Family Medicine Clinic, Konya Training and Research Hospital, Konya, [2]Department of Family Medicine, Necmettin Erbakan University, Meram Medical Faculty, Konya, [3]Obstetrics and Gynecology Clinic, Konya Training and Research Hospital, Konya. Turkey

Background and Aim: Infertility treatment is a stressful and anxious course for attendant couples. During this process, both husband's and wife's stress level and interrelation may be adversely effected. This study is planned for investigating

anxiety and depression symptoms due to infertility and probable problems in marital adjustment of infertile couples. METHODS: In this analytical cross-sectional study, 101 infertile couples who admitted to Konya Training and Research Hospital IVF Centre from July 2014 to January 2015, were included. A sociodemographic questionnaire, Marital Adjustment Scale (MAS), Beck Anxiety Inventory (BAI) and Beck Depression Inventory (BDI) were fulfilled by the participants.

Results: The mean age was 28.0±4.8 for women and was 31.1±5.7 for men. BAI scores were found significantly higher in women (9.8±8.0) than men (7.2±9.2) (p=0.001). Similarly, BDI scores were significantly higher in women (p 0.001). There wasn't any significant difference between MAS mean scores of men (47.2±7.1), and women (48.9±6.0) (p=0.157). BAI scores were higher in 19.8% of women and 12.9% of men (p=0.183). According to BDI scores, 23.8% of women, and 8.9% of men had depression (p=0.004). MAS scores were low in 26.7% of women and 23.8% of men (p=0.627).

Conclusion: Infertility treatment may not lower the marital adjustment; it may bond couples to each other. The treatment process brings serious physical and emotional burden for couples, especially for the woman. Couples who have experienced physical and psychosocial problems about infertility treatment need health professionals' support. This support is important for couples' attendance to treatment, success of the treatment by raising the pregnancy rates, and public health.

Keywords: infertility, marital adjustment, depression.

[Abstract: 1841 - OP-140]

Impacts and assessment of a method recruiting General Practioners' supervisors by using GP trainees in the Parisian Region

Emna Zarrad, Gladys Ibañez

University Pierre and Marie Curie - Paris 6

Background and Aim: A health system based on primary care is more efficient and more equal. (WHO 1978) General Practioners (GP) are the corner stone in such a system. Discovering and learning Family Medicine in GP's practice is fundamental and recruiting GP's supervisors becomes a real challenge. The aim of the study is to propose and assess a recruiting GP'supervisors' method, and its impacts.

Methods: Interventional comparative non randomised study has been lead between the 20/09/2013 and 1/10/2014 with GP working in Parisian region. Two interventions have been compared: a "gold standard" method where all GPs received a postal letter and a "sensitization" method towards GP trainees who should participate by contacting (themselves or through another person) a GP they know who could possibly be candidate on becoming a GP's supervisor. Illustrative video have been created to help convincing GP.

Results: Among the 7 Parisian medical universities, 5 of them accepted the intervention.GP trainees filled 293 questionnaires and 132 (51.9%) GP have been suggested. Among the 132 GP selected in the study, 113 (85.6%) have effectively been contacted. Twenty (15.2%) of them were interested on becoming GP's supervisors and have been referred to a university's contact. The rate of recruitment by this method has been highly superior to the one given by the gold standard method (p<0.0001). The success of videos (>6000 views on YouTube) showed the necessity of such tools. A website

has been created to gather all those information, in one and dedicated place: www.devenirmsu.com.

Conclusion: It is probably recommended to anticipate, assess and spread all GP' preceptors's recruitment's methods in order to know better the efficiency of our actions in that field and allow us to pool them.

Keywords: GP tutor, preceptorship, recruitment, assessment method

[Abstract: 1857 - P-0463]

An Appropriate Scale for Primary Health Care: Reliability and Validity of the Turkish Version of the Iowa Infant Feeding Attitude Scale

Nazmiye Kaçmaz Ersü[1], Abdurrahman Ersü[1], Pınar Köksal[1], Berna Erdoğmuş Mergen[2], Haluk Mergen[1], Kurtuluş Öngel[3]

[1]Department of Family Medicine,İzmir Tepecik Training and Research Hospital,İzmir,[2]İzmir Karabağlar Community Health Center, İzmir,[3]Department of Family Medicine, Katip Çelebi University, İzmir. Turkey

Background & Aim: The aim of this study is to describe reliability and validity of the Turkish version of the Iowa Infant Feeding Attitude Scale which was developed by De La Mora and colleagues.

Methods: This study was conducted with 209 mothers who have child under five years and who applied to İzmir Tepecik Education and Research Hospital. The translated IIFAS was administered to participants. Correlation analysis of total items have been done. Reliability of the scale is evaluated with Cronbach alpha coefficient. Statistical analysis is conducted using SPSS 16 and AMOS20.

Results: Mean age of mothers was 30.2±5.48. 42.1% (n= 88) of mothers of children who were applied to outpatient clinics of pediatrics had primary school graduation, 24.9% (n=52) secondary school graduation and 8.6% (n=18) university or high school degree. 85.2% (n=178) of mothers didn't have any jobs. Varimax rotation method was used for examination of factor structure of IIFAS. Result of Kaiser- Meyer- Olkin Measure of Sampling Adequacy test was found as 0.646. Result of Bartlett's Test of Sphericity was statistically significant (511, p<0.001). Item-total correlation coefficient (rit) was 0.251. Cronbach alpha coefficient calculated to detect internal reliability of the scale. Cronbach alpha internal reliability coefficient value was (α = 0.506) before exclusion of items 8th and 17th. After exclude these items Cronbach alpha coefficient value was (α = 0.61). $\chi2/$df value was 2.1 (<5). This value was adequate for validity criterion.

Conclusion: Different scores of Cronbach alpha for IIFAS range with 0.46 and 0.86 for different countries. This result suggests that IIFAS gives different results for different cultures. Turkish version of IIFAS had intermediate reliability and accepted validity. Mothers attitudes for infant feeding is very important for primary health care. IIFAS is practical scale to evaluate mothers attitude for infant feeding in primary health care. "

Keywords: breastfeeding, formula, scale, reliability, validity

[Abstract: 1897 - P-0650]

Pilot study: dance and anxiety in primary care

Marta Arbolí, Carla Carreras, Jesus Garbayo, Sara Davies, Ana Garcia, Ainhoa Toscano, Joan Campos, Clara Ortí, Maria José Pujol, Maria Dolors Carvallo, Angeles Santos, Pilar Molas

Primary Care Center Chafarinas, Barcelona. Catalan Health Institute. Spain.

Background & aim: The recurring nature and the prevalent condition of the anxiety disorder, especially in women, represents a significant burden to families and society having a high negative impact on the quality of life. To asses the effect of a dance program in order to reduce the score of anxiety. Knowing whether there are significant changes in the self perception of health status before and after the intervention.

Methods: It is a pilot study of a randomised controlled trial (N=30). There are two groups: control and intervention. It has been approved by the Scientific Research Ethics Committee IDIAP Jordi Gol. The intervention consists in dance sessions, once per week, during 3 months. The purpose is that the patients express themselves with creative movement, not to create a choreography in order to do a performance. The therapist is a young general practitioner with lot of experience in dance and expression. Inclusion criteria: women from 55 to 65 years old with diagnosis of anxiety disorder, confirmed by a clinical interview and Goldberg's questionnaire. Both groups were followed up at the beginning of the intervention, at the end of it and three months after it had finished. Primary outcomes: level anxiety measured through the Goldberg questionnaire.

Results: Including 30 women randomised into two groups initially homogeneous for all variables. Only differences for hypertension (p=0,025), dyslipidemia (p=0,028) and the intervention group feeling of more walking limitation than the control group (p=0,032). The 70% of the participants in the intervention group have done 90% of the sessions. Anxiety score decreases i the intervention group and increases in the control group (p=0,053) after the dance therapy intervention. No significant differences in the Euroqol scale.

Conclusion: Dance therapy could be a useful method to decrease the score of the anxiety disorder measured through Goldberg's questionnaire.

Keywords: [anxiety], [primary care], [dance]

[Abstract: 1899 - P-1097]

Media Effects on Statin Treatment and Determination of Reaching the Target LDL Ratio

Gökhan Dincer[1], Zeynep Sayın Dincer[2], Yakup Alsancak[3], Enes *Gümüş*[1], Nuri Şengüleroğlu[1], Aybüke Demir Alsancak[2], Ismail Arslan[1], Oğuz Tekin[1]

[1]Department of Family Medicine, Ankara Training and Research Hospital, Ankara, [2]Department of Family Medicine, Ankara Numune Training and Research Hospital, Ankara, [3]Department of Cardiology, Ankara Atatürk Training and Research Hospital, Ankara. Turkey

Background & Aim: As a result of extensive researches, patients who clinical requirements although the unquestionable benefits of treatment statin, recently, there is many discussion about the use of statins on media in Turkey. It was aimed to report media effects on compliance with medication on statin therapy and determination of reaching the target LDL (Low density lipoprotein).

Methods: The descriptive and observational research was conducted between October 2014 - February 2015. Data were collected from office of family medicine. The study population comprised patients who use statin at time of study, newly diagnosed dyslipidaemia or discontinued statin therapy. Demographic-clinical characteristics, views about use of statins and health related behaviours of participants were collected from a questionnaire.

Results: 58 male and 113 female patients (n=171) were included to study(mean age:62.6 years). 130 patients took statin before and 42.6 % of them were still on treatment. 36.6 % of these patients had target LDL values and the average duration of treatment was 6.6 years. Compliance with medication was not associated with sociodemographic such as age, sex, education level and financial income. Patients who discontinued statin therapy (n=70) were because of media effects in 52.9% and other physician's decision in 34.3%. Patients who discontinued or not previously initiated therapy were 111 people. 28.8% of them refused to use statins (93.8% of them media effects).

Conclusion: Although the evidences during last twenty years showed benefits of reduced LDL, it is still far for optimized target levels, compliance with medication and initiation of therapy all over the world. Results are similar in our study. Besides appropriate treatment, it is important to provide patient compliance in family medicine practice. These findings show that media effects on patient attitude towards statins and treatment compliance. It is clear to need that family physicians should evaluate the compliance and inform patients openly.

Keywords: statin, media, LDL, patient compliance

[Abstract: 1900 - OP-271]

Effects on Blood Pressure Control in Hypertensive Patients by Sending Daily SMS

Ferhat Ekinci, Bilge Turgut, Mehmet Akman, Arzu Uzuner

Department of Family Medicine, Marmara University, Istanbul, Turkey

Background & Aim: According to the World Health Organization non-compliance in long term medical treatments such as hypertension, diabetes and dyslipidemia causes serious problems on patients health and general economic benefits. The average compliance ratio for using antihypertensive medications is 64%.The aim of this study is to raise compliance for medical treatment in hypertensive patients by sending daily `sms`.

METHOD: This is a randomized controlled study. Participants were selected among patients of Marmara University department of family medicine outpatient clinics and randomized into sms and non-sms groups. In each group there were 30 patients after drop outs. While everyday an sms has been send to the patients in the sms group for two months, there was no intervention for the control group except routine care. One week ambulatory blood pressure measurements have been requested twice of all the patients to make evaluation and comparison at the first and the last visit. Medicine compliance was scaled by using Modified Morrisky Questionnaire.

Results: A total of sixty patients who fulfilled the inclusion criteria were enrolled in the study:45 were female,15 male; mean age was 55+11;mean BMI was 30+5;mean number of tablets per day was 4+2. In intervention group, average of Systolic Blood Pressure(SBP) was 149+7mmHg,Diastolic Blood Pressure(DBP) was 87+8mmHg at the first visit; and SBP 135+10mmHg, DBP 78+8mmHg after intervention. There

was statistically significant difference between the first and the last visit measurements for SBP and DBP for the intervention group (p=0,51 for SBP, p=0,57 for DBP).No statistically significant difference has been determined in the control group. In intervention group one week ambulatory BP measurements averages differed between the first visit and the last visit (SBP 145+8mmHg/DBP 82+6mmHg; SBP 131+7mmHg/DBP 73+7mmHg; p < 0,001).Medicine compliance ratio was 36,7% for the control group, 96,7% for the intervention group.

Conclusion: Reminding taking antihypertensive treatment with daily sms is an effective method to control blood pressure and to raise compliance.

Keywords: compliance, antihypertensive, sms, blood pressure, hypertension

[Abstract: 1918 - P-0524]

Evaluation and management of vertebral compression fractures in Castile and Leon (Spain)

Iker Sierra Martinez[1], Leticia Sierra Martinez[2], Rosario Martinez Fuerte[2], Natalia Sanz Gonzalez[3]

[1]Traumatology Department, Hospital of Medina de Campo (Valladolid), [2]Valladolid Este Primary Assistance Gerency, Valladolid, [3]Parquesol Senior Center, JCyL Social Serices Gerency, Valladolid, Spain

Background & Aim: Using the records of the Medical Record Informatics (MRI) to determine the prevalence of Vertebral Compression Fractures (VCFs) in patients with osteoporosis (OP) to promote preventive activities from Primary Care physician and. Specialist in Orthopaedic Surgery and Traumatology

Methods: Most VCFs occur in elderly patients with OP, consuming significant resources, health, social and economic in the process of diagnosis and treatment. The authors conducted a descriptive cross-sectional study of patients with HF in patients with OP record in the MRI of the urban health center in Castile and Leon (Spain). From the list of selected patients with MRI 152 with a diagnosis of OP, we studied the VCFs prevalence. We analyzed the Association of OP and VCFs by age. The data is collected on an Excel spreadsheet and analyzed using SPSS 9.0 for Windows.

Results: Of the 152 patients with OP:136 women and 16 men. Ratio of women OP/men OP: 8.5/1 1. Of the 136 women with MRI in the diagnosis of OP: 9 cases VCFs:

Women OP-VCFs-Prevalence: 6.6%. Of the 16 men with MRI in the diagnosis of OP:1case VCFs. Men OP-VCFs-Prevalence: 6.2%.

Association of OP and VCFs by age:

In women: 90-100:3OP(2.2%),1VCFs(0.7%).

80-90:47OP(34.5%),2VCFs(1.7%).

70-80:39OP(28.7%),2VCFs(1.7%).

60-70:36OP(26.5%),4VCFs(3.4%).

50-60:11OP(8 %),2VCFs(1.7%).

In men: 90-100:2OP(12.5%) y 1VCFs(6.25%).

80-90:6OP(37.5%) y 0VCFs(0%). 70-80:6OP(37.5%) y 0VCFs(0%). 60-70:1OP(6.25%) y 0VCFs(0%). 50-60:1OP (6.25%) y 0VCFs(0%).

Conclusion: Although the ratio of prevalence of OP woman / man is 8.5 / 1, the incidence of VCFs is very similar in men and women around 6%. The age group with the highest prevalence of osteoporosis is found between 70 and 90 years. Which justifying the implementation of a Health Improvement Plan, including Education Program for Health aimed at groups and the development of preventive activities in Primary Care consultation and Specialist in Orthopaedic Surgery and Traumatology

Keywords: osteoporosis; vertebral compression fractures; preventive activities

[Abstract: 1920 - P-0525]

Evaluation of burden and related factors in care givers of home care patients

Tanyel Sema Dağdeviren, Nevgül Demir, Didem Sunay

Department of Family Medicine, Kecioren Training and Research Hospital, Ankara, Turkey

Background & aim: In our country care of people in need of nursing is generally given by a member of the family. In this study we aimed to assess the burden and related factors in care givers of patients registered by home care service.

Methods: The care givers of patients registered by home care service of a training and research hospital were included in this cross-sectional study. A questionnaire was used to assess socio-demographic and clinical characteristics of patients and care givers and Zarit care giver burden inventory to assess burden.

Results: A total of 80 care givers were included, 85% were women, 63.7% were between 35-64 years of age, 73.8 were married, 67.5% were housewife, monthly income was less than expense in 60%, 76.3% were living with their family, 7.5% with the patient, 63.7% were the only one who gives care, 36.3% were the daughters of the patients. Mean age of the patients was 77 years, 63.7% of the patients were women, 53.8 % were bedridden, 67.5% of them had dementia. Most difficult issue in care giving was the bath of patient. 51.2% of care givers were noted that they gave care because of family responsibilities. While 86.3% of care givers were satisfied with the care they give, 56.3% need training and consultancy about care giving. Care givers' burden (CB) according to Zarit inventory was high in 43.8%, very high in 2.5% of the participants. Of those who had high CB 74.3% were noted that they gave care because there was no one to take the care of the patient. All of the care givers who had high CB were using anti-depressants and felt burnout.

Conclusion: CB is a complex issue that is associated with several patients' and caregivers' factors. Supportive care needs to be sought to alleviate CB.

Keywords: care giver, burden, home care service

[Abstract: 1921 - OP-141]

Family medicine training in Saudi Arabia: Are there any variation among different regions?

Kasim Mohammed Aldawood, Ammar R Abu Zuhairah, Amar H Khamis

University of Dammam

Aim: The aim was to compare Eastern Makkah, and Asir regions and to assess various rotations based on residents' perception.

Methods: This is a cross-sectional study. A questionnaire was developed by the investigator and validated by two experts. All residents, except R1 residents, were included. All data were collected by the investigator by direct contact with the residents. Statistical Analysis Used: Cronbach's alpha, analysis of variance, t-test, and univariate regression model as appropriate, were used.

Results: Reliability of the questionnaire was found to be 75.4%. One hundred and seven (response rate: 83.6%) residents completed the questionnaire. There were 51 (47.7%), 27 (25.2%), and 29 (27.1%) residents in the program in the Eastern region, Makkah, and Asir, respectively. The mean age was 29.1 ± 2.5 years; half of the residents were male, most of (83.2%) were married, and more than half (54.2%) of had worked in primary health care before joining the program. Overall, 45% of the residents perceived that they had achieved the training objectives. The highest rotations as perceived by the residents were psychiatry and otolaryngology while the lowest were orthopedics and ophthalmology. There were significant differences among the study regions with regard to the rotations in family medicine, internal medicine, orthopedics, general surgery, and emergency medicine.

Conclusion: Overall, a good percentage of the residents perceived that they had achieved the training objectives. The rotations differed in the studied regions. Psychiatry and otolaryngology had the highest percentage of family medicine residents who perceived that they had achieved the training objectives while lowest was in internal medicine and obstetrics and gynecology. The highest rotations as perceived by the family medicine residents were psychiatry and otolaryngology while lowest were orthopedics and ophthalmology. Sharing of experience and further studies are needed to improve the program rotations.

Keywords: clinical training, family medicine, postgraduate training, Saudi Arabia

[Abstract: 2134 - P-1106]

The Effects of Education about Osteoporosis on Knowledge and Attitude of the High School Students

Oğuz *Yılmaz*[1], Yılmaz Cankurtaran[1], Nuran Ozciftci[1], Ahmet Cekic[1], Selin Bulut[2], Vildan Mevsim[2]

[1]Faculty of Medicine, Dokuz Eylul University, Izmir, [2]Department of Family Medicine, Dokuz Eylul University, Izmir, Turkey

Background & Aim: Osteoporosis is closely related with paediatric years, which is the critical period for bone growth and development. The timing for attainment of peak bone mass is not yet known, however, it is thought to be near complete by the end of adolescence. Although 60-80% of the variability in peak bone mass is attributed to genetic variability, environmental factors such as nutrition and exercise are also thought to have an important role influencing peak bone mass and the later risk for osteoporosis. Considering the early age at which peak bone mass is attained, preventive measures for osteoporosis should begin in childhood. Education of adolescents will lead to better understanding of concept of "bone health".

Methods: The research is an interventional study. The intervention was done in 102 first and second grade students of a high school. A survey consists of questions about knowledge, attitude and behaviour about osteoporosis was implemented. After that, an education was given on osteoporosis. After the education the survey was implemented again. The student who attends the lecture is required to prepare a project based on osteoporosis in one month. There is no obligation on method selection. Preparing a project is going to effect the knowledge and attitudes about osteoporosis. The analysis was done with the SPSS 15.0 software, the descriptive statistics and the T test for dependent groups was used.

Results: The 41.2% of the participants were female. The average age is 14.8±0.75. After the education the knowledge and attitude scores increased 38.2% (p=0,000) and 22.8(p=0,000) respectively. Projects prepared by students were awarded in four areas: music, banner, slogan and story.

Conclusion: The study showed that the high school students' knowledge and attitude is insufficient and can be improved with education.

Keywords: osteoporosis, adolescence, intervention study, peak bone mass

[Abstract: 2118 - P-1105]

Relationship between Red Cell Distribution Width and Mean Platelet Volume with Asthma

Lutfullah Cakır[1], Gulali Aktas[2], Ozgur Enginyurt[1], Recep Akgedik[3]

[1]Department of Family Medicine, Ordu University Faculty of Medicine, Ordu, [2]Department of Internal Medicine, Abant Izzet Baysal University Faculty of Medicine, Bolu, [3]Department of Chest Diseases, Ordu University Faculty of Medicine, Ordu. Turkey

Background & Aim: Asthma is a disorder characterized with chronic inflammation of the airways. MPV and RDW are parts of routine hemogram test and they have been shown to be related with inflammation. We aimed to study relationship between these hemogram parameters with asthma in asthmatic patients and to compare with healthy subjects.

Methods: 38 patients with asthma and 38 healthy volunteers enrolled into the study. Laboratory tests for patients with asthma were performed in stable period of the disease. Healthy volunteers had no known chronic or acute conditions.

Results: Age, sex and basic laboratory tests were not significantly different between study groups. However, MPV was significantly decreased and RDW was significantly elevated in patients with asthma compared to control subjects. Table 1 shows general characteristics and laboratory data of the groups.

Conclusion: In conclusion, we think that RDW and MPV shall yield diagnostic value in asthma. However, further prospective studies with larger population are needed to confirm our results.

Keywords: RDW, MPV, Asthma

[Abstract: 2114 - P-0411]

Factors Related to Prognosis in Children on Antiepileptics

Didem Kafadar

Bağcılar Training and Research Hospital, İstanbul, Turkey

Background & Aim: Epilepsy is an important chronic disease in pediatric population. We aimed to assess the factors related to the prognosis of children diagnosed with epilepsy and receiving antiepileptic medication.

Methods: Records of patients referred to pediatric outpatient

clinic diagnosed as epilepsy and followed for 6 to 24 months were analysed. Sociodemographic factors, epilepsy history laboratory and radiologic data were evaluated. Patients who were regularly followed-up for 2 years were described as the coherent group. Descriptive statistics and Chi -Square, Kruskal Wallis and Mann Whitney-U tests were used.

Results: There were 87 patients consisting of 36 girls (41.4%) and 51 boys (58.6%), mean age was 67.7±38.6 months. Distribution of epileptic syndromes was not different between sexes.74 patients did not have a family history. EEG was pathologic in 68 patients. After 6 months regular follow-up, 44 patients had normal EEG. 59.7% had generalized seizures. First seizure was mostly between 0-2 years of age (44.7%). 43.8% of patients referred to the outpatients clinic in the first 24 hours after the first seizure. In the coherent group (n=45.52%), 38 patients did not have any seizures. The mean time patients were on medication was 19.8±8.0 months. There was a significant difference between the frequency of seizures in 24 months between coherent and noncoherent group. As the age of the occurrence of first seizure increased, period between seizure and admittance to outpatient clinic decreased.

Conclusion: Family history, type of both epileptic syndrome and antiepileptic did not affect the prognosis. Regular follow-up decreased relapses and increased remissions. Because of late referrals due to inadequate awareness of families, the patient cannot be evaluated when the seizures begin. Family medicine (FM) is very important in follow-up of chronic diseases. Routine pediatric follow-ups including laboratory assessments and asking about different symptoms are important in FM practice. Chronic conditions of pediatric patients should alert the FM doctors for regular referrals to secondary outpatient clinics for better prognoses.

Keywords: seizures, epilepsy, pediatric, antiepileptic, prognosis

[Abstract: 2112 - P-0168]

The Effect of Group Visits on Body Weight, Well-being, and Health Locus of Control in Overweight and Obese Women

Merthan Tunay[1], Hatice Kurdak[1], Sevgi Özcan[1], *Çiğdem Özdemir*[2], Funda Coşkun[3], *Özgür Günaştı*[2]

[1]Department of Family Medicine, [2]Department of Physiology, Division of Sports Physiology, [3]School of Physical Education and Sports. University of Cukurova, Adana, Turkey

Aim: The aim of this study is to investigate the effect of group visits on weight loss, well-being, and health locus of control in overweight and obese women.

Methods: Sixty volunteers meeting the inclusion criteria were enrolled in the study. Multidimensional Health Locus of Control and Short Form-36 scales were completed for each participant. Blood variables, resting metabolic rate, exercise stress test and arteriography measurements were performed. Diet and exercise programs were organized. The scales, blood analysis, exercise stress test and resting metabolism measurements were repeated for 30 participants who have completed the eight group visits in six months.

Results: Participants mean body weights measured in the beginning of the study were significantly decreased 8,2% in the end (84.7±13.8 kg, 77.8±14.1 kg, p <0.001, respectively). Significant decreases were found in mean body mass index, waist-hip circumference and waist-height ratio (p<0.001 for each). While significant increase was found in HDL cholesterol values, WBC, TSH, fT4, Hgb, Plt, AST, ALT, heart rate and systolic-diastolic blood pressures were significantly decreased.

In the end of the study, significant improvement was observed in physical functioning, bodily pain, general health, vitality, emotional role and mental health subscales (p=0.011, p=0.003, p=0.004, p=0.04, p=0.014, p=0.024, respectively). Significant improvements were found both in physical (p=0.002) and mental component (p=0.038) summary scales. Participants' Health Locus of Control scores did not changed significantly. The time spent on a patient during the group visits was found to be 2,5 to 2,8 times shorter than that of individual interviews.

Conclusion: Our results showed that significant weight loss and quality of life improvement may be achieved with group visits in overweight and obese women. Our results may motivate physicians to use group visits for their overweight and obese patients.

Keywords: obesity, group visits, SF-36, well-being, quality of life, locus of control

[Abstract: 2106 - P-0663]

Associations of Physical Activity with Sleep Quality and Perceived Stress Scale among Medical Students

Bahriye Arslan, Funda Yıldırım Baş

Department of Family Medicine, Süleyman Demirel University, Isparta, Turkey

Aim: We conducted this study to investigate the association of physical activity with sleep quality and perceived stress level among Turkish medical students.

Methods: This study was conducted in the Faculty of Medicine at Süleyman Demirel University in Turkey. The students reported with questionnaires. The questionnaires contained questions regarding each student's age, sex, height, weight, smoking, alcohol and drug use, and disease history. Physical activity was assessed using the International Physical Activity Questionnaire (IPAQ), sleep quality was measured via the Pittsburgh Sleep Quality Index (PSQI) and perceived stress was examined using Cohen's Perceived Stress Scale (PSS). Non-normally distributed continuous variables are expressed as median and interquartile range (median [IQR25-IQR75]) and were compared with Mann-Whitney U tests. The relation between IPAQ score and PSQI and PSS scores was determined using Spearman's correlation coefficient.

Results: Of the 905 students, 462 students (54.2%) were female. The age of participants ranged from 18-28 and the mean age was 20.73±1.9. Participants were classified according to their IPAQ scores; some 256 (30%) students were physically inactive. On the other hand, when classified according to their PSQI global score, 392 (46%) students had a poor sleep quality. There was a strong correlation between IPAQ score and PSQI and PSS scores. Physically active students had significantly higher levels of sleep satisfaction and lower levels of stress. Similarly, the PSS score was well correlated with the PSQI score. Students with low levels of stress were more likely to express satisfaction with their sleep

Conclusion: The results of the present study indicate that an increased PA level is associated with higher quality sleep and decreased perceived stress levels.

Keywords: sleep, physical activity, physiological stress

[Abstract: 2093 - P-1103]

Is Vitamin D Important Player in Hepatosteatosis in Childhood Obesity?

Elif Özsu[1], Derya Tepe[1], Feyza Nur Topçu Yenerçağ[2]

[1]Department of Pediatric Endocrinology, Samsun Obstetrics and Pediatrics Hospital, Samsun, Turkey, [2]Department of Family Medicine, Samsun Education and Research Hospital, Samsun, Turkey

Background and Aim: Childhood obesity is one of the most serious public health problem. Obesity-related complications such as hepatic steatosis or type 2 diabetes can now be monitored even during early childhood. The aim of the study was to examine the relationship between vitamin D levels and obesity with hepatosteatosis in children.

Methods: A total of 128 children with obesity were included in this study. Hepatosteatosis (HS) was diagnosed using ultrasonography. Hepatosteatosis was graded. 25 hydroxyvitamin D, calcium, phosphate, alkaline phosphatase, parathormone, serum lipid level, glucose and insulin level were measured. Data were analysed using 2 categories; obesity with HS and obesity without HS.

Results: A total of 128 children were studied. In our study group 42 % was male and the mean age 12,1±3,1 (range 4-18 years) Hepatosteatosis was identified in 39% (n: 50). There was a high prevalence (122/128 95%) of vitamin D deficiency or insufficiency; however, there were no significant associations between vitamin D level and HS. Uric acid, ALT, trigliseride level were significantly different in two groups.

Conclusion: There is a high prevalence of vitamin D deficiency and insufficiency in children with HS, however, no association was found between vitamin D deficiency and HS.

Keywords: vitamin D, hepatosteatosis, obesity

[Abstract: 2100 - OP-078]

Nutritional status, healthy eating index and eating attitudes of the adolescents in Istanbul: a cross-sectional study

Binnur Bakır[1], Hülya Akan[2], Mehmet Akman[3], Oğuzhan Zahmacıoğlu[4], Osman Hayran[5]

[1]Department of Nutrition and Dietetics, Faculty of Health Sciences, Yeditepe University, İstanbul, Turkey, [2]Department of Family Medicine, Medical Faculty, Yeditepe University, İstanbul, Turkey, [3]Department of Family Medicine, School of Medicine, Marmara University, İstanbul, Turkey, [4]Department of Child and Adolescence Psychiatry, Medical Faculty, Yeditepe University, İstanbul, Turkey, [5]Department of Public Health, School of Medicine, Medipol University, İstanbul, Turkey

Background & Aim: The aim of this study was to evaluate dietary quality of adolescents by using Healthy Eating Index (HEI) and to assess their eating attitudes by EAT-26 Eating Attitude Test.

Methods: Eight schools; four primary schools and four secondary schools were randomly selected from the school list of official website of Istanbul Education National Directorate. 598 students who met the inclusion criteria included in the study, 24 hour dietary recalls were collected to calculate their HEI scores and eating attitudes were evaluated by EAT-26 Eating Attitude Test. Their weight, height and waist circumference were measured.

Results: According to Healthy Eating Index scores, only two (0.3%) of adolescents had high quality diet, 379 (63,4%) had diet quality that needed improvement and 217 (36.3%) had poor diet. Regarding Eating Attitude Test scores, 513 (85.8%) had normal attitudes regarding eating behaviours.

Conclusion: Almost all of the participants needs either development or major changes in their eating behaviours. Interventions aiming high quality diet among adolescents are strongly recommended.

Keywords: adolescents, healthy eating index, eating disorders, dietary patterns, nutritional status

[Abstract: 2102 - OP-036]

Quality of life in patients with primary knee osteoarthritis

Taher E. Abd Elstaar Eid Abd Elstaar[1], Aml Ahmed Salama[2], Heba Gamal Esaily[3], Samer Ali Bolty[4]

[1]Prof. of Orthopedics, Department of Orthopedics, [2]Lecturer of Family Medicine, Department of Family Medicine, [3]Lecturer of Physical Medicine and Rehabilitation, Department of Physical Medicine and Rehabilitation, [4]Resident of Family medicine, Faculty of Medicine, Menoufia University, Menoufia, Egypt

Background & Aim: Osteoarthritis (OA) is the most common degenerative joint disorder and a major public health problem throughout the world. OA of the knee is a major cause of mobility impairment, which has an unpredictable and negative impact on health and quality of life. The aim is to assess the quality of life in patients with primary knee osteoarthritis.

Methods: A cross sectional analytical study involving (116) patients with primary knee osteoarthritis, who were admitted to outpatient clinic of rheumatology and orthopedic in Menoufia university hospital during the period of the study. Patients were included if they had radiographic evidence of hip or knee OA. Quality of life (QoL) in those patients was assessed through The OAKHQOL questionnaire contains 43 items and describes QoL in five domains: physical activities (16 items), mental health (13 items), pain (4 items), social support (4 items), social functioning (3 items); and 3 independent items. Each item is scored on a scale from 0 to 10.

Results: This cross sectional study was conducted on 116 of patients with primary knee osteoarthritis, (74.1%), of them were females and (25.9%) of them were males. The mean of age of the studied population was 51.37±8.85. As regarding KHOAQOL score, a statistical significant correlation was reported with duration of the disease. Age, sex, BMI, Site of OA and use of drug regularly constituted no statistical significant difference in their KHOAQOL score. The study shows significant positive correlation of BMI of patients and their physical activity parameter of KHOAQOL.

Conclusion: The perception of quality of life is negatively affected by the duration of the disease, while age, sex, site if disease unilateral or bilateral and socioeconomic stander constituted no significant correlation. The study reported also that performing daily physical activity is affected by BMI of the patient.

Keywords: quality, primary, knee, osteoarthritis

[Abstract: 2104 - P-1104]

Prevalence of dysfunctional family among students of public and private elementary schools in Manila using FAMILY APGAR tool: a pilot study

Cherrielyn Recana Quezada

Ospital ng Maynila Medical Centre

Background & Aim: Family as the basic unit of the society, in its simplest form is composed of the parents and their children. With the recent researches indicate that family interaction contributes to a range of developmental outcomes. Family function measures the extent to which a family works as a unit; therefore it provides a rich mixture of stimuli to the children that often affect both physical and psychological development. The bumpy transition from childhood to adolescence phase is one of the most outwardly dramatic times of development and change in a child's life. In line with this, the research aims to determine the prevalence of dysfunctional families using a sample population of 471 children aged 9 to 13 years old in two selected schools in the city of Manila.

Methods: A descriptive cross sectional study was conducted using the Family APGAR questionnaire. For this purpose, A total of 471 subjects were included, 388 were from the chosen public school and 83 were from private school. Using the Family APGAR scoring, family's ability to cope and adjust to different situations concentrating on five components: adaptation, partnership, growth, affection and resolve were noted.

Results and Conclusion: The study showed that 351 or 75% were considered to have highly functional families, while 120 or 25% have dysfunctional families. Out of those with dysfunctional families, only 5 were considered to have severely dysfunctional families. With the aim of understanding the factors that lead to effectiveness of family interactions, the researcher proved that the APGAR questionnaire is useful in examining the specific relationships that make up family life and the children's perception of their respective families and family functioning is appreciated already by this age group. In addition, the result was able to describe the characteristics of study population in terms of their age, gender, religion and body mass for age.

Keywords: FAMILY APGAR, school setting, youth, assessment tools, evaluation, child development

[Abstract: 2068 - OP-235]

Shared clinical decision making: a Saudi Arabian perspective

Ali Alhaqwi

King Saud ben AbdulAziz University for Health Sciences, Riyadh, Saudi Arabia

Aim: To determine preferences of patients regarding their involvement in the clinical decision making process and the related factors in Saudi Arabia.

Methods: A cross-sectional study conducted in a major family practice centre in Riyadh, Saudi Arabia, between March and May 2012. Multivariate multinomial regression models were fitted to identify factors associated with patients preferences.

Results: The study included 236 participants. The most preferred decision-making style was "shared decision-making" 135/236(57%), followed by "paternalistic" 67/236(28%), and "informed consumerism" 34/236(14%). The preference for shared clinical decision making was significantly higher among male patients and those with higher level of education, whereas paternalism was significantly higher among older patients and those with chronic health conditions, and consumerism was significantly higher in younger patients (18-35 years old). In multivariate multinomial regression analysis, compared with the consumerism group, the shared group were more likely to be males [Adjusted odds ratio (AOR) = 2.71, 95% CI 1.23-0.5.97, p=0.014] and dyslipidemic (AOR = 2.92, 95% CI 1.03-8.25,p=0.04), and the paternalism group were more likely to be younger (AOR=13.14, 95% 1.03-9.54, p=0.04) and dyslipidemic (AOR=4.10, 95% CI 1.38-12.14, p=0.011).

Conclusion: Preferences of patients for involvement in the clinical decision-making varies considerably. In our setting, underlying factors that influence these preferences identified in this study should be considered and tailored individually to achieve optimal treatment outcomes.

Keywords: clinical decision making, consultation, health education, patient centeredness

[Abstract: 2079 - P-1102]

Anxiety and depression influences in therapeutic failure

Enrique Almenar Cubells, Laura Ruiz Pérez, Enriqueta Hernandez Hernandez, Alfredo Quiles Raga, Diana Diaz Gil, Oscar Perez Quintana, Jose Vicente Alcaide Domingo

Centro de Salud de Benifaio, Valencia, Spain

Aim: The study aims to answer the following questions: - Knowing the current therapeutic failure in a medical quota. - Find out if anxiety or depression (undiagnosed) influence compliance.

Methods: Cross-sectional study on 217 patients treated at the Health Center Benifaio (Valencia) in the consultation of the family doctor with the diagnosis / ICD-9-401 Essential hypertension in both sexes, aged 18-95 years. It was excluded from the study patients with secondary hypertension, which had severe chronic or acute illnesses, who had a diagnosis of mental illness, as well as patients with contraindications to antihypertensive treatment and pregnant or lactating. Each patient the following validated tests were conducted: Test Morisky-Green Levine to assess the therapeutic failure. Abbreviated Scale Goldberg anxiety and depression to assess anxiety and depression and collected the following measures blood pressure, weight, height and waist circumference

Results: The average age of participants was 70.83 years and standard deviation of 11,107. 53.5% women and 46 men, %%; Obesity showed 46.1%, 44.7% overweight and 20% normoweight. The therapeutic failure stood at 37.3% and was significantly correlated with anxiety, present in 16.1% of patients. Depression was found in 22.1% and was not significant

Conclusion: The prevalence of failure remains high, consistent with other studies. New measures to improve the therapeutic effect to be applied in the doctor's family doctor will be needed, as early diagnosis of mood disorder and anxiety that influence it.

Keywords: test Morisky-Green Levine, scale Goldberg, Essential hypertension, anxiety, depression

[Abstract: 2057 - OP-129]

Assesment of Postpartum Depression Using the Edinburgh Postnatal Depression Scale in Fathers of the Children Born at Ankara University School of Medicine Department of Obstetrics And Gynecology }

Gülsen Ceyhun Peker, Ayşegül Cömert Okutucu, Ayşe Selda Tekiner, Zehra Dağlı

Department of Family Medicine, Ankara University School of Medicine, Ankara, Turkey

Background and Aim: The aim of this study is to determine the rates and risk factors of post-partum depression in fathers.

Methods: The study was carried out with 252 fathers who agreed to participate, at Ankara University School of Medicine Department of Obstetrics and Gynecology between April and June 2013. Two interviews were conducted; first at childbirth, and second at 6th week post-partum. Paternal depression was assessed with Edinburgh Postnatal Depression Scale (EPDS), Hamilton Depression Rating Scale (HAM-D) and Socio-demographic Questionnaire. We used a cut-off score of greater than 13 for EPDS.

Results: Depression rates in fathers assessed with EPDS at 6th week postpartum was 5,6 %. Mean EPDS scores in the first and second interviews were 5,35± 4,29 and 5,85± 4,08 respectively. Factors that have an increasing effect on EPDS scores were determined as: Number of children, number of individuals living with the family, history of psychiatric disorders, unplanned pregnancies, marital conflicts and lack of social support. Fathers with higher incomes and/or without gender expectations scored significantly less on the EPDS.

Conclusion: Fathers should also be screened and if needed referred for postpartum depression especially in primary care. Further research with larger samples is crucial to determine the risk factors and screening policies as this could represent an important opportunity for public health intervention.

Keywords: fathers, depression, postnatal

[Abstract: 2040 - P-0162]

Bisphosphonates-related adverse events: a survey of Lebanese physicians' knowledge, attitude and experience

Lana El Osta[1], Badi El Osta[2], Nazek Saadallah[1], Reine Tannous[1], Sara Lakiss[1], Maria El Gemayel[1], Nada El Osta[3]

[1]Department of Public Health, School of Medicine, Saint-Joseph University, Beirut, Lebanon, [2]Georgia Regents University Cancer Center, Augusta, GA, USA, [3]Department of Prosthetic Dentistry, School of Dentistry, Saint-Joseph University, Beirut, Lebanon

Background and Aim: Bisphosphonates are widely used in the prevention and treatment of osteoporosis. They are also recommended to prevent skeletal complications and relieve bone pain induced by malignancies. However, these benefits are associated with multiple undesirable events, some of which may be serious and not previously recognized. This study aims to assess the knowledge and attitude of Lebanese physicians regarding bisphosphonates-related complications.

Methods: An observational cross-sectional survey was conducted at a major tertiary teaching hospital in Beirut city. Data were collected through an anonymous structured self-administered questionnaire distributed to physicians expected to regularly prescribe bisphosphonates (n=215). The questionnaire assessed participants' knowledge, fear and experience regarding bisphosphonates-reported side effects.

Results: A total of 157 physicians completed the questionnaire (response rate: 73%): 77.7% and 75.2% considered that gastrointestinal intolerance and osteonecrosis of the jaw (ONJ) are linked to bisphosphonates, respectively. Conversely, the least recognised complications are ocular inflammation (7.6%) and severe musculoskeletal pain (37.6%). The association of bisphosphonates with oesophageal cancer, atrial fibrillation and hepatotoxicity was wrongly reported by 11.5%, 13.4% and 24.8% of respondents, respectively. The multivariate analysis showed a significant association between the level of knowledge and physicians' specialty (-p-value=0.043), their gender (-p-value=0.044), whether or not they prescribe a bisphosphonate (-p-value=0.012), and the number of bisphosphonate prescriptions delivered per month (-p-value=0.012). Physicians are mainly concerned about ONJ, atypical fractures and nephrotoxicity when prescribing a bisphosphonate. However, the complications frequently encountered in their practice are gastrointestinal intolerance (44.6%) and flu-like symptoms (26.7%).

Conclusion: Practitioners' awareness of bisphosphonates-related side effects can potentially lead to prevent the occurrence of more serious complications due to an earlier detection and management. Our study revealed that the adverse effect profile of these drugs is not well known by our physicians. Appropriate training strategies to increase their knowledge are needed.

Keywords: bisphosphonates, drug complications, knowledge, osteoporosis, malignant bone diseases

[Abstract: 2010 - OP-112]

Knowledge, attitudes and behaviours about breast self-examination and mammography among female primary healthcare workers in Diyarbakır, Turkey

Ozgur Erdem[1], Izzettin Toktas[2], Kevser Ates Cigdem[2], Murat Koc[3]

[1]Kayapınar Family Health Center Number 9, [2]Kayapınar Society Health Center, [3]Public Health Manager, Diyarbakır, Turkey

Aim: This study aims to determine the knowledge level of the female primary healthcare workers about breast cancer and to reveal their attitude and behaviours about breast self-examination and mammography.

Methods: This cross-sectional study was conducted among female primary healthcare workers who work in family health centre. There were 407 female health professionals as the study population. Potential participants were informed verbal by phone and also nominally by e-mail about the aims of the study and then asked if they would agree to participate. The online questionnaire form was sent to all of the female primary healthcare workers. 91% (n=369) of female primary healthcare workers agreed to participate. The questionnaire consisted of three parts: socio-demographic characteristics, knowledge about breast self-examination, and actual practice of breast self-examination. SPSS for Windows Version 21.0 Statistical package was used in data analysis.

Results: The mean (SD) age of the female primary healthcare

workers was 33.1 ± 6.8 (range, 20- 54 years). There is a low correlation between age and knowledge level of healthcare workers r=0.144 (p=0.005). The healthcare workers who practiced breast self-examination had significantly higher knowledge level (p=0.001) than those who had not. The respondents had high knowledge level of breast self-examination; however, the knowledge level of breast cancer and mammography screen was low.

Conclusions: While the female primary healthcare workers in this study had adequate knowledge of breast self-examination, this is not reflected in their attitudes and practices. The knowledge level and attitude of healthcare workers are important factors in the control of breast cancer. Emphasis should be laid on breast self-examination in undergraduate and postgraduate courses for primary healthcare workers, as they are mostly involved in patient education.

Keywords: breast self-examination, primary healthcare workers, knowledge

[Abstract: 1996 - P-0407]

What Mothers Think about Breast Milk Banks in Turkey?

Zeynep Sayın Dincer[1], Aybüke Demir Alsancak[1], Zeynep Keskin[1], Duygu Ayhan Başer[1], Gökhan Dincer[2], Yakup Alsancak[3], Ufuk Beyazova[4]

[1]Department of Family Medicine, Ankara Numune Training and Research Hospital, [2]Department of Family Medicine, Ankara Training and Research Hospital, [3]Department of Cardiology, Ankara Atatürk Training and Research Hospital, [4]Department of Social Pediatri, Gazi *Üniversity*, School of Medicine, Ankara, Turkey

Background and Aim: If new born babies don't reach own mothers' milk for any reason, human milk bank provide this baby's nutritional needs from donor mother. These institutions collect, screen, process and dispense milk and all these procedure are made according to international standardization methods. Breast milk banking studies in Turkey being continued but quite different opinions has been raised about issues medical and socio-cultural dimensions. The aim of the study was to determine knowledge and views of women living in Ankara towards breast milk banks.

Methods: The descriptive research was conducted between August - July 2014. The study population comprised women who gave at least one birth and who presented to Gazi University Medical Faculty Hospital Social Paediatric polyclinic. The data were collected by a questionnaire form developed by researchers. The questionnaire form included open-ended and closed questions regarding the descriptive characteristics and about knowledge and views of mothers on milk banking. Data were analysed with SPSS 16.

Results: We interviewed 440 mothers but showing here the preliminary results from the first 100 participant. Of the women surveyed, 58% indicated they had not previously heard anything about breast milk banking. 65.0% said that they could donate their milk. 48.5% of mothers who do not want to donate their milk stated that they would not have enough milk and 40% of them said it constituted a problem from a religious aspect. 51% would not accept donated breast milk for their baby. There were three main reasons of not to accept bank's milk. Respectively: fear of transfer of diseases (41.1%), religious beliefs (39.2%), and grudge (9%).

Conclusion: Although a lot of discussion, poor knowledge on the matter was observed. As long as detailed records are kept and sufficient knowledge is given to the mothers, milk banking seems appropriate for women.

Keywords: breast milk bank, mother, views

[Abstract: 2001 - P-0748]

Preferences of Pregnant Women in the Central District and Surrounding Areas of an Eastern Province in Turkey for Caesarean or Vaginal Birth, and Associated Factors

Edibe Pirincci[1], Berrak Yildirim Aksakal[2], Ibrahim Halil Akkus[2]

[1]Firat University School of Medicine. Department of Public Health, [2]Public Health Instituion, Elazig/TURKEY

Background & Aim: The aim of the study is to identify the rate at which pregnant women in the central district and surrounding areas of an eastern province in Turkey prefer cesarean versus vaginal birth and to reveal the associated factors.

Methods: The population of the study comprised pregnant women who were registered for one of the 173 family practice centers located in the center and surrounding districts of Elazig, Turkey, and who visited one of such family practice centers for a routine pregnancy check up during the period of time that coincided with the study. The survey was administered to the first four of these visiting pregnant women. The sample contained 628 pregnant women.

Results: The mean age of the pregnant women was 28.52±5.43 years. For the question as to their preferred mode of birth in the absence of any medical indication for cesarean birth and given the opportunity to choose either mode of birth, the responses were distributed as follows: cesarean birth (17.8%). A significant increase was observed in the preference for cesarean birth as educational status and income level increased (p<0.05). Among the pregnant women who had already had a cesarean birth, a significant proportion stated that they would prefer that mode again (p<0.01). Similarly, those with a previous experience of miscarriage chose to have a cesarean birth for their current pregnancy (p<0.05). The number-one reason for the preference of vaginal birth was viewing it as "healthier and better," followed by "early recovery." However, the factors in the preference for cesarean birth were as follows (in descending order): "fear of vaginal birth," "the wish to avoid pain."

Conclusion: Pregnant women have high levels of preference for caesarean birth. It is recommended that information activities should be organized so as to allay their fears.

Keywords: pregnant, caesarean birth, vaginal birth, preference

[Abstract: 1944 - P-0464]

Knowledge, attitude and behaviour of the breastfeeding mothers about smoking

Burcu Aslan, Seval Yaprak, Cigdem Alkan, Rana Gundogan, Nilgun Ozcakar

Department of Family Medicine, Dokuz Eylul University, Izmir, Turkey

Background & Aim: Using tobacco during the period of breastfeeding adversely affects the health of mother and child. American Academy of Pediatrics Committee on Drugs has stated that nicotine is contraindicated in nursing mothers. Using tobacco leads to decrease in mothers' milk production and

children's weight gain. In present study, we aimed to determine the knowledge and attitude of mothers having babies between 6-24 months old about smoking, and their smoking behaviour during breastfeeding.

Method: In our descriptive cross-sectional study, mothers admitted to Dokuz Eylul University Medical Faculty, Children's Polyclinic, were fulfilled a questionnaire developed by the researcher including questions about sociodemographic characteristics, knowledge, attitude and behaviours about smoking.

Results: Total 236 mothers with mean age of 29.73±5.40 (Min=18, Max=46) were included in the study. Mothers had high educational level (41.1%). Most pregnancies were planned and desired (72.0%). Mean age of babies was 11.64±5.12 months and 133 (56.4%) of them were female. Among mothers, 26 (11.0%) have never breastfeed, 105 (44.5%) were still doing and the other 105 (44.5%) were not currently doing. Smoking rates in pregnancy and lactation were 18.2% and 18.1, respectively. Smoking rate at the time of this study was 25.4%. Non-smoker fathers were 25.8%. Parents indicated that they are smoking near baby (3.8%). Among mothers, 99.6%, 97.0% and 69.1% were indicated that smoking near baby and during pregnancy is harmful and will cause gas pains, respectively. Most of mothers, who indicated smoking during the breastfeeding period is harmful, were not smoking in breastfeeding period (p<0.05).

Conclusion: It was seen that most of mothers have knowledge about hazards of cigarette and pay attention to this during pregnancy and breastfeeding. However, percentage of mothers who smoke in this period is not low. Our study shows smoking behaviour in pregnancy and breastfeeding period and in this context, we believe it will guide for further studies on this subject.

Keywords: breastfeeding, smoking, behaviour

[Abstract: 1931 - OP-111]

What is the health literacy of students who entered for Medicine and Nursery Faculty in Dokuz Eylul University?

Candan Kendir Copurlar, Mehtap Kartal, Kürsad Akkaya, Inan Arslantas

Department of Family Medicine, Dokuz Eylul University, Izmir, Turkey

Background & Aim: Health literacy (HL) is the degree of a person to gather, understand and interpret health information appropriately to improve personal health. It consists of understanding of prescriptions, chronic disease management, analytical decision making and usage of health system appropriately. According to data of "European Project", where Health Literacy Scale-European was used, adequate HL level in Turkey is %30.4. "National Action Plan to Improve Health Literacy", prepared in USA in 2013, emphasize the importance of health education of adolescents to increase HL in adulthood. This study aimed to determine HL levels of students who apply to medicine and nursery faculty in Dokuz Eylul University (DEU).

Methods: This cross-sectional study was conducted in DEU in Izmir, Turkey. Participants were 585 students who applied to medical and nursery faculty in September, 2014. Response rate was 88% (n=515). REALM (Rapid Estimation of Adult Literacy Measurement) and NVS (Newest Vital Sign) tests, validated

for Turkish by Ozdemir et al., were used and in addition to sociodemographic questionnaire and General Health Scale (GHS).

Results: Of the participants 63.7% were female, 52% were starting medical faculty. The mean score of all participants for REALM, NVS were 61.2+3.2; 3.4+1.6, respectively. According to GHS, 7.5% of students had high risk for psychiatric disorder. According to REALM scale, 36.4% of the participants had limited HL while according to NVS scale, 30.2% had limited HL and 15.0% had inadequate HL. While REALM scores were higher in nursery students, NVS scores were higher in medical students.

Conclusion: In Turkey only limited number of studies defined HL and as known this is the first study focused on adolescents who will be future physicians and nurses. More studies should focus on HL of adolescents and more health promotion attempts should be done to increase HL in adolescent age for healthier adults in future.

Keywords: health literacy, adolescents, health promotion

[Abstract: 2144 - OP-260]

Do Primary Care Physicians Use Biopsychosocial Appraoach during Patient Interviews

Gökhan Şen[1], Tolga *Günvar*[2], Dilek *Güldal*[2]

[1]Yenipazar Family Health Center, 5th Family Health Unit, Yenipazar, Aydin, Turkey, [2]Department of Family Medicine, Dokuz Eylul University Faculty of Medicine, Izmir, Turkey

Background & Aim: Biopsychosocial (BPS) model argues that the state of individual's health is in an interaction with the complex composition of the biological, psychological and social processes. Although, this model is the basic point of view of the family physicians, there is no sufficient data regarding with its reflection to daily clinical practice. One of the major reasons for this is the lack of enough, clear and objective criteria which are widely known and used to measure BPS performance of physicians. The aim of this study is to determine BPS performances of family physicians.

Methods: Forty Family physicians working in primary health care in Izmir participated in the study. Each participant made two consultations consecutively with two simulated patients who previously trained on two scenarios. Audiovisual recordings of these consultations were evaluated by three researchers by using a scale developed by Margalit and colleagues. The participants also evaluated their own performances with the same scale.

Results: Eighty patient-physician interviews were evaluated. While the physician participated in the study evaluated their own performance as biopsychosocial; the researchers evaluated the same performance as biomedical (p <0.05). Participants showed mostly a paternalistic approach. There were no differences between two scenarios in terms of participants' and researchers' assessments of biopsychosocial performance. Consultations with longer total durations are more likely to be patient centered (p <0.05).

Conclusion: The primary care physicians do not adopt a biopsychosocial approach in their practices. The reason for this may be the lack of education. To increase awareness on this issue; the processing of the issue satisfactorily in the medical school curriculum and, researches and studies on this topic in the future will shed light to physicians' perspective.

Keywords: biopsychosocial approach, patient-centered clinical method, family physician.

[Abstract: 2148 - OP-144]

Asthma educational program (PAMA) in primary care. Randomised control trial (RCT). Results one year after implementation

Laia Lamarca Fornell, Xavier Flor Escriche, Silvia Álvarez Álvarez, Ainhoa Toscano Rivera, Belen Sanchez Rodriguez, Ingrid Pinilla Rodriguez, M Roser Sanchez Solias, Claustre Solé Brichs, Toni López Ruiz, Eva Fernández Alcantud, Sagrario Barcos San Andres, Silvia Penalva Guillamon, Natalia Peralta Garcia, Mónica Manzano Montero, Inmaculada Vega Manzano, Maria *Úbeda* Pastor, Sonia Labrador Martinez, Monica Rebollar Gil, Eulalia Villacampa Lavalle, Ana Domenech Borras, M Mar Fraga Martínez, M Victòria Feijoo Rodriguez, Manuela Carmona Rabadan, M Pilar Martinez Martinez, C Eulalia Almendro

SAP Muntanya Barcelona Ciutat, Institut Català de la Salut, Barcelona, Spain

Background & Aim: Asthma prevalence has increased. International guidelines recommend follow-up visits to evaluate the impact of asthma and PAMA pretends to facilitate that. We designed an intervention to improve disease control level and patient's quality of life, and the reduction of exacerbations and emergency visits.

Methods: Three years long RCT, performed in 10 primary care teams, to evaluate PAMA which includes: patient education, asthma control test(ACT), explanation of inhalation systems, exacerbation symptoms and treatment action plan and revision of patient's technique.

Results: Baseline: 498 asthmatic patients included and randomized into 4 groups: I: PAMA application every 6 months: 124; II: every 12m: 120; III: every 18m: 115 and control group: usual management: 139. Average ACT scoring was 20.9(SD 4.2) and global mini-AQLQ 5.7(SD 1.1). 47% patients didn't perform any follow-up visit in previous year. 663 follow-up visits were performed the year before costing 33119ğ. 485 visits due to exacerbations were performed costing 28851ğ. First year: 392 patients remain in the study: 84 (I); 98 (II); 100 (III) and 110 (control).

36% had intermittent asthma, 22.2% mild persistent and 35.7% moderate persistent versus 36.9%, 17.3% and 40% respectively at the beginning of study. 73.2% had controlled asthma versus 70.1% at the beginning of study. This difference is statistical significant in group III.

Average ACT scoring was 21.8(SD 4.1), and global mini-AQLQ 5.98(SD 1.05). Global difference for mini-AQLQ was statistical significant. 43.9% presented exacerbations versus 51.4% at the beginning of study. 890 follow-up visits were performed costing 40712ğ. 241 visits due to exacerbations were performed, valued in 19211ğ.

Conclusıon: Patients maintain a good control and quality of life after a year. The percentage of patients with moderate persistent asthma was reduced. The number of total exacerbations and the percentage of patients suffering exacerbations were reduced, with an associated costs reduction, too.

Keywords: asthma, education, costs

[Abstract: 2155 - P-0664]

Subclinical hypothyroidism and psychiatric symptoms

Patricia Elena Oscanoa[1], Max Alexander Encarnación[1], Marta Bandrés[2], Susana Elisabeth Riesgo[2], Nerea Trecet[1], José Romero[2]

[1]CAP Amadeu Torner, [2]ABS Santa Eulalia Sud

Background & Aim: To determine the prevalence of anxiety and depression in patients with a previous diagnosis of subclinical hypothyroidism (SH) using Goldberg and Beck anxiety and depression inventory, and the therapeutic management.

Methods: A cross-sectional study was conducted in an urban primary care center in January and February 2015. All patients ≥ 18 years diagnosed with SH without previous diagnosis of anxiety or depression or cognitive impairment were included, recorded in the medical record. Of 673 patients with SH, 187 randomly selected were administered: 161 Goldberg inventory (patients without anxiety or depression after SH) and 26 Beck inventory (those with anxiety or depression after HS to assess the current intensity of symptoms). Statistical analysis was conducted in SPSS.

Results: N = 187, 77.5% women, mean age: 57.48 years (SD: 16.7), 65.2% were married, 26.7% with secondary education, occupationally active 35.8% and 92.5% were spanish.

44.4% had arterial hypertension, 2.7% atrial fibrillation, 10.7% diabetes mellitus 2, 58.3% dyslipidemia and 22.5% obesity. The average duration of SH was 5.6 years (SD: 4.8). Of the sample, 34.8% received thyroid hormone, 15% anxiolytics and 12.8% antidepressants.

Regarding Goldberg inventory, 26.7% were positive for anxiety (CI: 19.9%-33.5%, $p<0.05$) and 33.5% for depression (IC: 26.2%-40.8%, $p<0.05$).

Conclusıon: In this study, SH is associated with anxiety and depression. We found a high prevalence of both with Goldberg inventory, for what we think we should follow up on patients with SH if present these pathologies and perform appropiate management with antidepressant and psychological treatment. Consideration should be given to start thyroid hormone because there are trials that guarantee an improvement in this type of patient. Also, most patients with HS have dyslipidemia and hypertension, so it is important to control cardiovascular risk factors.

Keywords: subclinical hypothyroidism, anxiety, depression

[Abstract: 2164 - P-0817]

Exposure to Domestic Violence among Women Aged 15 and Older

Edibe Pirincci[1], Evrim Celebi[2], Ayse Birsen Durmus[3]

[1]Firat University, School of Medicine, Department of Public Health, [2]Firat University, School of Nursing, [3]Fırat University, College of Health Services. Elazığ, Turkey.

Background & Aim: This study aims to determine exposure to domestic violence among married women at 15 years of age and older.

Methods: This study is descriptive and cross-sectional. It was conducted in the city of Elazig with 792 married women selected from those who visited primary healthcare centers using simple random sampling. In the field work, the authors contacted 760 women. The questionnaires were filled out during interviews in their homes. To evaluate the data collected, the author used the SPSS package program for statistical analysis. In comparisons, values of $p<0.05$ were deemed to be statistically significant.

Results: The average age of the participating females is

35.72±10.84 years. Of the participant females, 47.4% were exposed to violence by their husbands at least once during their marriages, 20.8% experienced violence by their husbands at least once during pregnancy, and 36.1% were exposed to violence by their husbands in the last year. Of those who are illiterate, 65.5% experience violence by their husbands, while this rate is 26.2% among university graduates (p<0.001). The rate of women being exposed to violence increases in direct proportion to their age (p<0.001). The rate of women subjected to violence by their husbands decreases in inverse proportion to their husbands' level of education (p<0.001). The rate of domestic violence is 52.1% among housewives, while this rate is 30.2% among working women (p<0.001). Of those who are 19 or younger, 56.2% are exposed to violence, while 42.5% of women above 20 years age experience violence (p<0.0001). The better the economic status, the lower the violence level gets (p<0.001).

Conclusion: Exposure to domestic violence among married women living in the city of Elazig is remarkably high. The authors believe that necessary training and service should be provided at individual, familial and social levels to solve this problem.

Keywords: domestic violence, women, husband

[Abstract: 2188 - P-0527]

Three factors are predictive of unrecognized atrial fibrillation. Study in primary care on a cohort of 4592 patients

Marie Catherine Reboul[1], Jean Marc Davy[2], Philippe Lambert[1]

[1]Department of General Medicine, University of Medicine, Montpellier, France, [2]Department of Cardiology, University Hospital, Montpellier, France

Aim: To isolate predictive factors of atrial fibrillation (AF) in patients over 65 years old consulting in general medicine.

Methods: The study called PROFIL-FA was quantitative, multi-center study conducted in 2013 in general medicine practices in France in 16 territories and 13 regions, including 603 general practitioners and 4592 patients. The patients included were 65 years old or over, with or without a known AF, whatever the reason of consulting. Taking the radial pulse was systematic.

1) The presence of one or more symptoms from a list of four AF-like symptoms (Palpitations, Episodes of faintness-weakness, Unexplained chest pain, Shortness of breath on exertion or at rest) led to the questionnaire CHA2DS2-VASc.

2) If the presence of an irregular heartbeat or positivity at the CHA2DS2-VASc questionnaire, the patient was send to a cardiologist.

The results were analyzed using a logistic regression model with predictive evaluation by ROC curve.

Results: Of the 4592 patients enrolled, 585 were referred to a cardiologist where 129 (3.4%) unknown AF were newly diagnosed. The main predictive factor of AF was unknown irregular heartbeat (sensitivity 74.2%, specificity 81.9%, OR = 12.0, p < 0.0001).Its positive predictive value remained however low (55.6%). The presence of palpitations (p = 0.0023) or episodes of faintness-weakness (p = 0.0129) were the two other predictive factors.

Conclusıon: The study isolated three predictive factors of unknown AF in over 65 year old patients in general medicine practice. The systematic search of an irregular pulse is a major

predictive factor but is not sufficient. It has to be associated with the search for episodes of palpitations or fainting, especially in patients with a cardiovascular medical history. This systematization would, in a quick and simple way, improve detection of unknown AF in general medicine practice.

Keywords: atrial fibrillation, risk factors, family practice, geriatrics, cardiology, diagnosis

[Abstract: 2189 - OP-223]

Relation between a niche and postmenstrual spotting

Marjolein Dieleman[1], Judith Huirne[2], Hans Brölmann[2], Lucet Van Der Voet[3]

[1]University Medical Center, Utrecht, The Netherlands, [2]VU University Medical Center, Amsterdam, The Netherlands, [3]Deventer Hospital, Deventer, The Netherlands

Background & Aim: A lot of women visit the general practitioner with menstrual problems. In women with a history of caesarean section (CS), the uterine scar may be the cause of menstrual problems. While the CS rate is increasing in most Western countries, the gynaecological side effects of this procedure are still poorly studied. Recently, some attention has been devoted to the presence of a niche at the site of a caesarean scar. A niche is defined as a triangular, anechoic area at the presumed site of incision. The main purpose of the SECURE-study (Scar Evaluation after Caesarean by Ultrasound REgistry) was to assess the prevalence and appearance of a niche, and to evaluate the relation with abnormal uterine bleeding.

Methods: An observational prospective cohort study was performed between October 2007 and May 2009. All 225 women were consecutively included and examined with gel instillation sonohysterography (GIS) 6 to 12 months after CS to detect a niche. A questionnaire about the menstrual cycle was completed and women were asked to keep record of their bleeding pattern for a period of 2 cycles. As part of the follow up, the questionnaire will be repeated every year for the next 5 years.

Results: The presence of a niche could be demonstrated with GIS in 117 (56%) out of 209 women. In 16 women distension was insufficient for accurate assessment. The prevalence of postmenstrual spotting was 34% in the group of women with a niche compared to 15% in the group without a niche (p=0.002).

Conclusion: A niche can be seen in 56% of women with a caesarean scar. Postmenstrual spotting is significantly associated with the presence of a niche.

Keywords: niche, caesarean scar, postmenstrual spotting

[Abstract: 2193 - P-1110]

Mechanisms of dyslipidemia progression in patients with coronary heart disease and intestinal dysbiosis

Victoria I Tkachenko, Olga S Busygina

Shupyk National Medical Academy of Postgraduate Educatio

Background & Aim: The coronary heart disease (CHD) is the main clinical form of arteriosclerosis and is characterized by lipid metabolism disorders. Concomitant intestinal dysbiosis in patients with CHD is accompanied by modifications of lipid metabolism and progression of dyslipidemia. The mechanisms of lipid metabolism in these patients need to be studied. The

aim of the study was to examine the factors contributing to the progression of the blood lipid spectrum in patients with CHD and intestinal dysbiosis.

Methods: The study involved 106 patients with CHD and intestinal dysbiosis of 1-3 stage, age 50-65 years (63 men and 43 women) with body mass index (BMI) of 25-39.9 kg/m2. The study excluded patients with inflammatory diseases, systemic diseases, diabetes, cancer. The blood levels of total cholesterol (TC), low density lipoprotein cholesterol (LDLP), triglycerides (TG), blood levels of insulin and factors of systemic inflammatory response - C-reactive protein (CRP), interleukin 6 (IL-6), fibrinogen were studied. Statistic – with Excel 2007.

Results: The levels of atherogenic lipoprotein fractions – LDLP cholesterol and TG - significantly correlated with BMI, blood levels of insulin, CRP and fibrinogen (p<0,05). Levels of LDLP cholesterol correlated with BMI (r=0,57; p<0,05), insulin level (r=0,55; p<0,05), CRP (r=0,61; p<0,05), fibrinogen (r=0,60; p<0,05). TG levels correlated with BMI (r=0,63; p<0,05), with insulin (r=0,59; p <0,05), CRP (r=0,49; p<0,05), fibrinogen (r=0,44; p<0,05). Patients with more severe degrees of intestinal dysbiosis had more pronounced blood lipid disorders. Levels of LDLP and TG significantly correlated with the degree of intestinal dysbiosis - respectively (r=0,48; p<0,05; r=0,39; p<0,05).

Conclusion: The weight gain, hyperinsulinemia, factors of systemic inflammatory response took participation in the mechanisms of the dyslipidemia progression in patients with coronary heart disease and intestinal dysbiosis. Increased intestinal dysbiosis is associated with a progressive disorder of blood lipid spectrum and has to be took into account.

Keywords: coronary heart disease, dyslipidemia, intestinal dysbiosis

[Abstract: 2196 - P-0177]

Respiratory disease consultation in Primary Care Setting: A three year experience

Rui Miguel Gigante Manso, Mafalda Cerqueira, Raul Marques Pereira, Cecilia Oliveira Abreu

USF Lethes, Centro de Saúde de Ponte de Lima, Unidade Local de Saúde do Alto Minho, Viana do Castelo, Portugal

Background & Aim: Chronic Obstructive Pulmonary Disease (COPD) presents a diagnostic and therapeutic challenge for primary health care, requiring an individualized and multidisciplinary approach in order to achieve an early diagnosis, appropriate monitoring and consequent reduction of exacerbations and decline in lung function. In Portugal prevalence is estimated in 5.3%, reaching 14.2% in adults 40 years or older. The main aim of this study was to determine the prevalence of COPD in our Primary Health Care unit. Secondary objectives included: characterization of patients, classification according to Global Initiative for Chronic Obstructive Lung Disease (GOLD) criteria and treatment management.

Methods: We performed an observational, retrospective study. Since 2012 our health care unit implemented an integrated respiratory illness consultation (nurse and doctor). Individuals 40 years and older with history of smoking (10 years or more) were invited to attend this consultation. All collaborators received previous training regarding diagnostic criteria and treatment options. All participants completed an assessment Test (CAT) at initial visit and were required to perform a spirometry. Patients were re-evaluted and classified using the 2013 Global Initiative for Chronic Obstructive Lung Disease

(GOLD) criteria. Characterization and stratification of patients as well as treatment options were registered in a purposely formulated database.

Results: 273 patients were invited to attend the respiratory consultation. 201 patients attended (presence rate of 74%). The prevalence of COPD found in 2014 was 1 %. 82% presented recent spirometry and 86% undergoing inhaled corticosteroids and /or bronchodilation therapy.

Conclusion: Despite the effort in implementing this particular consultation to identify COPD patients who were not previously diagnosed, the prevalence of COPD in our Primary care setting remains below our national numbers. It was however possible to increase the number of patients with updated spirometry update diagnosis and optimize therapeutic strategies.

Keywords: chronic obstructive lung disease, primary health care, spirometry

[Abstract: 2236 - P-0666]

FARMAPRES project. Opinion of primary health care centers´ professionals about the role of communitary pharmacy offices in the control of blood pressure

Francisco Javier Sanz García[1], Vicente Giner Galvañ[2], José Ramon Ramos Segura[3], Juan José Tamarit García[4], Belén Roig Espert[5], Irene Bonig Trigueros[6], Mila Reig Botella[2], Francisco Valls Roca[7], Vicente Pallarés Carratalá[8]

[1]Unidad de HTA y Riesgo Cardiometabólico. Medicina Familiar y Comunitaria. Hospital Virgen de los Lirios, y CS La Fábrica, Alcoy, Alicante, España, [2]Unidad de HTA y Riesgo Cardiometabólico. Servicio de Medicina Interna. Hospital Virgen de los Lirios, Alcoy, Alicante, España, [3]Medicina Familiar y Comunitaria. Centro de Salud la Fábrica, Alcoy, Alicante, España, [4]Servicio de Medicina Interna. Hospital General Universitario, Valencia, España, [5]Unidad de HTA. Servicio de Medicina Interna. Hospital de Manises. Valencia, España, [6]Hypertension Unit. General Internal medicine department. Hospital de Vinaroz. Vinaroz, Castellón, España, [7]Medicina de Familia y Comunitaria. Centro de Salud de Benigànim. Valencia, España, [8]Medicina Familiar y Comunitaria. Unidad de Vigilancia de la Salud. Unión de Mutuas. Castellón, España

Aim: To know the opinion of sanitary professionals working at the Primary Health Care Centers (PCHc) about the potential role of Communitary Pharmacy Offices (cPhO) in the management of blood pressure (BP).

Methods: Survey structured into 12 questions with semi closed answers was addressed to physicians (Phy) and nurses (Nr) of the 250 PCHc in the Comunitat Valenciana (CV), a region in the east coast of Spain.

Results: 952 professionals answered the survey. Most participants were Ph (63.1%), females (50.8%) with 20.9±10.0 years of experience. More than 20 reasons were considered as potential advantages of cPhO for BP control compared with PCHc (Table). 3.9% of participants believed that cPhO have not any advantage. The most common answers to the question What do you think is the role of the cPhO in the management of BP? were: Easier detection of undiagnosed and/or uncontrolled hypertension (35.7%), Coordinated aid for the PCHc (30.4%), and None (18.7%). The percentage of those thinking that cPhO have not any potential role was significantly lower in Alicante (13.3 % vs. 20.2 and 20.7 % for Castellón and Valencia), without differences in gender, experience or

professional collective. The majority (62.9 %) of participants thinks that the cPhO are fulfilling their role, with 3.9% saying that they Do not know. Those with a negative point of view were mainly men (34.8 vs. 28.3%) and Ph (34.9 vs. 25.0%) (p>0.05 for both). It was pointed 13 different reasons to think that cPhO are not fulfilling their role, mainly: Inadequate measurement methodology (24.1%), Ignorance about the disease (16.7 %), Tendency to overestimate BP values and alarm patients (16.3%), No coordination with PHCc (8.9%).

Conclusıon: The majority of professionals working at PCHc think that cPhO has advantages for management of BP, mainly flexibility, accessibility and lower WCE.

Keywords: blood pressure, control, pharmacy offices

[Abstract: 2253 - OP-145]

What medical students know about LGBT people and their health needs?

Ülkü Bulut[1], Dilek Güldal[2], Selin Bozdağ[3], Demet Çelikkaya[4]

[1]Balçova Community Health Center, Izmir, Turkey, [2]Dokuz Eylül University Faculty of Medicine, Family Medicine Department, Izmir, Turkey, [3]Kocaeli State Hospital, Kocaeli, Turkey, [4]Tepecik Education and Research Hospital, İzmir, Turkey

Background &bAim: LGBT (or GLBT) are words' head letters, 'lesbian', 'gay', 'bisexual' and 'transgender'. There are no data to create a level about health of LGBT individuals because of less asking about sexuality during data collection. Homophobia among health professionals in working with LGBT patients, heterosexual assumptions, lack of knowledge, misunderstanding, such as excessive focus has been shown to cause barriers between patients and institutional personel. In study we aimed to determine information about LGBT individuals and health needs, attitudes and behaviors of medical faculty sixth grade students.

Methods: This research is a cross-sectional descriptive study. A questionnaire conducted to 134 Dokuz Eylul University Medical Faculty sixth grade students. Data collected with on-line survey and self fill out of questionnaire. Descriptive statistical analysis applied as well as the chi-square and t tests. SPSS 15.0 version used for statistical analysis.

Results: In our study 49.3% of students were male. Mean age of students was 24.07 years. About their sexual orientation 3 student answered as gay, lesbian, asexual respectively. One student told that she did not decide yet. Two of them had LGBT person in their family, but 37.3% had LGBT friends. 39.6% of students told they had any source of information other than faculty. Most common sources were internet, committees and foundations. About taking detailed history 35.8%, about detailed physical examination 41.7% has not felt confident. 47.1% of students could not feel confident about taking care of LGBT patients in primary care. 65.7% of interns told they did not feel confident about taking care of LGBT patients.

Conclusıon: Medical faculty education period should involve more detailed information about LGBT people for making students more confident about taking health care of their LGBT patients in primary care.

Keywords: LGBT, medical education, health care

[Abstract: 2254 - P-1350]

Patients Satisfaction for Social Security Administration in Community Health Center of Manado City

Henry Palandeng, Iyone Siagian, Feicy Gaghana

Department of Community Medicine, Faculty of Medicine, Sam Ratulangi University, Manado, Indonesia

Background & Aim: The government of Indonesia is trying to provide healthcare for all the people by social security administration known as Badan Penyelenggara Jaminan Sosial (BPJS) and Manado city is one of the cities which has to be in line with the government to organize the program. BPJS Program is devoted to the public good for Manado Citizens in order to have the right to receive healthcare and improve community health status in Manado. Patient satisfaction provides information whether the healthcare that provided by the community health center is satisfied for its use. The purpose of this research is to determine level of patient's satisfaction for health care in Tuminting community health center.

Methods: Descriptive research. Sample size using purposive sampling technique is 106 patients. Questionnaires used to interview respondents. We asked five dimension of quality of services which are; reliability, responsiveness, assurance, empathy, tangibles and patient overall satisfaction. To measure respondents' satisfaction assessment services given the Likert's scale is considered suitable.

Results: The results shows 50.9% patients satisfied with reliability, 54.7% patients satisfied with responsiveness, 77.4% patients satisfied with assurance, 55.7% patients satisfied with empathy, and 66% patients satisfied with tangible. The overall patient satisfaction rate for healthcare is 51.9%.

Conclusion: The health care given by Tuminting community health center to patients goes along with the order that satisfies patient the most is assurance, tangibles, empathy, responsiveness, and reliability.

1. Patient registration system needs to be improved.

2. Physicians need to pay more attention to the provision of information about the diseases and patient's explanation. Nurses should also be more friendly and polite.

3. Administrators need to optimize their duties and functions.

4. The attention given by health professionals to patients needs to be improved further.

5. More attention to the cleanliness of the reception area and the surrounding environment

Keywords: satisfaction, health care, community health center

[Abstract: 2258 - OP-118]

Barriers to the provision of smoking cessation assistance: a qualitative study among Romanian family physicians

Catalina Panaitescu[1], Mandy Moffat[2], Sian Williams[3], Hilary Pinnock[4], Melinda Boros[5], Cristian Sever Oana[1], Sandra Adalgiza Alexiu[1], Ioanna Tsiligianni[6]

[1]Family Medicine Solo Practice, Bucharest, Romania, [2]Division of Medical and Dental Education, University of Aberdeen, Aberdeen, UK, [3]International Primary Care Respiratory Group, London, UK, [4]Allergy and Respiratory Research Group, Centre for Population Health Sciences, University of Edinburgh,

Edinburgh, UK, [5]Psychotherapy Solo Practice, Bucharest, Romania, [6]Agia Barbara Health Care Centre, Crete, Greece, Department of General Practice, University Medical Centre Groningen, The Netherlands

Background & Aim: Smoking cessation is the most effective intervention to prevent and slow down the progression of several respiratory and other diseases and improve patient outcomes. Romania has legislation and a national tobacco control programme in line with the World Health Organization Framework for Tobacco Control. However, few smokers are advised to quit by their family physicians (FPs). To identify and explore the perceived barriers that prevent Romanian FPs from engaging in smoking cessation with patients.

Methods: A qualitative study was undertaken. A total of 41 FPs were recruited purposively from Bucharest and rural areas within 600 km of the city. Ten FPs took part in a focus group and 31 participated in semistructured interviews. Analysis was descriptive, inductive and themed, according to the barriers experienced.

Results: Five main barriers were identified: limited perceived role for FPs; lack of time during consultations; past experience and presence of disincentives; patients' inability to afford medication; and lack of training in smoking cessation skills. Overarching these specific barriers were key themes of a medical and societal hierarchy, which undermined the FP role, stretched resources and constrained care.

Conclusion: Many of the barriers described by the Romanian FPs reflected universally recognised challenges to the provision of smoking cessation advice. The context of a relatively hierarchical health-care system and limitations of time and resources exacerbated many of the problems and created new barriers that will need to be addressed if Romania is to achieve the aims of its National Programme Against Tobacco Consumption.

Keywords: smoking cessation, qualitative study, family physicians, barriers, health system influences, Romania, Framework for Tobacco Control

[Abstract: 2268 - P-1235]

Use of hypertension diagnosis and treatment guidelines by family physicians working in primary care and obstacles of guideline use

Nur Gundogan Gunes, <u>Vildan Mevsim</u>

Department of Family Medicine, Dokuz Eylul University Faculty of Medicine, İzmir, Turkey

Background & Aim: We aimed to investigate use of hypertension diagnosis and treatment guidelines (HDTG) in primary care by family physicians who work in primary care and obstacles of guideline usage.

Methods: The study is a cross-sectional analytical study performed with 382 physicians who work in family health centers that were selected by cluster sampling method in the province of Izmir metropolitan. Two scales were developed with Delphi technique in the first step of our research in order to identify the use of hypertension guidelines and obstacles to the use guidelines. In the second step the scale was performed to physicians.

Results: 61.5% of the physicians were male and 38.5% were female. Physicians under the age of 40 ratio (14.7%) were lower (p> 0.05). Physicians with graduation year 20-year and higher were more common with ratio of 52.9% (p> 0.05). Physicians

who worked in primary care shorter than 5 years were 6.5% in ratio, percentage of family physician specialists was 16% (p> 0.05). Assessment of physicians' scale of HDTG considered in three categories and found that 18.6% used at a good level, 78.0% used in moderate level and 3.4% didn't use. The mean score of HDTG of female physicians (15.16 ± 3.26) were higher compared with men (14.20 ± 3.14), (p = 0.005). When we assessed obstacles of using guidelines, highest mean score was 3.73 ± 0.85 which interfere with the working conditions.

Conclusion: Family physicians use hypertension diagnosis and treatment guidelines at the intermediate level in managing hypertension patients. Physicians remarked that working conditions are the most important obstacles of guideline usage. Necessary arrangements should be made for increasing physicians' compliance to hypertension diagnosis and treatment guidelines.

Keywords: Hypertension guideline, family physician, guideline use obstacles physician

[Abstract: 2308 - P-1352]

Efficacy of ultrasound therapy with Fastum gel on patients with gonarthrosis

<u>Žani Banjanin</u>[1], Ljubomir Šormaz[1], Jadranka Pešević Pajčin[1], Radmila Ubović[2], Brankica Galić[3]

[1]Health centre "Dr Mladen Stojanović", Laktaši, Bosnia and Herzegovina, [2]Institute of Occupational Medicine and Sports Republic of Srpska, Banja Luka, [3]Health centre, Prijedor, Bosnia and Herzegovina

Background & Aim: Osteoarthritis is a degenerative joint disease, characterized by progressive destruction of articular cartilage. The main clinically manifestation is pain and progressive functional disability. The aim of this study was to examine the effectiveness by applying Fastum gel (ketoprofen) in patients with gonarthrosis.

Methods: We examined 60 patients, aged 50-83, with clinical-radiological diagnosis of knee OA. Fastum gel was applied by phonophoresis to 30 patients. To remaining 30 patients was applied a neutral contact gel. Application was performed 2 times a day for 14 days. Ultrasound intensity was 1.0 W/cm2. Beside phonophoresis all examinees had kinezitherapy. We used the WOMAC Osteoarthritis Index to compare the results between two analysed groups. All subjects were asked to fill out the questionnaire at the beginning and at the end of the therapy.

Results: After 14 days of application of Fastum gel, Womac subskor for pain decreased by 22.03%, functional capacity subscore decreased by 6.50%, and subskor for stiffness decreased by 25.27%. In patients treated with a neutral gel, after 14 days, Womac subskor for pain decreased by 3.69%, subskor for reduced functional ability decreased by 1.18%, and subskor for stiffness decreased by 14.12%.

Conclusion: There was a significant improvement of functional capacity, reduced stiffness and pain in the knees after the ultrasound treatment of Fastum gel in patients with knee OA.

Keywords: gonarthrosis, Fastum gel, WOMAC OA index.

[Abstract: 2309 - OP-038]

Detection of psychosocial problems by practice nurses in routine diabetes consultations: are patients ready?

Anneke Van Dijk, Loes Van Bokhoven, Job Metsemakers, Trudy Van Der Weijden, Jacques Van Eijk

Maastricht University, CAPHRI School for Public Health and Primary Care

Background & Aim: Because of a high prevalence of depression in diabetes patients and its adverse impact on complications, screening for depression is recommended in routine diabetes care. For the implementation of psychosocial self-management support in diabetes care, practice nurses were trained to identify patients with psychosocial problems. The detection rates appeared to be strikingly low. Therefore, we examined patients' readiness to discuss psychosocial problems with practice nurses during diabetes consultations in Dutch family medicine.

Methods: A mixed methods design was used within an experimental study evaluating a psychosocial self-management approach integrated in routine diabetes care. In-depth interviews were conducted with type 2 diabetes patients (n=12) with psychosocial problems. Based on a qualitative content analysis of patients' current experiences and perspectives on integrated care, a structured questionnaire was designed to further explore the findings among a larger group of patients (n=205). The questionnaire included 14 items measuring patients' agreement with statements about diabetes care and the role of the practice nurse therein.

Results: The qualitative part of the study showed that patients viewed a diabetes consultation primarily as a biomedical check-up. They did not perceive discussion of psychosocial well-being as an integral part of diabetes management. The quantitative part showed that younger patients were more open to discussing psychosocial problems with the practice nurse than patients over 65. Patients' openness to discussing psychosocial problems was not significantly associated with the practice nurses being trained in the psychosocial self-management approach.

Conclusion: Patients see practice nurses primarily as specialists regarding the biomedical management of diabetes. Although patients seemed to support the ideal of integrated care, they did not expect a discussion about psychosocial problems in diabetes consultations. The incorporation of systematic detection of psychosocial problems in diabetes care requires endeavours to make patients acquainted with the new role of the practice nurse.

Keywords: primary care nursing, diabetes mellitus type 2, depression

[Abstract: 2310 - OP-040]

Perceptions of self-management in primary care: a cross-sectional survey study

Irene Bos Touwen[1], Jaap Trappenburg[1], Elke Tijhuis[1], Marieke Schuurmans[1], Niek De Wit[2]

[1]Department of Rehabilitation, Nursing Science & Sports, University Medical Center Utrecht, The Netherlands, [2]Julius center for health sciences and primary care, University Medical Center Utrecht, The Netherlands

Background & Aim: Chronic care and self-management support is increasingly provided in primary care settings. Primary care physicians and nurses have their own perceptions of self-management support and which patient will be successful in performing self-management. These perceptions will guide their decisions regarding the extent to which a patient is exposed to self-management. This study aims at increasing our understanding of the perceptions of general practitioners and practice nurses on providing self-management support. Furthermore, this study aims to identify patient-related factors that influence the success of self-management support as perceived by general practitioners and nurses.

Methods: Between February and June 2014, a descriptive cross sectional survey was conducted in general practitioners and nurses working in primary care in the Netherlands. Data was collected through a self-administered online questionnaire.

Results: In total, 272 respondents completed the questionnaire (114 general practitioners and 158 nurses). The majority of care providers see their role in self-management support as coaching the patient. Most providers aim to give the patient responsibility for their health behavior and treatment. The three most frequently mentioned self-management activities were increase understanding of disease, establish common goals for treatment, and help patients take ownership in disease management. The perceived most important patient-related factors for successful self-management support were motivation (93.2%), knowledge of disease (82.6%), education level (80.4%), self-efficacy (77.2%) and patient-provider relationship (60.3%).

Conclusion: This study provides new insights in perceptions of primary care providers of self-management support in current practice and key patient-related factors influencing success of self-management support. Knowledge of providers' perceptions regarding self-management support can improve and support the implementation of self-management. Knowledge of patient-related factors that are perceived as facilitators or barriers for self-management provides insight in factors that influence care providers to support self-management to individuals.

Keywords: self care, primary health care, general practitioners, (practice) nurses

[Abstract: 2331 - OP-040]

Efficacy of Rapid Antigen Test and Proper Use of Antibiotics in Acute Tonsillopharyngitis Cases

Tuğba Beyazcicek[1], Nejat Demircan[1], Ibrahim Etem Pişkin[2], Funda Ekimci Deniz[1], Ayşe Semra Demir Akça[1], Fatma Güven[2], Rahşan Bulut[1]

[1]Department of Family Medicine, [2]Department of Pediatrics. Faculty of Medicine, Bulent Ecevit University, Zonguldak, Turkey.

Background & Aim: Acute tonsillopharyngitis (AT) is one of the most frequently observed conditions encountered particularly by primary care physicians and pediatricians in outpatient setting. Inappropriate and excessive use of antibiotics increases treatment cost and risk for resistance development, and causes drug related side effects in patients. In this study, we aimed to determine frequency of GAS infection in cases with AT, sensitivity and specificity rates of rapid antigen test, and use of antibiotics.

Methods: Results of throat culture and rapid strep test (RST) in totally 693 patients who presented to pediatric outpatient clinics and pediatric emergency service in our hospital between September- December 2014 with symptoms and findings of AT

were reviewed retrospectively. The study sample was divided into three groups as Group1 (0-3 years old), Group2 (4-15 years old) and Group3 (>15 years old).

Results: Beta hemolytic GAS growth was detected in throat cultures of 18% (n=109) of 693 patients. There were statistically significant differences between age groups regarding growth in throat cultures (p<0.05). According to comparison of the results of rapid antigen test with throat culture, sensitivity of rapid test was determined as 84%, specificity was 96%. Out of 109 patients with positive cultures, 97 (89%) were prescribed antibiotics, whereas 12 (11%) were not, HST results in 75% of these patients (n=9) were negative. Eighty of the 584 patients (13.6%) with negative culture results were prescribed antibiotics.

Conclusion: Rapid antigen test is valuable for the diagnosis and treatment of GAS in patients with AT owing to its high specificity. However, it is recommended to follow the result of throat culture in order to prevent inappropriate antibiotic use.

Keywords: Tonsillopharyngitis, rapid antigen test, group A streptococcus, children

[Abstract: 2348 - OP-174]

The use of teleconsultation to support the decision making process in the Brazilian Primary Care System

Lucas Wollmann, Milena Rodrigues Agostinho, Elise Botteselle De Oliveira, Luana Jonata Nunes De Moura, Erno Harzheim

Telehealth Network of State University of Rio Grande do Sul

Background & Aim: The program TelessaúdeRS (Telehealth Network in the state of Rio Grande do Sul (RS), Brazil) aims at qualifying the practice of professionals of Primary Care (PC), assisting in making clinical and managerial decision. For this, it makes use of information and communication technologies for distance health-related activities. In March 2013, a toll-free telephone service was created to facilitate the task of PC professionals in real time by providing answers to the doctors and nurses through teleconsultations by phone, based on the best scientific evidence available, adapted to local needs and following the principles of the National Health System of Brazil.

Methods: The service is available for doctors from all over Brazil's public PC system as well as nurses from RS. The teleconsultation starts when the professional calls for free the line: 0800 644 6543. After a first check to confirm the professional's registration number, the connection is passed on to a general practitioner (mainly family physicians) or to a nurse. The teleconsultant responds to questions in real time and If necessary the teleconsultant may require support from other specialists.

Results: From March 2013 to March 2015, there have been 14.799 teleconsultations processed. As for the professional category of the callers, doctors accounted for 97.2%, and nurses for 2.8%. Among users having answered the satisfaction survey, 99% reported being satisfied or very satisfied with the service. 76% of referrals to other types of care were avoided from the total of teleconsultations initially requiring for a referral.

Conclusion: The system proved to be very useful tool since it provides a teleconsultation system with agility and good scientific evidence, of great assistance and managerial support for the Primary Care professionals. Developing a strategy to increase its use as well as integration of electronic records in health care is therefore essential.

Keywords: telehealth, teleconsultation, primary health care.

[Abstract: 2366 - P-0343]

Antibiotic prescribing in primary care for upper respiratory tract infections

Attila Altiner[1], Martin Duerden[2], Roman Kozlov[3], Ashok Mahashur[4], Laura Noonan[5], Aurelio Sessa[6], Adrian Shephard[7]

[1]Rostock University Medical Center, Rostock, Germany, [2]Bangor University, Bangor, UK, [3]Smolensk State Medical Academy, Russia, [4]University of Mumbai and Banaras Hindu University, Mumbai, India, [5]Respiratory Tract Treatment Forum, Ireland, [6]Società Italiana di Medicina Generale, Lombardy, Italy, [7]Reckitt Benckiser PLC, Slough, UK

Background and Aim: Antimicrobial resistance (AMR), a WHO-recognized threat to global health, is perpetuated by non-rational antibiotic prescribing, particularly upper respiratory tract infections (URTIs). Most are self-limiting; for 60–90%, antibiotics provide neither resolution of the condition nor symptom relief. Greater emphasis on educational resources and non antibiotic symptomatic therapies is needed.

Methods: In 2014, Reckitt Benckiser conducted an online multinational consumer study (total 17,302 interviews, ~520 per country, 33 countries) to investigate the patient pathway for minor ailments in the preceding 12 months. We report URTI results including specifics for UK, Italy, India, Russia, Germany and Ireland.

Results: Overall, 68% of subjects (11,765) reported a URTI symptom in the previous 12 months (60% UK - 75% Italy), multiple URTI symptoms were often reported. 35% (6081) contacted a healthcare professional (HCP) for URTI symptoms (16% UK - 50% India) with physicians (29%; 4969) the preferred HCP for consultation (12% UK - 43% India). Of subjects contacting an HCP for URTI, 70% (4241) were recommended a product (UK 65% - Italy 78%); 58% obtained the recommended product. 53% (3209) were prescribed a product (Germany 45% - Russia 55%); 41% obtained the prescription. 25% (1513) of physician consultations resulted in antibiotic recommendation (10% UK - 24% Ireland); 24% (1440) resulted in antibiotic prescription (5% Italy - 27% Ireland). Primary reasons for HCP consultation were trust, familiarity and prescription need. Easy product access and lack of concern were main reasons for no HCP contact.

Conclusions: Results confirm physicians' pivotal role in providing advice and treatments to URTI patients because they are seen as experts. Antibiotics continue to be used for URTIs, mostly inappropriately. The Global Respiratory Infection Partnership (GRIP) has developed educational materials based on what we call a 1,2,3 approach to facilitate physician-patient discussion on URTI conditions, antibiotics and appropriate symptomatic self-management.

Keywords: antibiotics, respiratory tract infections, primary health care

[Abstract: 2396 - P-0670]

An evaluation of the awareness and attitudes towards life style changes in a group of hyperlipidemic patients

Merve Esen Arslan, Işık Gönenç, Emine Zeynep Tuzcular Vural, Refik Demirtunç

Haydarpaşa Numune Training and Research Hospital

Background & Aim: In this cross-sectional study evaluation of knowledge levels related to hyperlipidemia (HL), life style changes(LSC) and complications of HL and behavioral characteristics of LSC in hyperlipidemic patients was aimed.

Methods: A questionaire composed of 31 questions inquiring the knowledge and awareness of LSC in hyperlipidemic patients was used to obtain data from 302 hyperlipidemic patients.

Results: The mean age of participant was 50.6±13.2 years, 73.8 % was women, 35.8% had primary educating. 28.5 % of the participants were recently diagnosed with HL, 59.6% had a positive family history and 30.8 % were using drugs for HL.53.3% was obese. Although 229 of the patients said cholesterol levels decrease with weight loss, 38.9%of these patients hadn't tried to lose any weight. 50.5% of participants who said overweight people had high cholesterol levels, was obese. 55.3 % of patients who said daily 30 minutes of physical activity is necessary, didn't do any physical activity. 26.8 % of participants who knew reducing daily fat intake would decrease cholesterol, didn't make any dietery changes. 44.0% of patients who knew alcohol raised cholesterol levels, quit alcohol after the diagnosis. 47.4% of aware of smoking worsening hyperlipidemia, has quit smoking. Increased risk of myocardial infarction is most well-known complication of the HL by 80.5%. Male sex, age over 55, higher level of education and income, family history, HL medication usage were statistically significantly related with high knowledge scores. Female sex, Women, age over 55, low levels of education and income, using medication for additional diseases, former diagnosis of HL, non-smoking and no alcohol, obesity statistically significantly increased HL behavior scores.

Conclusion: CVD deaths have become the number one cause of death all over the world. LSC has an important role for preventing and treatment of CVD in the primary care.

Keywords: hyperlipidemia, life style changes, awareness

[Abstract: 2405 - P-1130]

Self-medication among cigarette smokers

Sylwia Kalucka

The First Department of Family Medicine, Medical University, Poland, Lodz

Background and Aim: It is estimated that in 2030 about 8 million people will die because of smoking, and 80% of these deaths will take place in low and middle income countries. Nowadays about 8 million Poles smoke cigarettes (30.3% of the total population aged 15 years and more). The aim of the study was analyze what methods smoking cessation using by chronic smokers cigarettes.

Methods: The study randomly selected 323 people, who smoke cigarettes. The study group was divided into three subgroups according to number years of smoking. Among the participants were questions about the elements of use self- medication to quit smoking (chewing gum-Nicorette, nicotine patch, Tabex, Desmoksan, e-cigarette, tablets NiQuitin, motivation smoking cessation).

Results: Among subjects (91 smokers) who smoke cigarettes only 10 years, chose the most often chewing gum (70), own motivation to quit smoking (79), e-cigarette (47). The group smokers (82 smokers) who smoke between 11 to 20 years, used the most often chewing gum (71), own motivation to quit smoking (50). This group smokers bought tablets NiQuitin,

nicotine patch and Desmoksan the same often. The group smokers, who smoke cigarettes over 20 years, the most often use own motivation to smoking cessation than the other over-the-counter products. Over one year observation, only smokers, who had the highest motivation successful smoking cessation. Self-medication smokers, who bought over-the counter nicotine products after 3-4 weeks come back to smoking cigarettes.

Conclusion: Self-medication among smokers willing to quit smoking nicotine replacement therapy for smoking cessation is not enough if a smoker does not have strong motivation.

Keywords: tobacco, smoking cessation, nicotine replacement therapy

[Abstract: 2418 - P-1132]

Assessment of screening tests in patients who were referred to pediatric endocrine outpatient clinic with suspicion of hypothyroidism

Şule Çalışkan[1], Kenan Topal[1], *Çiğdem* Gereklioğlu[2], Lena Türeyici[1], Yılmaz *Kör*[3], Dilek *Köse*[1], Kayhan Süreyya *Işgüzar*[1]

[1]Adana Numune Training and Research Hospital, Department of Family Medicine, Adana/Turkey, [2]Baskent University Medical Faculty, Department of Family Medicine, Ankara/Turkey, [3]Adana Numune Training and Research Hospital, Department of Pediatrics, Adana/Turkey

Background & Aim: Early diagnosis of congenital hypothyroidism is of great importance. We aimed to evaluate the screening tests done beginning from birth in the patients who were referred to Adana Research and Training Hospital in the context of newborn hypothyroidism screening program.

Methods: This cross-sectional study was conducted with 424 cases between 1 June 2012 and 28 February 2015. TSH values tested with heel blood in the context of newborn hypothyroidsm screening were compared with TSH values tested at Family Medicine Unit on day 7 and 14.

Results: Of the patients, 241 (56.8%) were boys, the mean age of 19.7±8.4 days. Mean TSH of 375 newborns was 18.9±1.65 mIU/L and TSH was ≥5 mIU/L in 338 (90.1%), TSH was <5 mIU/L in 37 (9.9%). In Family Medicine Unit, mean TSH of 325 newborns was 26.4±2.07 mIU/L on day 7, TSH was ≥5 mIU/L in 323 (99.7%), TSH was 5 mIU/L in 1 (0.3%). On day 14, mean TSH of 172 newborns was 27.9±2.58 mIU/L and TSH was ≥5 mIU/L in 172 (100%). A statistically significant difference was found between TSH values tested at Family Medicine Unit and pediatric endocrine outpatient clinic (r=0.594, p=0.00 and r=0.339 and p=0.00). At pediatric endocrine outpatient clinic, mean TSH of 424 newborns was 18±30.3 mIU/L (min 0.19, max 150) TSH was ≥5 mIU/L pediatric endocrine outpatient clinic in 216 (50.9%), TSH was<5 in 208 (49.1%). While sensitivity of screening test was 94% at birth, it was 98% on day 7 and 100% on day 14.

Conclusion: An ideal screening test should be inexpensive, non-invasive, clinically important, designed for the diseases which could lead to morbidity and mortality unless treated. Sensitivity of TSH screening tests done at Family Medicine Unit on day 7 and 14 was seen to be higher than test done at birth.

Keywords: newborns, congenital hypothyroidism, screening, TSH

[Abstract: 2429 - OP-042]

Relationship between Obesity and Thyroid

Functions in Adults

Ferhat Ekinci[1], Demet Merder Coşkun[2], Özgür Çağaç[3], Hüseyin Yıldız[4], Halis Yılmaz[5], Arzu Uzuner[6]

[1]Public Health Directory, Van, Turkey, [2]Haydarpasa Numune Education and Training Hospital Family Medicine Clinic, Istanbul, Turkey, [3]Salihli State Hospital Cardiology Clinic, Manisa, Turkey, [4]Malatya State Hospital Internal Medicine Clinic, Malatya, Turkey, [5]Sırnak Guclukonak State Hospital Family Medicine Clinic, Sırnak, Turkey, [6]Marmara University Medical School, Department of Family Medicine, Istanbul, Turkey

Aim: Obesity affects prognosis of many comorbid diseases negatively. The aim of this study was to investigate the relationship between obesity and thyroid functions.

Methods: This observational descriptive study was conducted in outpatient clinics of a tertiary hospital in Istanbul, between 2011-2012. Consecutively selected 650 adults 19-65 years of age were recruited in the study. Thirty two patients who had previously thyroid disease were excluded from the study. Epidemiologic data have been collected by a questionnaire. Height and weight were measured, BMI was calculated and a blood test including thyroid function tests and lipid profile was performed. Participants were divided into three groups according to their BMI as normal weight (<20), overweight (20-24) and obese (≥25). Data was compared between the groups.

Results: Data of 618 participants (53% female/47% male) was analyzed in this study. Mean age value was 43±15. There were 175 (28.3%) participants in normal weight, 242 (39.2%) in overweight and 201 (32.5%) in obese group. There was no statistically difference in terms of thyroid function levels, but there was a difference in terms of lipid profiles between groups. Atherogenic lipid levels (T.cholesterol, LDL and triglyceride) were higher and HLD levels were lower in overweight and obese group comparing with the normal weight group (p<0.05) but there were no statistically difference between overweight and obese groups (p>0.05).

Conclusion: This study is one of the few studies in the literature showing that there is no relationship between obesity and thyroid function tests. On the other hand this study supports the common finding in the literature which is atherogenic lipid levels are higher in overweight and obese groups comparing with normal weight group.

Keywords: obesity, adults, thyroid function tests

[Abstract: 2442 - P-1137]

Turkish reliability and validity study of physical activity barriers questionnaire

Gurcan Balik[1], Gamze Akyol[1], Dilek Guldal[1], Irfan Yurdabakan[2]

[1]Department of Family Medicine, [2]Department of Educational Sciences. Dokuz Eylul University, Izmir, Turkey.

Background & Aim: Lack of exercise, which is a shared risk factor for many chronical diseases, comes fourth reason among the risk factors which cause death worldwide. The prevalence of physical inactivity changes between %28 and %81 worldwide. Besides prevalence of physical inactivity is between 87% with women and 77% with men in Turkey. At this context, it is important to examine the obstacles that the young adults in Turkey face which prevent them from having physical activities. However there isn't a scale in Turkish to use for this area. The aim of this study is to find out reliability and validity of "physical activity barriers questionnaire" which was developed by Suraya and his friends in Malaysia.

Methods: After a translation and retranslation, the scale was applied to 150 patients and their relatives who were between the ages of 18-45. The data was analyzed in SPSS 15 package program; for the validity of the scale Factor analysis, for the reliability of the scale Tukey test, Hotelling's T test, Split half and Cronbach α analyses were used.

Results: 52% of the sample was male (n: 78) and 48% was female (n: 72). Minimum age was 18 (n: 2), maximum age was 45 (n: 2); the mean age was 32.7 and the median was 34. KMO Bartlett test was found to be 0.840, F value of the Tukey test was 18.5 (p=0.000) and the F value of Hotelling's T test was 9.6 (p=0.000). Split half Spearman-brown value was 0.909, Cronbach α value was 0.874 and when the questions were evaluated one by one; the minimum Cronbach α value was 0.863 and the maximum was 0.876.

Conclusion: The analyses made show that "physical activity barriers questionnaire" is both very highly reliable and valid in Turkish.

Keywords: pyhsical activity barriers questionnaire, pyhsical activity barriers, physical activity, Turkish reliability and validity, lack of exercise, young adults

[Abstract: 2483 - OP-239]

Daily workload and service profile of family physicians in Turkey: A snapshot of one-day work

Erdinç Yavuz[1], Erol Yayla[2], Emrah *Kırımlı*[3], Uğur Bilge[4], Sercan Bulut Çelik[5], Hatice Füsun Demirtaş[6], Okay Başak[7]

[1]1st Family Healthcare Center, Rize, [2]5th Family Healthcare Center, Afyon, [3]Ümraniye Family Healthcare Center, İstanbul, [4]Eskişehir Osmangazi Univercity Department of Family Medicine, [5]11th Family Healthcare Center, Batman, [6]Siyavuşpaşa Family Healthcare Center, İstanbul, [7]Adnan Menderes University Department of Family Medicine, Aydın

Background & Aim: The implementation of family medicine into primary care has been completed in 2010. Now, 21,175 family physicians (FPs) of whom 1,048 with post graduate training provides health care at 6,756 family health centers. Although almost five years have passed since the transition period has ended with the last city's incorporation to the system, little is known about the workday of a Turkish primary care doctor. The aim of the study is to determine the daily workload and to analyze the content of workload, to describe the service profile of FPs working in primary care in Turkey.

Methods: The study design is descriptive and cross-sectional. A total of 39 FPs from different provinces of Turkey volunteered to participate in the study. The date of 16th July which was Monday was chosen as the study day. Two surveys, one inquiring the demographic properties of FPs participated and a second encounter form with 43 items inquiring all aspects of FPs' workload were filled by the participants. Twenty eight FPs from 17 different cities were enrolled into the study. The gathered information was used to form a database from where all descriptive statistical analyses were performed.

Results: A total of 1,215visits were reported. The average daily workload of FPs participating in our survey was 45.7± 16.8 visits. Mean age of the patients was 40 ±25 years. Of these patients, 59.8% were female and 40.2% were male. 92.5% of all patients were family physicians' own registered patients while 7.5% of them were guests. A total of 1,610 RFEs were reported. We categorized them as prescription requests

(451, 28%), clinical complaints (447, 27.8%), preventive medicine services (436, 27%), administrative reasons (161, %10) and other reasons (115, 7.2%). Essential hypertension, dyspepsia and diseases of musculoskeletal system were the most common diagnoses in prescription requests. Sore throat, cough and pruritis were the top three clinical complaints. On 84 occasions (7%) FPs ordered a laboratory test for their patients. 16 patients (1.3%) had X-Ray imaging. 43 patients (4%) were referred to a hospital after clinical evaluation.

Conclusion: Our results suggest that FPs in Turkey are under severe pressure. Prescription requests account for an important percentage of this workload. Measures should be taken to lessen this burden. A nation-wide randomized morbidity and workload survey may elaborate more insight.

Keywords: Turkish primary care, family physician, workload

[Abstract: 2486 - OP-119]

Relationship of Decisional Balance and Self-efficacy in Obese and Overweight Patients in Dokuz Eylul University Faculty of Medicine in Izmir in Turkey

Tugba Onat, Dilek Guldal

Department of family medicine, Dokuz Eylul University, Izmir,Turkey

Background & Aim: In order to prevent obesity, it is crucial to change behaviors of eating and exercising. The process of changing behavior is difficult and various health belief models are used to explain the process. One of the widely used models, Transtheorical Model (TTM), identifies the changing process through five steps: pre-intention, intention, preparation, action and maintenance, assuming increasing in self-efficacy and decisional balance in every step. Our study aims to investigate the relationship between stage of change with self-efficacy and decisional balance.

Methods: Our cross-sectional analytic study was done among adult individuals who had a Body Mass Index of 25 or higher. Besides the stage of change of the participants and demographic features, all participants received self-efficacy and decisional balance scales. The data analyzed in SPSS 15 program and descriptive analysis, chi square, student-t and correlation tests are applied.

Results: The ratio of people in action stage were higher among the women and among the ones who exercise than men and people who do not exercise (p=0.000, p=0.032); and no relationship with educational level, employment status, smoking, alcohol consumption or comorbidity diseases were found. A significant relationship was found between stage of change of participants and self-efficacy and decisional balance. It was found out that the ones who are in action stage have higher self-efficacy scores than the ones who are in intention and pre-intention stages (p=0.000); also negative scores in decisional balance are higher with the ones who are at pre-intention stage (p=0.000), and the positive scores are higher with the ones at action stage (p=0.030).

Conclusion: A significant relationship was identified between the action stage of obese people with positive decisional balance and a high level of self-efficacy. This conclusion must be taking into account for any possible intervention.

Keywords: obesity, self efficacy, decisional balance, stage of change

[Abstract: 2488 - P-0762]

The taboo of urinary incontinence in Turkish women in wijkgezondheidscentrum De Sleep

Nele Rasschaert[1], Kristin Hendrickx[2]

[1]Ghent University, Family medicine department, [2]University of Antwerp, Family medicine department

Background & Aim: Although a very prevalent condition, urinary incontinence (UI) often stays underreported. Only half to 1/3 of the patients consults a doctor. Numbers from the EHR from wijkgezondheidscentrum De Sleep, a family medicine practice in Belgium with 50% of its patients from Turkish origin, showed a very low prevalence. This study determines the prevalence of UI in Turkish women and provides an insight in the roleplaying factors in their help-seeking behavior.

Methods: A questionnaire, including epidemiological data, the 3 Incontinence Questionnaire, the PRAFAB score and a survey on the attitudes about urine loss, was translated to Turkish. All 18+ women from Turkish origin were invited to participate. The data were analyzed by SPSS. The qualitative part of the study consisted of in-depth interviews and the analysis by NVIVO.

Results: 57,5% of the patients reported involuntary urine loss. 35,1% of these patients consulted a doctor. The consultation rate increased as severity, 'bothersomeness' and frequency of urine loss rose. The most quoted reason for not seeking help are 'My health is in the hands of Allah', 'Urine loss is a normal consequence of having children' and 'I think the doctor will not consider this important enough to listen carefully'. The qualitative interviews confirm the role of severity and 'bothersomeness' on the consultation rate.

Conclusion: Urinary incontinence remains a significant but underreported problem. Urinary loss can occur at young age. This advocates the promotion of pelvic floor muscle training pre- and postnatal for prevention of UI. Only one third of the patients with UI consulted the doctor. The low help-seeking behaviour can be explained by the low severity and 'bothersomeness', and by the lack of knowledge about causes and treatments of urine loss. Information-giving and shared decision making remains therefore an important task. Shame is not an inhibiting factor for seeking help.

Keywords: urinary incontinence, help-seeking behaviour, ethnic minorities

[Abstract: 2523 - OP-007]

Evaluation of Prescription Requests in Primary Care: A Multi-central Study

Erdinç Yavuz[1], Erol Yayla[2], Mehmet Ünlüsoy[3], Tolga Vural[4], Saide Eda Cebeci[5], Ilker Boler[6], Yasemin Karaşör Türker[7], Serkan Özdemir[8], Emrah Kırımlı[9], Ekin Saba[10], Yeşim Uncu[11]

[1]1st Family Healthcare Center Rize, Turkey, [2]2nd Family Healthcare Center Afyon, Turkey, [3]Mecitözü Family Healthcare Center Çorum, Turkey, [4]1st Family Healthcare Center İncirliova Aydın, Turkey, [5]Serdivan Family Healthcare Center Sakarya, Turkey, [6]Siyavuşpaşa Family Healthcare Center İstanbul, Turkey, [7]3rd Family Healthcare Center Düzce, Turkey, [8]İnönü Family Healthcare Center Trabzon, Turkey, [9]5th Family Healthcare Center İstanbul, Turkey, [10]2nd Family Healthcare Center Antalya, Turkey, [11]Uludağ University Department of Family Medicine, Bursa, Turkey

Background & Aim: Turkish primary care has undergone a drastic change starting in 2004. Now, 21,175 family physicians

(FPs) provides health care at 6,756 family healthcare centers. Each FP has an average of 3,621 registered patients. In a previous study we analyzed a working day of a FP and we found out that more than a quarter of a FP's daily workload consisted of prescription requests of their patients (28%). We aimed to evaluate the characteristics of these requests in order to have a better understanding the reasons beyond such frequent requests and help physicians and healthcare decisionmakers to take necessary actions to alleviate this burden.

Methods: 21 FPs from 19 different cities in Turkey participated in the study. The participants were asked to record number of prescription requests all day and the first 20 drugs requested from the patients each day and the characteristics of these requests in working days of a week.

Results: Majority of the patients described their requests by showing the box of the drugs (36,6%). 34% of all prescription requests were with an exemption report issued at secondary or tertiary healthcare facilities. The patients with exemption reports most frequently requested drugs for essential hypertension, diabetes mellitus type 2 and chronic obstructive pulmonary disease; respectively. They have been using these drugs for an average of 4,14 years. Majority of the requests without an exemption report were found to arise from thepatients' desire to continue the same drug once prescribed by a doctor for the same complaint (56%). The most frequent three complaints for these requests were stomachache, headache and abdominal pain; respectively. Of these requests 8,2% were off-label use and 17,7% of these drugs were used in an incorrect fashion.

Conclusion: An important portion of prescription requests to FPs arose from other healtcare facilities.

Keywords: prescription requests, Turkish primary care

[Abstract: 2530 - P-0820]

A Qualitative Inquiry on Domestic Violence of Working Children in the Industry Complex and Related Factors

Seyhan Hidiroglu[1], Melda Karavus[1], Ozlem Tanriover[2], Turhan Salva[3], Emel *Lüleci*[1], Bulent Herek[4]

[1]Deparment of Public Health, Marmara University, Istanbul, Turkey, [2]Department of Family Medicine, Yeditepe University Faculty of Medicine, Istanbul, Turkey, [3]Department of Public Health, Maltepe University, Istanbul, Turkey, [4]Istanbul Public Health Directorate

Aim: The aim of this study was to understand the factors related to domestic violence of the working children in the Industry Complex in a district of Istanbul.

Methods: This qualitative study was carried out with children working in the Industry Complex of Pendik. These children were working in this Complex under the guidance of Community for Helping the Working Children. Three focus group discussions were held to collect the data each composed of 10 children with one moderator and one reporter. The focus group discussions were held at the work places of these children and during their working hours.

Results: In our sample, all the children were males, aged between 14-18 years. The majority were the children of low income families who were not able to graduate from elementary school. Almost all of the children admitted that they have been exposed to some kind of violence at home. The father was the main aggressor in most of the violence at home. Mothers were frequently victimized at home and the children could witness

this. Children admitted that they became aggressive outside the home after they experienced violence at home. Some of the children believed that the reason for domestic violence was financial problems.

Conclusion: Although the children expect more understanding from their families as a solution; effective violence prevention programs including education of the families are needed to lower the rate of domestic violence. Immediate issues of economic survival for vulnerable families and children would also help.

Keywords: domestic violence, working children, qualitative

[Abstract: 2543 - P-1147]

Knowledge, attitudes and barriers of primary care physicians towards water pipe smoking cessation

Maya Romani[1], Manar Shalak[2], Jumana Antoun[1]

[1]American University of Beirut, Beirut, Lebanon, [2]Yas health care center, Abu Dhabi, UAE

Background and Aim: Five million people die yearly from tobacco smoking and the number is expected to double in the following 20 to 30 years. Water pipe smoking is a new emerging epidemic that warrants serious movements against its spread because it is associated with similar if not even more health negative effects than cigarettes smoking. However, the paucity of studies targeting water pipe smoking and the wide acceptance of the society of water pipe smoking made us hypothesized that physicians might not be well equipped for proper counseling towards cessation of water pipe smoking. Thus this study aims to study the attitudes and knowledge of primary care practitioners towards water pipe smoking and the barriers to its cessation.

Methods: This is a cross-sectional study using an anonymous survey among participants of an annual conference for family medicine in Lebanon.

Results: 105 primary care practitioners (PCP) were surveyed. with 58% response rate. Only 38.1% of the physicians think similar techniques are used for cessation both cigarette and water pipe smoking. Similarly, 30.5% of the physicians think that nicotine replacement therapy works in water pipe smoking cessation. There was significant difference between the percentage of physicians who counsel for cigarette and those who counsel for water pipe smoking cessation (p=0.005) where 30% of the physicians tend to counsel against cigarette more than water pipe smoking. The major perceived barriers for waterpipe smoking cessation were the patients' compliance, the unavailability of referring program and the patients lack of awareness about waterpipe.

Conclusion: This study shows a difference in the attitude and behavior of PCP towards cigarette and water pipe smoking. Moreover, there is lack of knowledge about water pipe smoking cessation techniques. Therefore, there is a great room for continued medical education to PCP in their private practice to improve their knowledge

Keywords: water pipe smoking, smoking cessation, family physicians

[Abstract: 2544 - P-1148]

Barriers to visiting a Family Physician: a nation based survey in Lebanon

Manar Hamid Shalak[1], Maya Romani[2], Joumana Antoun[2]

[1]Yas Health care, [2]American University of Beirut medical center

Background and Aim: Primary care improves health and ''people receiving care from primary care physicians are healthier''. Although evidence shows that primary care offers health equity, positive health outcomes and cost-effective care, it is still not the key element of all health care systems worldwide. In many European countries, general practice is the cornerstone of healthcare systems. Recently in the United States they are putting emphasis on primary care. However, the Middle East health care systems are still based on free market. Our aim is to assess the patient's knowledge, attitude and practice regarding family medicine in Lebanon and to identify barriers for not visiting a family physician in a free market health care system.

Methods: We conducted a nation based, anonymous phone survey among a sample of Lebanese population. 373 citizens were randomly chosen, 60 from each one of the six Lebanese regions and enrolled in the study.

Results: the study showed that 72.4% of the sample did not understand the scope of practice of family medicine, even though 63% had heard the term 'family medicine'. The perception of the respondents of the scope of family medicine differed among the various services of family practice. A family physician could treat all family members (93%), common diseases (80%), deal with prevention (86%) and chronic diseases (80%). However, family physicians were not qualified to do pap smears(70%), insert an intrauterine device(74%) or perform a normal vaginal delivery(62%). 70% of those surveyed had a regular doctor. The main identified barriers were the lack of awareness about family medicine in addition to the absence of a nearby or accessible family doctor.

Conclusion: Family practice in Lebanon is undervalued; actions should be taken to focus on population education. Without proper official plans from healthcare policy makers, family practice is unlikely to reach its mission.

Keywords: primary health care, family medicine, Lebanon

[Abstract: 2567 - P-0763]

Physical performance and 25-hydroxyvitamin D: a cross-sectional study of pregnant Swedish and Somali immigrant women and new mothers

Paul Kalliokoski[1], Yngve Bergqvist[2], Monica Löfvander[3]

[1]Dpt of Public Health and Caring Sciences, Family Medicine and Preventive Medicine Section, Uppsala University, Sweden, [2]Centre for Clinical Research Dalarna, Falun, Sweden, [3]Division of Family Medicine, Dpt of Neurobiology, Care Sciences and Society, Karolinska Institutet, Huddinge, Sweden

Background & Aim: Vitamin D deficiency can impair muscle strength. Study aims were to examine physical performance in hands and upper legs and analyze plasma 25-hydroxyvitamin D (25(OH)D) concentrations in women with presumably low (veiled, Somali-born) and high levels (unveiled, Swedish-born).

Methods: Women (n=123, 58% Swedish) enrolled at a Swedish antenatal clinic, were recruited. Plasma 25(OH) D was analyzed (nmol/L). Maximal hand grip strength was tested (Newtons, N), and upper leg performance(able/unable to perform squatting, standing on one leg and lifting their hips).

Non-parametric statistics tested the data for differences in their ability to perform the tests. Undetectable values (<10 nmol/L) were replaced with '9' in the linear correlation statistics. A final main effect model for grip strength (in N) was calculated using stepwise linear regression for independent variables: country of birth, 25(OH)D levels, age, height, weight, physical activity, lactation status, parity, and gestational age.

Results: Somali participants (35%) had 25(OH)D levels of <10 nmol/L, and 90% had <25 nmol/L; 10% of Swedish participants had <25 nmol/L of 25(OH)D, and 54% had <50 nmol/L. Somali women had weak grip strength compared with Swedish women: median 202 N (IQR 167–246) vs. median 316 N (IQR 278–359). Somali women were also weak in upper leg performance: 73% were unable to squat, 29% unable to stand on one leg, and 21% could not lift their hips; most Swedish women could perform these tests. In the final model, grip strength (N) was significantly associated with 25(OH)D levels (B 0.94, p=0.013) together with Somali birth (B−63.9, p<0.001), age (B 2.5, p=0.02) and height (B 2.6, p=0.01).

Conclusion: Many Somali women had undetectable/severely low 25(OH)D concentrations and pronounced hand and upper leg weakness; grip strength was strongly associated with 25(OH)D. Maternity health care personnel should be aware of this increased frequency and manage care accordingly.

Keywords: 25-hydroxy vitamin D, ultraviolet B radiation, grip strength, physical performance, clinical observation, Somalia, pregnancy

[Abstract: 2579 - P-0206]

COPD patients know the proper use of inhalation devices?

Hector Leonardo Lugo Ramos, Jose Maria Fernandez Gonzalez, Rocio Lobato Martinez

Hospital Jerez de la Frontera - Cadiz

Background & Aim: Evaluate the use of inhaled therapy in COPD patients of a Health Center: What inhalers are easier to handle and if the technique It is properly explained by the family doctor and understood by the patient.

Methods: Survey of 150 patients diagnosed With COPD Treated With different devices(pressurized metered dose, single- dose dry poder multidose dry powder and spray without Propellants). The survey collected age and sex, type of device, if there was an explanation for His medical technique in the prescription medication and Which of them find it Easier to apply.

Results: The survey shows male patients 68.7 +/- 8.3 years of age profile. It shows that in 51.9 % of cases the patient has not received explanation technical by their doctor or not well understood. Among the devices easier application is in first place pressurized metered dose device (61.3%), followed by Breezhaler (36.5%) and the Easyhaler (2.2%). 39.5 % of those using the pressurized system makes with Inhalation chamber. It notes that 25.4 % of patients abandoned treatment occasionally by difficulties in implementing the product.

Conclusion: Most COPD patients are elderly and need simple systems for easy application. They require time in the query to the explanation of the technique that the treatment is effective and reduce exacerbations and especially because adherence to treatment will be improved. Nearly a third has left the therapy device difficulties.

Keywords: pulmonary disease, chronic obstructive, metered

dose inhalers, primary health care

[Abstract: 2580 - OP-242]

Frozen shoulder: treatment with corticosteroid injections without and with distension or wait and see, a randomized controlled trial

Satya Sharma, Anders Bærheim, Alice Kvåle

Institute of Global Health and Primary care, Section of General practice, University of Bergen, Norway

Aim: To find out whether treating adhesive shoulder capsulitis (frozen shoulder) by injections with corticosteroid and distension is more effective than treating with corticosteroids alone or treatment as usual in a primary care setting.

Methods: "Design": A prospective randomized intention to treat study. "Setting and subject": All 105 recruited patients were randomized to one of three groups: Group 1 received intra-articular corticosteroid injection; group 2 received in addition sodium chloride as distension varying from 8 ml to 20 ml, while group 3 was control group. Thirty five patients in group 1 and 34 patients in group 2 received four injections each within the time frame of 8 weeks. All patients were assessed on the 1st visit, and at the 4th and 8th week with Shoulder Pain and Disability (SPADI), Numerical pain rating scale (NPRS) and range of motion (ROM). Postal assessment was repeated at 1 year for SPADI.

Results: Out of the 216 patients referred for the study, 146 met the inclusion criteria, 40 patients declined to participate. There were no statistical significant differences between group 1 & 2 in SPADI, NPRS and ROM at baseline, at 4 weeks, 8 weeks or 12 months. There were statistically significant differences when comparing group 1 & 3 and group 2 & 3 at 4 and 8 weeks for SPADI ($p<0.01$; $p<0.001$), NPRS ($p<0.01$) and ROM ($p<0.01$ for lateral rotation), but not at 12 months. Comparison in outcomes between group 2 & 3 was slightly better than between group 1 & 3, but not clinically significant.

Conclusion: Intervention by corticosteroid injection is better than "wait and see" policy in adhesive shoulder capsulitis in the short term. There was no statistical significant difference in outcome with intra-articular corticosteroid injection with distension compared to corticosteroid alone.

Keywords: shoulder capsulitis, frozen shoulder, corticosteroid

[Abstract: 2607 - OP-052]

Reliability and validity study of hwalek-sengstock elder abuse screening test (H-S/East)

Nilgün Ozcakar[1], Akca Toprak Ergonen[2], Mehtap Kartal[1], Hakan Baydur[3]

[1]Department of Family Medicine, Dokuz Eylul University Medical Faculty, Izmir, Turkey, [2]Department of Forensic Medicine, Dokuz Eylul University Medical Faculty, Izmir, Turkey, [3]School of Health, Celal Bayar University, Manisa, Turkey

Background and Aim: Elder abuse and neglect is an important social issue that is discussed worldwide. Its objective measurement is important for recognition and prevention. We aimed to determine reliability and validity of the Turkish version of the "Hwalek-Sengstock Elder Abuse Screening Test (H-S/East)" developed for determining of abuse or neglect in elderly.

Methods: H-S/East has 15-item, three-dimensional structure: direct abuse, characteristics of vulnerability, and potentially abusive situation. It's translated according to guidelines, experts evaluated for content validity and cultural adaptation then test-retest reliability was studied. WHOQOL-OLD.TR and Barthel Index was used for the relationship between H-S/East validity. Volunteered 252 elderly participants were visiting family health centers. Cronbach's alpha for internal consistency, exploratory factor analysis for content validity, chi-square test for construct validity and for discriminant ability was used. ROC curve was used for cutoff point, sensitivity, and specificity and under area are then calculated. SPSS 15.0 was used for analysis. Significance was $p<0.05$.

Results: The mean age was 73.4±6.4 and 58.3% was female. Approximately 54.8% married, and 90.9% used drugs regularly. There's no significant differences according to gender in total and all three dimensions of H-S/East scale ($p>0.05$). In the test-retest reliability, ICC values for direct abuse, characteristics of vulnerability, and potentially abusive situation were 0.88, 0.73 and 0.80, respectively. Cronbach's alpha for internal consistency H-S/East the total score was 0.741. Exploratory factor analysis was obtained 5 factors and explained variance was calculated 61.8%. According to self-report abuse, 11 items was obtained for the construct validity, and discriminant analyses used that correctly classified items was 94.8%. Cutoff value was 6, and sensitivity, specificity, and under area in the ROC curve were 76.9%, 96.2%, and 0.938, respectively.

Conclusion: Turkish version of Hwalek-Sengstock Elder Abuse Screening Test can be used as a reliable, valid clinical tool for the assessment of elder abuse.

Keywords: reliability and validity, elder abuse, screening test

[Abstract: 2630 - P-0683]

Adherence to Medications for Tobacco Dependence Factors Associated with Discontinuation of Bupropion and Varenicline

Selman Erturhan[1], Ali Ramazan Benli[2], Muhammet Ali Oruç[3], Pınar Kalpakçı[4], Mustafa Cortuk[5], Yeltekin Demirel[4]

[1]Altınyayla Hospital, Altınyayla, Sivas, Turkey, [2]Department of Family Medicine, Medical Faculty, Karabuk University, Karabuk, Turkey, [3]Turkish Medicines and Medical Devices Agency, Ankara, Turkey, [4]Department of Family Medicine, Medical Faculty, Cumhuriyet University, Sivas, Turkey, [5]Department of Chest Disease, Medical Faculty, Karabuk University, Karabuk, Turkey

Background & Aim: We aim to determine the factors which affect the level of regular usage of varenicline and bupropion and the factors which affect the adherence to those two drugs, so we will find how those situations affect the success of the treatment.

Methods: The working group consisted of 413 university staff, who are amongst people who had applied to our 'smoking cessation clinic' between March and October in 2011. A face-to-face survey was conducted after 1-year following the day of quitting. As success criteria the oral confession of patient and exhaled carbonmonoxide (CO)<5ppm were deemed. The data was analysed by SPSS-20-software. The significance decisions were given as $p<0.05$. According to the property of comparison, one of the following significance tests was used: independent-samples t test, paired-samples t test, Mann-Whitney U test, chi-square test.

Results: 16 patients never used the drugs they had taken (3.95%). The rate of the people who used the drug ≥45 days was 35.7% for varenicline and %11.2 for bupropion (p=0.000). The patients who had used their drug ≥45 days were more successful. The most frequent reasons of discontinuation the medication were side effects (31.5%), feeling that they didn't need medication anymore (17.2%) and not witnessing any benefit of the drug (9.3%). The rate of interrupting the medication since the patients didn't need the drug any more was much more in the group of patients who used varenicline(p=0,005) and the rate of interrupting the medication since the patients didn't witness any benefit of the drug was much more in the group of patients who used bupropion (p=0.022).

Conclusion: ≥45 days usage of smoking cessation drugs increases the success. Studies must be carried out to improve the patient adherence to treatment to increase smoking cessation rates.

Keywords: tobacco dependence, bupropion, varenicline

[Abstract: 2637 - P-0348]

Clinical impact of rapid point-of-care tests for acute sore throat

Jukka Vakkila[1], Minna Mäki[2], Maija Riitta Lindberg[2], Tuula Siljander[2], Anne Marie Ackermann[2], Jaana Raussi[2], Kristina Hotakainen[1]

[1]Mehiläinen Oy, Pohjoinen Hesperiankatu 17 C, 00260 Helsinki, Finland, [2]Orion Diagnostica Oy, P.O. Box 83, 02101 Espoo, Finland

Background & Aim: We investigated (1) clinicians' and (2) patients´ expectations on rapid point-of-care (POC) tests for Streptococcus pyogenes (Strep A); (3) frequency of ordering Strep A and other tests for patients with pharyngitis; and (4) the performance of QuikRead go Strep A (Orion Diagnostica) against culture at two sites of a private healthcare service provider in Finland.

Methods: Questionnaires were used for gathering information from general practitioners, paediatricians and patients. QuikRead go Strep A tests were performed according to manufacturer's instructions and culture on selective blood media using one day incubation at 37°C.

Results: Altogether 55 clinicians responded. Forty-seven clinicians (85%) requested also blood tests, C-reactive protein and blood count most frequently. Twenty clinicians (36%) always order a Strep A test for a patient with symptoms. Fifty-two clinicians (95%) reported the Strep A test result to guide their decision on antibiotic prescription.

Altogether 114 patients responded. Based on replies, 87% clinicians had considered a Strep A test necessary before treatment. Eight patients requested a Strep A test themselves. Twenty-eight physicians (25%) had prescribed the antibiotics before the test result.

130 samples were tested using QuikRead go Strep A and culture showing an overall agreement of 87% between these methods.

Conclusion: Even though only one third of responding clinicians always order a Strep A test to a patient with pharyngitis, the patient replies demonstrated that nearly 90% of treatment decisions were supported by Strep A test. Thus, the use of Strep A POC testing is highly driven by the clinicians. Only 7 % of patients demanded the test by themselves. Not surprisingly, the reported most important features of POC Strep A tests were

rapidity, reliability and specificity which were accomplished by QuikRead go Strep A.

Keywords: strep a, point-of-care diagnostics, streptococcus pyogenes, clinical impact

[Abstract: 2651 - P-0684]

Family doctor - A Pillar in the Education and Training of Patients Suffering from Diabetes Melitus type 2

Elizabeta Tome Bozhinovska

Private Health Facility "PZU. Dr. Beti", Bitola, Republic of Macedonia

Aim: Evaluation of the education and training of DM type 2 patients

Methods: It was conducted a twelve month monitoring on a total of twenty-two newly diagnosed Diabetes Mellitus type 2 patients, among which, 10 of the patents were male and 12 female, at the age of 41 to 67 years. Glycolic and lipid indicators, blood pressure, BMI and abdominal fat were monitored during this research.

Results: The results shown in 32% of the cases, there was a need for second anti diabetic. The troubling thing was establishing of artery-hypertension by setting up 52% diagnose on diabetes type 2. Antihypertensive therapy is recommendable in the first 6 months. In the first 6 months achieved goal values on the blood pressure only at 32% of the patients, from which the recommendation on using second anti hypertension medicine or combined therapy stems. The improvement of the lipid indicators especially on the HDL cholesterol is achieved at the end of the education and training, where the proper nutrition and the hygienic advices come in action. When it comes to the BMI (Body Mass Index) we have experienced the slowest alterations.

After 12 months we have observed slight improvement of the BMI. The results are:

- 47% had BMI up to 25 kg/m2

- 41.2% had BMI up to 29.9 kg/m2

- 11.8% had BMI up to 39.9 kg/m2

- 7% had BMI above 40 kg/m2

Conclusion: The family doctor plays central role in the training and education in the cases of patients with newly discovered diabetes mellitus type 2, in order to achieve better metabolic control. The aim is to motivate the patients to comply to certain diet and a life style, through which they will decrease their fat and at that way will decrease the risk from secondary complications that stem from the diabetes.

Keywords: diabetes, patients, research, BMI, hypertension

[Abstract: 2663 - OP-262]

Rural practice and chronic morbidity, problems encountered and solutions. EURIPA investigation study

Jean Baptiste Kern[1], Donata Kurpas[2], Aymeric Henriot[1], Candan Kendir[3], Dominik Marciniak[4], Jane Randall Smith[5], Jean Pierre Jacquet[1]

[1]Department of general practice, Joseph Fourier University, Grenoble, France, [2]Family Medicine Department Wroclaw

Medical University, Poland, [3]Dokuz Eylul University Faculty of Medicine, Department of Family Medicine Izmir, Turkey, [4]Department of Pharmaceutical Technology, Faculty of Pharmacy, Wroclaw Medical University, Poland, [5]EURIPA, Powys, Wales, UK

Aim: The purpose of these survey was to find out problems encountered by European practitioners in rural and remote areas within their primary practice connected with care for chronic morbidity patients. Also, our purpose was to collect their opinions, and solutions already implemented or suggestions.

Methods: We did perform qualitative descriptive study with prospective data collection from 2nd February to 20th March 2015 by a web questionnaire (based on bibliographic data), with additive results coming from a workshop in April 2015 WONCA Rural meeting. The survey population consists of European rural general practitioners (GP) approached by EURIPA "chronic morbidity" working group.

Results: We collected 163 answers from 25 nationalities; the age of respondents was: 27-76 years old (med 47.5). The study group consisted of: 47% female respondents (IC95 39-54) and 53% male (IC95 45-60). The average age of women was approximately 45 years and men approximately 51. Pathologies most frequently encountered were diabetes 82% (IC95 76-87), cardiovascular diseases 81% (IC95 74-86) and rheumatisms 71% (IC95 64-78). Main issues reported as problems were: – Patients and family non-compliance, issue of education, and reiterative consultations for unfounded claims. –Diseases and polypathology owing to problems of screening, a high prevalence, and the association of several pathologies with dependence and disability. –Practitioners and care pathway with mainly a lack of time for GPs, and a sensation of poor recognition of the practitioner involvement. –Health system and organization because of bureaucracy, poverty / problem of costs and the access to rehabilitation programs. –Practical difficulties linked with polymedication, stock shortages and problems of distance.

Conclusion: To improve the practice of the European GPs in rural areas about chronic morbidities patients, practitioners must be aware of the difficulties about these main issues.It will allow to build a position paper that will be presented to health authorities and professionals.

Keywords: chronic morbidity problems suggestions rural practitioners

[Abstract: 2705 - OP-064]

How pregnancy affects women's biopsychosocial health?

Ferhat Ekinci[1], <u>Bilge Turgut</u>[2], Naciye Irmak[2], Doğukan Ali Angın[4], Tevfik Yoldemir[3], Arzu Uzuner[2]

[1]Department of Public Health Directory, Van, [2]Department of Family Medicine, Marmara University, Istanbul, Turkey, [3]Department of Obstetric and Gynecology, Marmara University, Istanbul, Turkey, [4]Department of Obstetrics and Gynecology, Bigadiç Community Hospital, Balıkesir

Aim: Pregnancy is an important event for women. In our study we tried to determine biopsychosocial approach in pregnant women.

Methods: The patients who applied to the Marmara University Department of Obstetric and Gynecology outpatient clinics were recruited in this study. During the interview participants have been asked to fill Beck depression scale, Hamilton anxiety scale, Los Angeles Lonelines scale and Multidimensional Scale of Perceived Social Support- MSPSS.

Results: Two hundred fifty participants were full filled the scales. Of them mean age were 28,2+4,8. The mean of marriage year is 5.9 (1-22). Pregnancy week average was 31,4+4,8. Of them 84,8% were not working and 10,8 % were smoking. Of them 35,6% were the first pregnancy. According to Beck scale 12% of them have high risk for depression and referred to psychiatry clinics. Hamilton anxiety scale score high for 57,6% participants. The loneliness scale scores were increased with increasing Beck and Hamilton scale scores (r:0,350 - p<0.001; r:0.173 - p<0.006). Living with husbands family have significantly higher anxiety scores then living just with husbands. With increasing pregnancy week; there is no correlation with loneliness and social support scale scores (p>0.05).

Conclusion: Pregnancy is a life event which mostly ended with a newborn family member. Pregnancy is a special period for every woman. High anxiety scores were detected in pregnancy. Not only in obstetric clinics but also in every clinic pregnant women should examine according to biopsychosocial approach.

Keywords: pregnancy, biopsychosocial approach, women health

[Abstract: 2718 - OP-246]

Attitudes of Medical Faculty towards LGBT Individuals

İnan Arslantaş[1], Kemal Mustan[1], Neşe Yeniçeri[2], Dilek Güldal[1]

[1]Department of Family Medicine, Dokuz Eylul University, Izmir, Turkey, [2]Department of Family Medicine, Sitki Kocman Univeristy, Mugla, Turkey

Background & Aim: Primary determinants of physicians' attitudes towards LGBT individuals (LGBTs) is the medical education and the attitudes of medical faculty (MF). We aimed to determine the attitudes and behaviours of MF.

Methods: A cross-sectional study was conducted among the MF of Izmir Dokuz Eylul University (DEU) and Mugla Sıtkı Kocman University (SKU). A questionnaire including demographic data, involvment to LGBT health in medical education and health services was applied to participants besides Hudson-Ricketts Homophobia Scale (HRHS). Questionnaires were given to MF and collected later to avoid labeling. Our aim was to reach at least 50% response rate. All data analysis were performed using SPSS (version 15.0).

Results: 144 volunteer MF with mean age of 47,30 (SD: ± 6,81) were included; 82.6% of them were from DEU and 44.4%of them were women. 72.9% of them were from clinical departments and 30 of them from surgery; as 27.1% of them were from non-clinical departments. 73.6% of all MF didn't have previous education and 86.1% don't educate students on LGBT health. 80.6% of MF reported that LGBTs rarely or never consults them. 91.7% of MF believed that LGBT health issues were not discussed during medical education. 56.9%, 57.6% and 66% of MF believed that LGBT patients, students and MF were discriminated, respectively. MF mean HRHS total score was 82,69 (SD: ± 27.73). MF place of employment (p<0.001), sex (p=0.006), department (p=0.01), previous education and educating students about LGBTs (p=0.001 and p<0.001, respectively), consulting frequency for LGBTs (p=0.005), believing that LGBT patients, students and MF are

discriminated (p=0.027, p=0.002 and p=0.025, respectively) were significantly related to MF HRHS score.

Conclusion: According to our study results, MF homophobia levels are found high and related with sex, department, education and seeing LGBT patients.

Keywords: LGBT, hudson-ricketts homophobia scale, homophobia, medical faculty, attitude, education

[Abstract: 2720 - P-1373]

Awareness of late adolescents with a diabetic family member of their health risks

Zeliha Özbakır, Altuğ Kut, Yasemin Çetinel, Fisun Sözen, Sinem Aydınay

Department of Family Medicine, Başkent University, Ankara, Tukey

Background & Aim: Late adolescence is thought to be a period an adolescent establish the way of thinking and attitude. A diabetic member in a family influences the others as well, mostly the children and adolescents. The aim of this study is to assess the awareness of late adolescents who has a diabetic relative of the health risk factors related to this.

Methods: This is a cross sectional type epidemiological study. This study is conducted in Ankara Baskent University with randomly chosen voluntarily participated 385 late adolescent between January 2015 and March 2015. Participants were given a questionaire of 33 questions which aimed to determine their demographical characteristics, their habits related to diet and exercise and their knowledge, attitude and behavior about diabetes mellitus together with short form of Health Anxiety Scale. The participants were grouped into two as the ones with a diabetic member in their family and ones without. Data analysed via SPSS (Statistical Package For Social Sciences for Windows v.22,0, SPSS Inc. Chicago, IL) In addition to descriptive analysis Chi-square test, Yates corrected chi-square test and Fischer's exact test are used with a statistical significance level of $p < 0.05$.

Results: The healthy snack food choices of the late adolescents with a diabetic member in their family were significantly different from the other group's. ($p < 0.001$) Attitude of the late adolescents who have a diabetic member in their family towards "The things a person with a risk of diabetes mellitus should care about his diet to decrease the risk" was significantly more correct from the other group ($p=0.004$).

Conclusion: Late adolescents wıth a diabetic family member are not sufficiently aware of the health risks they have due to this. Improvement of the awareness and behavior of the late adolescents with a diabetic family member will be a preventive action towards diabetes mellitus.

Keywords: diabetes mellitus, late adolescent, health risk, awareness

[Abstract: 2726 - P-1156]

The comparative effects of a Buddhist meditation retreat and vacation on mindfulness and measures of well-being

Otto Pichlhöfer[1], Adrienne Chang[2], Gerhard Blasche[1]

[1]Medical University of Vienna, [2]Miami University, Ohio

Background & Aim: Recovery from work through respite and vacations is necessary to maintain well-being and health and is essential to avoid a variety of negative health outcomes like burnout, chronic fatigue, psychosomatic diseases and longer sick-leave. To identify activities enhancing the duration of recovery effects are of interest.

Methods: A sample of Europeans and North Americans was invited to participate in the study. A questionnaire was electronically administered 10 days prior, 10 days after and 66 days after the retreat/vacation. Respondents in the meditation retreat group (n=60) were compared to vacation with meditation (n=40) and vacation without meditation (n=26). Measures were "act with awareness" (10 items) and "accept without judgment" (9 items), the "fatigue assessment scale" (10 items), the "perceived stress scale" (10 items) and the "WHO-5 Well-being Index" (5 items). First, the retreat was compared with those individuals taking a vacation without meditating during vacation. Second, the retreat was compared with those individuals taking a vacation in which they did meditated. Within person contrast were calculated comparing assessment 1 & 2 as well as assessment 1 & 3.

Results: The total group time effect was significant for all variables between assessment times 1 & 2 and 1 & 3. The within-subject contrasts of retreat versus vacation without meditation showed a significant difference for act with awareness and accept without judgment at both time intervals and for perceived stress and emotional well being at time 3.

Conclusion: Participation in a residential meditation retreat of 1-week or longer and leisure vacation with meditation, leads to significant stress reduction and increased mindfulness compared to leisure vacation alone. Our findings suggest benefits of mindfulness meditation on retreats and mindfulness meditation on vacation over vacation alone in promoting a more enduring, long-lasting, resilient response to daily stressors and improved, sustained psychological well-being.

Keywords: mindfulness, meditation, stress, burnout, vacation, psychosomatic diseases

[Abstract: 2738 - OP-066]

Postpartum smoking behaviors and associated factors of mothers with 6-18 months old children

Sabire Ilke Ekim Yardım, Gamze Akyol, Tuğba Onat, Candan Kendir Çopurlar, Tolga Günvar, Dilek Güldal

Department of Family Medicine, Dokuz Eylul University, Izmir, Turkey

Background&Aim: Smoking is still one of the biggest public health problems worldwide. Pregnancy is an important opportunity for quitting smoking. But smoking cessation during pregnancy has been recognized as a 'suspended' behavior because of the high postpartum relapse rates. The aim of our study is to investigate factors affecting smoking behaviors of women who have children 6-18 months age.

Methods: Participants were mothers of children 6-18 months of age admitted to Dokuz Eylul University Pediatric Clinics. A questionnaire composed of demographic data and two scales of "self-efficacy" and "health locus of control". There were 288 participants. Data were analyzed by SPSS.15.

Results: The mean age of participants was 30.28 ± 4.89 years. 157 participants smoke at least one cigarette during their lives and their husbands also more likely to smoke ($p=0.012$).

68.5% of the mothers whose husbands were smoking also were smoking before their pregnancy (p=0.001). Among the 130 mothers who were smoking before their pregnancies 94 of them (72.3%) quit smoking as a result of their pregnancy. The main reason to quit smoking is the concerns about baby's health. After the birth of the child, eventually 56 of them (59.6%) started to smoke again. The main reason to start smoking is stress either about baby or life issues. Babies of the participants who returned smoking is significantly older than the babies of mothers who did not start smoking again (p=0.011). Although educational status seemed to be an important factor to decide stop smoking during pregnancy (p=0.001) it is not related with the relapse of smoking. Smoking behavior showed no association with self – efficacy and health locus of control scales.

Conclusion: Stress is an important factor for smoking relapse in mothers who quit during their pregnancies. Mothers tend to return smoking behavior as their babies grow.

Keywords: postpartum smoking, women, smoking behavior, smoking relapse,

[Abstract: 2752 - P-1160]

Attitude and practice of parents towards medication usage for their children's diseases

Umut Gök Balcı[1], Şenay Demir[2], Yasemin Şimşek[1], Hande Ileri[1], Özten Biçici[3], Verda Erdal[3], Gülay Arslan[3], Nuriye Birlik[3], Yeliz Acar[3], Salih Özgür[3], Kurtuluş Öngel[1]

[1]Department of Family Medicine, Tepecik Research and Training Hospital, *İzmir,* Turkey, [2]Department of Pediatrics, Tepecik Research and Training Hospital, *İzmir,* Turkey, [3]Department of Pediatrics, *Ödemiş Goverment Hospital, Ödemiş, Turkey*

Background & Aim: Attitudes and behaviours towards usage of medication can vary in society. People has concerns about the side effects of the drugs and the drug usage were accused of many factors. The study objective was to evaluate attitude and practice of parents towards medication usage for their children's diseases

Methods: Questionnaire based study was carried out in parents of admitted children in Izmir Tepecik Training and Research Hospital and Odemis State Hospital in 2014. Respondents were surveyed with 27 questions about parents' attitudes against diseases and usage of medications. SPSS 20.0 statistical program package was used for data analysis.

Results: The study included 208 participants. %10.09 of participants (n:21) were fathers, %93.1 of them were mothers. The majority of the parents (n:150, %72,11) were primary school graduates. 16 parents (%7.69) consult non-physicians about medications, 77 (%37.01) parents use herbal medicine. Medications consisting of analgesics and antipyretics groups are used without consult of physcians. 81 Parents (%38.94) had these medications as a spare at home. All participants were following expiration dates of the drugs. 21 of the parents (%10.09) recommended these medications -which they have had clinical benefits- to their relatives. 180 people (86.53%) asked information about prescribed drugs and 207 individuals (%99.51) used the medications as prescribed. The majority (n = 195, 93.75%) had read the prospectus. In case of the adverse effects 171 parents stated that they didn't benefit from the medications, 163 parents consulted the physcian and referred to the hospital. 201 parents (%96.63) reported that they would dispose of the non-used medication

Conclusion: The study represented that parents had proper attitude about the usage of medications. This study is limited by the data from small-scale population from the particular region

Keywords: child, parents, medication, attitude

[Abstract: 2753 - OP-247]

Homeless hepcheck: screening for hepatitis C (HCV) of the homeless in Dublin Ireland

Carol Murphy[1], Anjali Patel[2], Gordana Avramovic[2], Austin O Carroll[3], John Lambert[3]

[1]Trinity Collage, [2]Mater misercordiae Hospital, [3]Universtiy collage Dublin

Background & Aim: An estimated 160 million people are infected with HCV globally. In Ireland, 20,000-50,000 are HCV positive, with government statistics reporting 79% of infections from sharing contaminated injecting equipment. Many homeless people injecting drugs in Dublin attend the 'Safetynet' homeless services, a primary care network providing medical/nursing services. Historically HCV treatment was not offered unless they fulfilled strict criteria ie drug free with stable accommodation. We decided to offer opportunistic HCV screening to 1000 homeless through the Safetynet services in collaboration with the Mater Misercordiae University Hospital (MMUH); and track them though their linkage to secondary care.

Methods: Recruitment is open to all attending Safetynet services. A blood test or oral swab for HCV is required. Patients are medically/socially assessed prior to hospital referral. Qualitative and quantitative data are collected on those HCV positive, and questionnaires conducted on 10% of those tested.

Results: To date 127 people (82 male and 33 females) have enrolled; 27 previously screened as HCV positive, with 7 engaged in specialist care. Fifteen newly identified HCV + were referred to Infectious Disease Clinic, with 8 attending appointments. Sixteen participants, aged 20-47 years completed the questionnaire. 56% reported poor to fair health, with issues including: HIV co-infection, dental problems and asthma. Eight reported engagement in GP practice. Reasons for non-engagement included 'illicit drug use' and 'not interested'. Eight (50%) respondents were homeless due to addiction issues 'drug taking'. Four (25%) of these reported 1st injecting drugs under the age of 18, with 11 (69%) injecting after the age of 21.

Conclusion: Preliminary data illustrates homeless people have poor states of health. Lack of stable accommodation impedes engagement with medical services. Despite indicating interest in treatment 50% failed to attend appointments. Active outreach and a creative approaches to providing appointments are needed.

Keywords: HCV, homeless, PWID, HCV treatment

[Abstract: 2760 - OP-045]

Lipid parameters are in relation with elasticity of great arteries in hypertensive patients

Claudia Iftode[1], Stela Iurciuc[2], Mircea Iurciuc[2], Ioana Padure[3], Carmen Roman[4], Iuliana Zarici[5], Ioana Budiu[6], Claudia Maria Stefanescu[7]

[1]Cabinet Medical de Medicina Familiei Dr. Iftode Claudia, [2]Department of Cardiology, Victor Babes University of Medicine and Pharmacy Timisoara, Romania, [3]Cabinet Medical de Medicina Familiei Dr.Ioana Padure, [4]Cabinet Medical de

Medicina Familiei Dr.Carmen Roman, [5]Cabinet Medical de Medicina Familiei Dr. Iuliana Zarici, [6]Cabinet Medical de Medicina Familiei Dr. Ioana Budiu, [7]Centrul Medical Dr. Stefanescu SRL

Background & Aim: With aging lipid parameters tend to modify. This represents a risk factor which is useful to monitor in Primary Practice. Arterial elasticity represents the opposite of the arterial stiffness. It shows how elasticity decreases with age. Research question: Can we establish a correlation between lipid parameters and the arterial stiffness in hypertensive persons?

Methods: We selected 120 hypertensive individuals aged 40 to 80 years. Cases with secondary hypertension were not included in the study. Lipid parameters of these individuals were measured using the Guideline for the Management of Hypertension (European Society of Cardiology / European Society of Hypertension). Pulse Wave Velocity (PWV) of the aorta has also been measured (as the gold standard for arterial rigidity) using an Arteriograph (Medexpert). We tried to establish a correlation between lipid parameters and PWV.

Results: We found the following results: A) The PWV=9.29m/s, Standard Deviation (SD) = +/- 1.94) and Total Cholesterol (TC) = 209mg/dl SD=+/- 48.2, correlate linearly with Pearson index r=0.481. B) PWV=9.29m/s and LDL cholesterol (LDLc)=116mg/dl +/-49.8, correlate linearly with Pearson index r=0.505. C) Triglycerides (TG) = 148mg/dl SD=+/-121 and PWV correlate linearly with Pearson index r=0.389, D) Also HDL cholesterol (HDLc) =48.1mg/dl SD=+/-12.9 and PWV negatively correlate with a Pearson index r= - 0.354.

Conclusion: Evaluating aortic stiffness and lipid parameters are useful in the evaluation of hypertensive patients with cardiovascular risk. Arterial stiffness measured using with an Arteriograph directly correlates with TC, LDLc and indirectly with HDLc.

Keywords: lipid parameters, elasticity of great arteries, hypertensive patients.

[Abstract: 2766 - P-1164]

TB-DM Score: a new score of TB comorbidities in DM patients

Fabianto Santoso[1], Steven Zulkifly[1], Edo Prabudi[1], Trevino Aristarkus Pakasi[2], Indah Suci Widyahening[2]

[1]Faculty of Medicine Universitas Indonesia, Jakarta, Indonesia, [2]Department of Community Medicine, Faculty of Medicine Universitas Indonesia, Jakarta, Indonesia

Background & Aim: Indonesia is facing double-burden diseases of tuberculosis/TB (communicable disease) and diabetes mellitus/DM (non-communicable disease). A collaborative framework for detection and management of TB-DM patients established by World Health Organization (WHO) and The International Union Against Tuberculosis and Lung Disease (IULTD) recommends acid fast bacilli (AFB) sputum smear and chest x-ray examination in DM patients with TB symptoms. However, DM patients in Indonesia often show non-specific TB symptoms, thus they often disagree to undergo chest x-ray examination. Therefore, a study was done, aiming to establish scoring system for DM patients with non-specific TB symptoms to decide for chest x-ray examination.

Methods: This was a cross-sectional study conducted among TB and/or DM patients in Jakarta, Bogor (West Java), Ternate

(North Maluku), Kupang (East Nusa Tenggara), and Manado (North Sulawesi). Subjects are categorized into DM group and TB-DM group. TB is diagnosed based on positive AFB sputum smear, while DM is diagnosed based on fasting blood glucose (FBG). Multivariate logistic regression are conducted based on seven indicators: (1) sex, (2) age, (3) smoking history, (4) close contact with TB patients, (5) body mass index (BMI), (6) BCG scar, and (7) FBG.

Results: There were 620 patients participated in the study. They were all DM patients registered in the primary care. Cut-off points of these seven variables are taken from literatures and previous studies. Based on multivariate logistic study, there are four indicators that can be used: (1) age, (2) smoking history, (3) BMI, and (4) close contact with TB patients. To decide that a DM patient needs to undergo chest x-ray examination, the score must surpass cut-off point of 3. The score can be categorized as low risk (score ″ 3, 53.3%) and high risk (score > 3).

Conclusion: The risk score can identify the risk of TB in DM patients.

Keywords: tuberculosis, diabetes mellitus, scoring, comorbidities

[Abstract: 2797 - P-0213]

Secondary prevention and treatment of depression episodes in Patients with Diabetes in a rural area of Greece

Foivos Evangelos Kakavitsas[1], Emilia Grammenandi[2], Ioannis Perakis[1], Spyros Zoupas[1]

[1]Health Center of Aghios Athanasios Kerkyra – Greece, [2]private practice Kerkyra - Greece

Background & Aim: Evidence from studies demonstrates that the presence of diabetes increases the risk of comorbid depression. Preventing depression recurring episodes in diabetic patients is clinically relevant. The purpose of the study was to determine in a rural area of Greece, if the diabetic patients are receiving the recommended secondary prevention care for depression episodes from primary care physicians and the effectiveness of the intervention in those patients.

Methods: We used a randomized clinical trial (RCT) study of 681 adults with diabetes living in rural areas of Corfu island, that filled in the Patient Health Questionnaire (PHQ-9) for depression screening. Patients with a positive depression screening were invited to provide access to their health care clinical records.

Results: 217 (31.86%) of diabetes patients screened positive for minor, moderate or major depression. Among these, 132 (60.83%) had a new depression diagnosis. Diabetes patients with mild depression symptoms were less likely (23.47%) to be at a conventional antidepressant management (H=6,971, p=0.033). In addition conventional antidepressant management strategies for mild and moderate depression were received in 47.2% of the patients with major depression (H=9,526, p=0.029). 45 (52.94%) of 85 treated patients (according to their medical records) responded to antidepressant treatment, with a reduction in depressive symptoms (H=6,820, p=0.007).

Conclusion: The optimal depression screening and treatment in rural primary care in Greece of diabetic patients still has some way to achieve. Despite guidelines, many patients fail to receive recommended secondary prevention care for depression episodes. Detection of depression episodes in those patients is important as it improves patient care, quality

of patients' life and reduces other signs and symptoms of depression in the majority of patients.

Keywords: diabetes, depression, prevention

[Abstract: 2799 - P-0863]

Learning from Europe – Would an alternative healthcare model benefit general practice in the UK?

Clare Wilson

Severn Deanery UK

Background & Aim: The healthcare system in the United Kingdom is based on the 'Beveridge' model of tax funding providing 'free at the point of delivery' care, delivered by the National Health Service (NHS). Alternate methods in use across Europe include the 'Bismark' model of compulsory national insurance, and other private voluntary insurance schemes. The ongoing funding of healthcare in the UK is currently a subject of significant debate, with focus on the future of General Practice. This has caused concern amongst healthcare workers, who often feel a lack of representation. This study aimed to identify the views of General Practice doctors (GPs) on the future of UK healthcare and possible alternate funding methods used elsewhere in Europe.

Methods: An anonymous online survey was distributed via email to GPs & Doctors in training working in Bristol, and received 75 responses. This asked participants to rate 20 statements on a 5-point Likert scale from 'Strongly Disagree' to 'Strongly Agree'.

Results: There was a significant positive response (p<0.01) for maintaining a 'free at the point of delivery' service based on taxation (49%), a need for change in the NHS (87%), deeming the current service cost effective (59%), and introducing fines for missed GP appointments (67%). There was a significant (p<0.01) negative response for introducing fees for GP appointments (56%), paying for healthcare up front (75%), introduction of compulsory health insurance (37%), introduction of voluntary private insurance (71%), and healthcare as a party political issue (51%).

Conclusion: This survey demonstrates a belief amongst GPs that significant change is needed in the UK healthcare system. There is support for financial penalties for missed appointments, however the majority were in favour of a taxation based, and 'free at the point of delivery' system, with significant opposition to an insurance model.

Keywords: general practice, public opinion, european union

[Abstract: 2836 - P-0538]

Relationship between nutritional status and functional ımpairment in 65 years and older home care patients

Emine Neşe Yeniçeri[1], Betül Battaloğlu[2], Mustafa Nuri Ceyhan[3], Deniz Aslan[4], Cem Şahin[5], Birdal Yıldırım[6], Özgür Nadiye Karaman[7], Dilek Gülldal

[1]Department of Family Medicine, Muğla sıtkı Koçman University Medical Faculty, Muğla Turkey, [2]Muğla Direction of Public Health, Muğla Turkey, [3]Home Care Unit Muğla Sıtkı Koçman University Train. and Res. Hospital, Muğla Turkey, [4]Department of Internal Medicine, Muğla Sıtkı Koçman University Med. Sch, Muğla Turkey, [5]Department of Emergency Medicine, Muğla Sıtkı Koçman Univ. Med. Sch, Muğla Turkey, [6]Physiotherapy Unit Muğla Sıtkı Koçman University Train. and Res. Hospital, Muğla Turkey, [7]Department of Family Medicine, Dokuz Eylül University Medical Faculty, İzmir Turkey

Background & Aim: The prevalence of malnutrition in elderly people is generally high. A relation has previously been demonstrated between functional and nutritional status. Determining nutritional and functional status of home care patients is essential for establishing programmes to prevent mortality and morbidity. The aim of this study was to assess the relationship between nutritional and functional status of home care patients registered to Muğla Sıtkı Koçman University Training and Research Hospital Home CareUnit in Muğla province (Turkey).

Methods: This cross-sectional study was conducted with 143 home care patients registered to home care unit and a part of comprehensive geriatric assessment project cunducted in this unit. The nutritional status of participants was assessed through the Mini Nutritional Assessment (MNA) full form test. MNA provides a classification according to individual's nutritional status. Functional status is determined with Barthel Index (BI). The BI is used to make a classissfication according to individual's performance and functional dependence in basic activities of daily living such as faecal or urinary incontinence, the help needed with grooming, toiletuse, feeding, and bathing. Sociodemographic factors and disease related data were also obtained from the participants. Groups of malnutrition were compared by using mean MNA scores.

Results: 143 elderly participated to the study. Average age was 82.1 ±7.4 (Min:65, max:103). The prevalence of malnutrition was 26.6% and risk of malnutrition was 57.3%. 31 (21.7%) of the participants were smoking. The BI classification was as follows: 33.6% (n = 48) totally dependent, 42.0% (n = 60) severely dependent, 24.5% (n =35) moderately dependent. No participants were found as slightly dependent or independent. MNA and BI were significantly associated.

Conclusion: Our data showed high prevalence of malnutrition and risk of malnutrition among elderly home care patients and positive relation between MNA and BI.

Keywords: elderly, nutrition, functional, impairment

[Abstract: 2840 - P-1170]

Evaluation of the relationship between sleep disorders and smoking and use of nicotiana rustica (smokeless tobacco)

Hamit Sırrı Keten[1], Hakan Önay[2], Celal Kuş[3], Özgür Ersoy[4], Oğuz Işık[3], Mustafa Çelik[3]

[1]Department of Family Medicine, Kurtul Family Health Center, Kahramanmaraş, Turkey, [2]Faculty of Arts and Humanities, Arts, Sciences & Technology University in Lebanon, Beirut, Lebanon, [3]Department of Family Medicine, Medical Faculty, Kahramanmaras Sutcu Imam University, Kahramanmaraş, Turkey, [4]Department of Public Health, Medical Faculty, Cukurova University, Adana, Turkey

Background & Aim: The present study aimed at evaluating the relationship between sleep disorders and smoking and use of Nicotiana rustica (smokeless tobacco).

Methods: The present study was conducted in 10 coffee houses in Kahramanmaraş province located in the Mediterranean Region of Turkey between April 1st 2014 and September 1st 2014. The participants were informed of the

study and 180 male subjects that provided written consent were included in the study. The smokeless tobacco users group was comprised of 60 subjects who were using Nicotiana rustica and the smoker group was comprised of 60 subjects who were smoking cigarettes. The control group was comprised of 60 subjects who indicated themselves as have never used any tobacco products. The Epworth Scale was used to evaluate excessive daytime sleepiness and the Pittsburgh Index was used to determine sleep quality. The maximum total score in Pittsburgh Index is 21 points and it contains 7 sub-dimensions, and maximum total score in the Epworth Scale is 24 points.

Results: The mean age of the study subjects was 41.97±14.02 (min=18, max=65) years. The mean score in the Epworth Scale was 4.30±2.80 in the control group, 4.23±3.12 points in the smokers group, and 4.91±4.02 points in smokeless tobacco group. The study groups achieved similar scores in the Epworth Scale (p=0.471). The mean score in the Pittsburgh Index was 7.63±2.50 in the control group, 8.11±2.70 points in the smokeless tobacco group, and 8.95±3.04 points in the smokers group. The scores achieved in Pittsburgh Index were significantly higher in the smokeless tobacco group compared to other groups (p=0.033).

Conclusion: The study found that subjects that used tobacco products experienced daytime sleepiness similar to subjects who did not use tobacco products. Sleep quality was significantly lower in the smokeless tobacco group compared to smokers and subjects in the control group.

Keywords: sleep disorders, smoking, nicotiana rustica, smokeless tobacco

[Abstract: 2849 - P-0355]

Analysis of family physicians' knowledge and attitude of cardiopulmonary resuscitation in Turkish primary care: a multi-central study preliminary results

Erdinç Yavuz[1], Erol Yayla[2], Saide Eda Cebeci[3], Serkan Özdemir[4], Nurşah Özkan[5], Serdal Kanuncu[6], Bilge Sönmez[7], Gökhan Eminsoy[8], Cem Oktay[9], Mehmet Akman[10]

[1]1st Family Healthcare Center, Rize, [2]Mehmet Akif Ersoy Family Healthcare Center, Adana, [3]Serdivan Family Healthcare Center Sakarya, Turkey, [4]İnönü Family Healthcare Center Trabzon, Turkey, [5]Tepehan Family Healthcare Center Antakya, [6]Tanisma Family Healthcare Center Antakya, [7]Emir Karatekin Family Healthcare Center Çankırı, [8]Başkent University Department of Family Medicine Ankara, [9]Akdeniz University Department of Emergency Medicine Antalya, [10]Marmara University Department of Family Medicine İstanbul

Background & Aim: Since the end of 2010, transition in primary care has been completed and it's now assumed that every citizen has a "family doctor" in Turkey. There are 21,750 family doctors in Turkey. Only 1048 (4.9 %) of the family doctors have post graduate training, so called specialists in family medicine. It is mandatory by legislation to have a defibrilator in 6,756 family healthcare centers throughout the country. However, family doctors once general practioners came from different facilities to work in primary care. Some had no experience in emergency medicine. We aimed to analyze the knowledge level of family doctors in cardiopulmonary resuscitation (CPR) and their attiude toward it in order to help health managers to better evaluate the necessity of a country-wide post-graduate education program on this matter.

Methods: We have interviewed face-to-face with 164 family doctors and 15 emergency medicine specialists so far with a questionnaire consisting of 15 multiple-choice questions prepared from latest CPR guideline by a selective group of academicians in emergency medicine seeking for information and 15 questions about their attitude towards CPR. Questions were targeted especially to the topics recently changed substantially in order to analyze how up-to-date the doctors were.

Results: The results of family doctors and emergency medicine specialists were compared. We found that the correct number of answers were 5,6 ± 2,9 (max:13 min:1) in family doctors group and 10,66 ± 2,6 in emergency medicine specialists group. The difference between the groups in terms of giving correct answers was significant. (p<0,0001)

Conclusion: Our preliminary results clearly suggested that primary care doctors in Turkey are outdated in terms of CPR. A country-wide training seems to be necessary to correct this issue.

Keywords: primary care CPR training emergency

[Abstract: 2852 - P-0539]

Assessment of a brief community intervention for patients with insomnia: A "before and after" study

Rogelio Argueta Armenta[1], Ovidiu Nicsa[1], Cristina Moliner Molins[1], Imma Campamà Tutusaus[1], Carmen Delgado Diestre[1], Silvia Soriano Diestre[2], José Antonio García Ramos[2], Miriam Rey Seoane[1], Yolanda Alonso[1], Neus Parellada[1]

[1]EAP El Castell 1, C Marconi S/N Castelldefels 08860 Barcelona España, [2]H. Ayuntamiento de Castelldefels

Aim: - Analyze reduction of sedative-hypnotics after community intervention.

- Identify characteristics of patients attending the conference, patients diagnosed with insomnia and those with treatment for sleep disorders.

Methods: Design: Cross-sectional descriptive study: Initial assessment and assessment after 6 months.Study subjects: Participants in the workshop: "Insomni: dormim bé", in the "XXXII Jornades Gent Gran" of the City Council of Castelldefels (> 65 years of age).

Workshop: 1.30 h. Theoretical explanation, variables, pharmacological treatment, relaxation exercises using audiovisual support. Variables: Medical history reviews, diagnosis code for insomnia, start of pharmacological treatment, subsequent check-up, visits to physician and nursing visits, interruption of treatment, Pittsburg sleep quality index, level of satisfaction.

Results: Out of 110 attendees, 40 responded to telephone questionnaire and consented to clinical overview. 95% (38) women and 5%(2) men. Average age: 72 years. 27.5% diagnosis code for insomnia and 55% treated with sedative-hypnotics. After the conference/workshop 10.5% (4 attendees) consulted a physician again. 31.8% (7) stopped treatment, 2 of them had a diagnosis code. 47% were treated with sedative-hypnotics in May, 35% collected treatment from pharmacy. After 6 months, 47.5% of patients had treatment prescribed, 35% collected it.

Average score regarding Pittsburg Test: 8 in women and 3.5 in men. A score lower than10: good quality of sleep, and higher

than 11: poor quality of sleep.

27.5% obtained a higher or equal score to 11 points and 72.5 %- 10 or lower.

Out of 22 patients being treated, 9 with a diagnosis code for insomnia, 13 without, statistically significant "P"- 0.038.

Conclusion: Reduction of sedative-hypnotics and consultation after conference/workshop.

Only 27.5% of participants with a diagnosis code, 55% had sedative-hypnotic treatment.

Average percentage from Pittsburgh Test: poor quality sleep that correlates with the same percentage with a diagnosis code of insomnia. Full satisfaction about the conference/workshop.

Keywords: insomnia, sedative-hypnotics, pittsburg sleep quality index

[Abstract: 2853 - P-0690]

Factors affecting people's capacity for self-control in smoking cessation

Esra Zengin[1], Adem Bahadır[2], Ismail Kasım[3], Irfan Şencan[3], Rabia Kahveci[3], Adem Özkara[4]

[1]Department of Family Physician,Dr.Fahrettin Uğur Refahiye State Hospital,Erzincan, Turkey, [2]Department of Family Physician,Rize Kalkandere State Hospital, Rize, Turkey, [3]Department of Family Physician, Ankara Numune Research and Teaching Hospital, Ankara, Turkey, [4]Department of Family Physician, Hitit University Çorum Faculty of Medicine, Çorum, Turkey

Background & Aim: Smoking leads to the preventable death of 5.4 million people every year. In the group of people who can not quit smoking the ability of coping with problems is worth exploring. The aim of this study is to investigate self-control attitudes of patients and effects on smoking cessation.

Methods: This study includes 158 patients in three groups who applied to family medicine outpatient clinic in 2015. A questionnaire to investigate sociodemographic characteristics was admitted to the patients with a self-control questionnaire. Three groups consists of non-smokers, smoking quitters and non quitters.

Results: 102 of 158 included patients were smokers. 54.9% of smokers had physical ailment. The rate of smoking cessation was 50%. Older age, male sex, having 3 or more children, education and physical ailment were determined to be associated with quitting smoking. In the patients who quit smoking points that belong to self-control and components were higher compared to patients who did not quit. According to the regression analysis results; in Model-I while self-control (OR=1,102, p=0,001), being male (OR=9,763, p=0,014), having university graduate (OR=0,188, p=0,035) and having physical ailment (OR=33,756, p=0,001) are effective factors in quitting smoking, according to the Model-II experiential self-control (OR=1,205, p=0,001), regenerative self-control (OR=1,163, p=0,001), being male (OR=25,482, p=0,002), having university graduate (OR=0,056, p=0,001) and having physical ailment (OR=53,629, p=0,001) were determined as effective factors in quitting smoking.

Conclusion: Family physicians have an invaluable role in helping a smokeless society. Interventions to increase self-control among members of the society seem to be effective in reducing smoking rates.

Keywords: smoking, self-control, schedule

[Abstract: 2859 - P-0692]

Inflammation and novel atherogenic markers in nondiabetic obese patients: neutrophil to lymphocyte ratio, atherogenic ındex of plasma

Ozlem Cigerli[1], Asli Dogruk Unal[2], Hulya Parildar[1], Nilay Ergen[3], Ozlem Tarcin[2], Betul Ugur Altun[2], Nilgun Guvener Demirag[2]

[1]Department of Family Medicine, Baskent University, Istanbul, Turkey, [2]Department of Endocrinology, Baskent University, Istanbul, Turkey, [3]Department of Physiology, Baskent University, Istanbul, Turkey

Background & Aim: Inflammation plays a key role in obesity and atherosclerosis. We aim to assess the relations between Framingham risk score (FRS) and Hs-CRP, ferritin, neutrophil to lymphocyte ratio (NLR), Atherogenic Index of Plasma (AIP) for evaluation of inflammation and subclinic atherosclerosis in nondiabetic obese patients with no history of coronary heart disease or stroke.

Methods: In this study included 185 nondiabetic obese patients and 90 age-sex matched normal weight healthy controls. Blood cell count, differential leukocyte count, Hs-CRP, ferritin, lipids and other parameters were measured. Logarithmic ratio of triglycerides to HDL was defined as AIP. ROC curves conducted to evaluate the performance of the inflammation variables in detecting FRS≥10% for study population at moderate to high cardiovascular disease risk.

Results: The mean age of the obese patients was 37.8±10.7 years (range 17-55) and female patients were 64.3 % (n=119). Mean BMI was in obese patients 35.6±5.6 and 22.9±2.2 in controls (p<0.001). Mean serum, ferritin, Hs-CRP levels, neuthrophil and platelet count, NLR, AIP and Framingham risk scores of obese patients were significantly higher than controls. Framingham risk scores, AIP, ferritin were significantly higher in obese male patients than obese female patients. Positive correlations were found between BMI and platelet, neutrophil, and lymphocite Hs-CRP, ferritin, Framingham risk score, NLR, AIP, levels. The ROC analysis demonstrated AIP which has an area under the curve of 0.841, has a high performance in detecting cardiovascular risk according to the Framingham scale (≥10%).

Conclusion: Novel biomarkers as NLR, AIP appear to be related with Hs-CRP levels and useful as inflammatory markers for evaluation in clinical setting. These markers are also inexpensive, cost-effective, simple applicaple, and universally available tests. Framingham risk score is significantly higher and also AIP may contribute as a considerable marker for prediction of subclinic cardiovascular risk in nondiabetic obese patients.

Keywords: obesity, ınflammation, atherosclerosis, blood count

[Abstract: 2865 - P-0693]

Behavior of health workers in treating pulmonary tuberculosis in manado community health center, North Sulawesi, Indonesia

Henry Palandeng[1], Joy Zeekeon[2], Dina Rombot[1], Natasha Pongoh[3]

[1]Department of Community Medicine, Faculty of Medicine, Sam Ratulangi University, [2]Health Department, Manado City, [3]Medical Student at Faculty of Medicine, Sam Ratulangi University

Background & Aim: Tuberculosis is an infectious disease caused by the bacteria Mycobacterium tuberculosis, which has

become a global threat. There is Tuberculosis control efforts that have been made to reduce the incidence and prevalence of this disease. The success of Tuberculosis treatment cannot be separated from the role of health professionals in this case health workers, which have a direct contact with patients with Tuberculosis. This study aims to determine the behavior of particular knowledge, attitude, and practice of health workers in community health centers, in Manado City.

Methods: This is a descriptive study. Sampling in this study are 75 health workers. The data was collected through questionnaires.

Results: The result showed that majority of respondents are 26-35 years, were 39 respondents (52.0%); most of them are female with 65 respondents (86.7%) and it shows that the career development stages of this age group are included in the third phase is the implementation which the individual began to apply their knowledge to work according to their expertise. In this study, we found that the respondents have good knowledge, attitude and practice for treating patients with tuberculosis.

Conclusion: Hence, the health workers are expected more frequently providing information so that the public can better prevent the spread of this Tuberculosis disease.

Keywords: health workers, tuberculosis, knowledge, attitude, practice

[Abstract: 2872 - P-0215]

Effects of sleep disorders on quality of life among type 2 diabetes patients

Mehmet Akman[1], Ahmet Said Dündar[2], Ayşe Eren[2], Banu Çelik[2], Furkan Batuhan Güven[2], Gürkan Ayaz[2]

[1]Department of Family Medicine, Marmara University, [2]Medical Student, Marmara University, Istanbul, Turkey

Background & Aim: The prevalence of type 2 diabetes is increasing significantly in Turkey and in the world. It is reported that diabetes causes decline in quality of life. The aim of this project is to determine whether sleep disturbances are seem more predominantly among diabetic patients compared to patients seen in primary care with acute problems. Secondly possible relation between sleep disturbances and quality of life among diabetic patients is explored.

Methods: This study was conducted in Marmara University Training and Research Hospital. Among 160 patients contacted 135 gave consent to participate (diabetic: 70; control: 65). A pre-prepared questionnaire together with Epworth, Berlin, COOP/WONCA and Pitsburg scales were filled by participants

Results: 74.5% of the participants were female. The average age was 43.8±14.8 years. According to Berlin scale results possible sleep apnoea was detected in 87.1% of the diabetic patients and day time sleepiness was 51.4% (Epworth scale). Compared to control group, Diabetic patients between age of 30-49 have significantly more day time sleepiness (10.3 vs 55.6%) and possible sleep apnoea rate is significantly higher among the diabetic patients aged over 50 years (60% vs 95.3%). Among diabetic patients having higher 'daytime sleepiness degree' have also more depressed mood and higher anxiety (p<0.05).

Conclusion: The low quality of sleep and sleep disorders such as sleep apnoea seen more frequent among diabetes patients. Sleep disturbances seems to worsen quality of life of diabetic patients. During routine primary care visits, we advice

primary care doctors to screen their diabetic patients for sleep disturbances.

Keywords: sleep disorders, diabetes, quality of life

[Abstract: 2912 - P-0542]

Assessment of nutritional status and biochemical parameters of home care elderly patients with and without pressure ulcers

Oğuzhan Tezcan, Hülya Yıkılkan, Cenk Aypak, Derya Iren Akbıyık, Süleyman Görpelioğlu

Department of Family Medicine, Dışkapı Yıldırım Beyazıt Training and Research Hospital, Ankara, Turkey

Background & Aim: Pressure ulcer (PU) is a frequently seen morbidity in home care elderly population. This study aimed to evaluate the nutritional status and biochemical parameters of home care elderly patients with PUs and without PUs.

Methods: This descriptive study was carried out at Dışkapı Yıldırım Beyazıt Training and Research Hospital Home Health Care Center in 2015. In our study all patients (308) were home care elderly patients. 61 of them were in group PU (with PU), 247 of them were in group non-PU (without PU). All data were gathered from patient files. Blood samples were collected at home visits. Nutritional status was assessed by Mini Nutritional Assessment Short Form (MNA-SF) and Full Mini Nutritional Assessment (Full MNA).

Results: The mean age was 79.0±8.5(min:65,max:99) years. In group PU and group non-PU 68.9%(42) and 63.6%(157) were females, respectively. Mean BMI of group PU(22.1±3.8 kg/m²) was lower than group non-PU(24.6±5.0 kg/m²)(p<0.05). There was a statistically significant difference in terms of mean MNA-SF score and Full MNA score between groups(p<0.001) (Mean MNA-SF score in group PU:6.0±3.0, in group non-PU: 9.3±3.3; mean Full MNA score in group PU:11.9±4.7, in group non-PU: 18.9±5.7). When the patients were evaluated with Full MNA in group PU, malnourishment was found in 49 patients(80.4%), risk of malnutrition in 11 patients(18.0%) and 1 patient(1.6%) had normal nutritional status. There was a statistically significant difference in terms of mean serum total protein and serum albumin levels between groups(p<0.001) (Mean serum total protein in group PU:6.2±0.6 g/dl, in group non-PU: 6.7±0.6 g/dl; mean serum albumin in group PU:3.1±0.5 g/dl, in group non-PU: 3.6±0.5 g/dl). Also mean hemoglobin levels in group PU(11.9±1.7 g/dl) were statistically lower than group non-PU(12.5±1.6 g/dl)(p<0.05).

Conclusion: The high prevalence of malnutrition among patients with PUs in our study points out a need for raising awareness for nutritional screening.

Keywords: mini nutritional assessment, pressure ulcer, home care, elderly, malnutrition, nutritional status

[Abstract: 2916 - P-1175]

Use of antibiotics for upper respiratory tract infections at the family medicine out-patient clinic at a universty hospital

Seda Coskun, Zehra Dağlı, Ayşe Selda Tekiner, Ayşe Gülsen Ceyhun Peker, Mehmet Ungan

Ankara Universty Faculty of Medicine, Department of Family Medicine, Ankara, Turkey

Background & Aim: Anbitiotics are mostly prescribed for respiratory tract infections in primary care. For ideal antibiotic use, the right antibiotic should be given at effective doses with optimum range for appropriate duration after accurate diagnosis. The study aimed to determine oral antibiotic prefereations and rates in patients with upper respiratory tract infections (URTI) at a family medicine out-patient clinic.

Methods: The retrospective, cross-sectional, and descriptive study included 434 patients who were prescribed for URTI for once at a family medicine out-patient clinic of a university hospital in Ankara between August 1, 2012 and July 31, 2013. Descriptive statistics were given as mean±standard deviation and percentage. Chi-square test was used for differences between the groups. Any p<0.05 was considered statistically significant.

Results: Mean age of 434 patients (36.6% male, 63.4% female) was 33.45±16.36 years. The diagnoses made were acute tonsillitis (30.9%), acute sinusitis (30.0%), acute pharyngitis (16.4%), undifferantiated URTI (11.8%), acute nasopharyngitis (9.2%), influenza (1.2%), chronic sinusitis (0.5%), and both acute sinusitis and acute pharyngitis (0.2%) in order of frequency. Amoxicilin/clavulanic acid (59%), symptomatic treatment (27.9%), and clarithromycin (6%) were prescribed most frequently. The most common antibiotic groups preferred were synthetic penicilines (27%), macrolids (7.3%), and cephalosporins (4.1%). There was no statistically significant difference between the diagnosis and the method of treatment chosen (p<0.001). No antibiotics were prescribed to patients with influenza, whereas 17.5% of those with acute nasopharyngitis received antibiotic treatment.

Conclusion: The patients with URTI were most commonly treated with amoxicilin/clavulanic acid, however, antibiotic therapy was initiated in one fifth of viral acute nasopharyngitis cases. That may be because most of the care of the patients was given by family medicine residents relatively less experienced in medicine, therefore, rational antibiotic use and patient-physician communication should be emphasized in both continuous medical education and specialty training.

Keywords: upper respiratory tract infection, antibiotic treatment, primary care

[Abstract: 2940 - P-0482]

Comparison of edinburgh postnatal depression scale and patient health questionnaire to screen postpartum depressive symptoms among mothers of 0-12-month-old babies

Tuğba Yurdakul, Ayşe Gülsen Ceyhun Peker, Zehra Dağlı, Ayşe Selda Tekiner, Mehmet Ungan

Department of Family Medicine, School of Medicine, Ankara University, Ankara, Turkey

Background & Aim: The study was carried out to compare the Edinburgh Postnatal Depression Scale (EPDS) and the 9-Item Patient Health Questionnaire (PHQ-9) as a screening tool for postpartum depressive symptoms, to investigate the prevalence of depressive symptoms and to evaluate the risk factors of depressive symptoms among mothers of 0-1-year-old babies who applied to the well-child clinic.

Methods: The cross-sectional study included 425 women who registered their 0- to 12-month-old infants at the well-child out-patient clinic of the Division of Social Paediatrics of a university hospital in Ankara between September and November, 2014. The participants completed a questionnaire designed by the

researchers, containing demographic characteristics, EPDS, and PHQ-9. The data was analyzed by Student's t, Pearson's Chi-Square, Fisher's exact, and Mann Whitney U tests and logistic regression. Two scales were compared using intra-class correlation coefficient, Spearman's correlation, and inter-rater agreement.

Results: The prevalence of postpartum depressive symptoms was 21.9% with EPDS. The proportion of women with increased risk for depression with PHQ-9 was 23.6%. History of depression, history of anxiety disorder, poor relationship between the participant and her partner, between the participant and her mother, between the participant and her partner's parents, an unplanned pregnancy, child care-related problems, and health problem of the child were the risk factors significantly associated with postpartum depressive symptoms. The predictors of postpartum depressive symptoms were poor relationship between the participant and her partner, between the participant and her mother, between the participant and her partner's parents. The agreement between EPDS and PHQ-9 was generally moderate with Inter-rater agreement (κ=0.541, p<0.001). There was a positive correlation between two scales. Both scales were similar for detecting high postpartum depression risk. Intra-class correlation coefficient between EPDS and PHQ-9 scores was excellent (ICC=0.793; p<0.001)

Conclusion: As EPDS, PHQ-9 can be used to screen postpartum depression in primary care.

Keywords: postpartum depression, depression screening, Edinburgh postnatal depression scale (EPDS), 9-*item patient health questionnaire* (PHQ-9)

[Abstract: 2985 - P-0866]

The GPs' role for encouraging blood donation based on donors' information seeking preferences

Foivos Evangelos Kakavitsas[1], Petros Kostagiolas[2], Anestis Chanos[3], Dimitrios Niakas[3]

[1]Health Center of Aghios Athanasios, Kerkyra – Greece, [2]Ionian University Kerkyra – Greece, [3]Hellenic Open University, Patras - Greece

Background & Aim: Blood donation (BD) is essential for every healthcare scheme; while the demand for blood increases. BD policies aim at reducing uncertainties and misconceptions regarding the alleged risks of BD. This essentially includes utilization of various channels of information for informing the communities for BD. Although internet plays a significant role people still heavily trust their physicians for health information. GPs are closely related to their patients' communities and their rather unique placement in the primary care makes them build long term relationships with their patients. This paper aims at the GPs' role for awareness and encouragement towards blood donation. This endeavor is grounded on the information seeking preferences and information needs of blood donors.

Methods: The survey took place in 2014 through a questionnaire informed by Wilson's macro-model for Information Seeking Behaviour(ISB) to investigate the importance of BDs' information needs, utilization of information resources, and importance of obstacles during information seeking. A total of 352 individuals participated in this survey and the statistical analysis performed includes descriptive and inferential statistics for the group categories and associations of different categories. The questionnaire had a good internal consistency with Cronbach alpha 0.914.

Results: The results outlined the fact that the main needs for information are related to BD process; preferred information resources are GPs and the internet; while the abundance of information in the internet is the main barrier. Furthermore, certain demographic factors such as age are indicated as significant with respect to BDs' information seeking behavior preferences.

Conclusion: The research concludes that the donors' ISB facet is important and can inform policies for BD. We argue that GPs involvement is an essential condition for awareness enhancement towards BD and that GPs can guide the communities by presenting a range of online and offline trusted information resources for BD encouragement.

Keyword: information behavior, information seeking behavior, information sources, information needs, transfusion center, blood donor, internet.

[Abstract: 3106 - P-1186]

Tobacco use among Yeditepe University students, and relationship between first experimented tobacco product and current use

Recep Erol Sezer[1], Özlem Tanrıöver[1], Güliz Dirimen Arıkan[2], Mehtap Kaçar[1]

[1]Yeditepe University Faculty of Medicine, [2]Yeditepe University Faculty of Health Sciences

Background & Aim: Although impressive progress has been made in tobacco control in Turkey, increasing tobacco use rates among young people remain a national concern. We aimed to describe the experimentation and use of tobacco products among university students, and to investigate the relationship between the first experimented product (a waterpipe product vs a cigarette) and current smoking rates.

Methods: This questionnaire survey was conducted in the spring term of the 2014-15 academic year. The research ethics committee approval was received. The study subjects included all four-year students from the schools of medicine, pharmacy, dentistry, and health sciences of the Yeditepe University, Istanbul. The response rate was 97.5% (345/354).

Results: The proportion of those who have ever experimented a tobacco product was 74% (256/345) with no significant difference by gender. Of those who have ever experimented a tobacco product, 50% experimented a waterpipe product first, while the other half experimented a cigarette first. There was no relationship between the first experimented product and current smoking rates. Of the 345 respondents 36.5% (126) were current smokers, 3.2% (11) former smokers, 60.3% (208) never smokers. The proportion of current smokers was 53.5% in males, 29.7% in females (p<0,001). Among current smokers (n=126), 79.4% (100) were daily smokers, 20.6% (26) some-day smokers with no significant difference by gender. In all daily smokers, the daily used product was cigarettes. There was also no relationship between regularity of current smoking and the first experimented product. The proportion of those who smoked waterpipe in the last 30 days was 16.1% (29.9% in males, 9.9% in females, p<0.001).

Conclusion: the high smoking rate is alarming and needs urgent intervention. Waterpipe smoking, the preferred choice in the first experimentation of tobacco for half of the students, appeared to feed cigarette smoking.

Keywords: smoking, tobacco, waterpipe

[Abstract: 0002 - OP-272]

Violence towards Physicians

Huseyin Avni Sahin, Zuhal Çakmak, Gulnihal Guvendi, Dilek Kusaslan Avci

Yuzuncu Yil University, Family Medicine Department, Van

Background & Aim: The aim of the study was to evaluate the violence from patients, relatives or any other person including verbal or behavioural threat, physical or sexual assault that constitutes a risk to physicians in health institutions.

Methods: This study was conducted on physicians working in Van city. A 24-item questionnaire was used by researchers, including physicians' socio-demographic characteristics and data regarding violence. Data was evaluated by using SPSS computer software version 21.

Results: Of the 220 physicians 87 (39.5%) were women and 133 (60.5%) were men, Fifty one (23.2%) were general practitioners, 99 (45%) were research assistants and 70 (31.8%) were specialists. Out of 220 physicians 79.5% were exposed to one or more of violence types when they were on duty and 63.2 % stated that they were exposed to violence within the last year. Verbal violence was found to be most common types of violence with a 51.4% while physical violence was 26%. 88.2% of the physicians stated that none of the institutions or none of the managers investigated or prosecuted the violence. Violence and harassment among married physicians, male physicians and internal specialists were frequent.

Conclusion: Violence is a growing health concern and is not a well-known issue. According to our study results, physicians were subject to high rate of violence. In order to decrease the violence rates more care should be given to investigate the cases at workplaces and further studies should be accomplished.

Keywords: physicians, violence, Turkey

[Abstract: 0033 - P-0701]

Knowledge, attitudes and practices concerning Middle East respiratory syndrome among Umrah and Hajj pilgrims in Samsun, Turkey, 2015

Mustafa Kürşat Şahin[1], Servet Aker[1], Ebru Kaynar Tuncel[2]

[1]Canik Community Health Center, Samsun, Turkey, [2]Bafra Community Health Center, Samsun, Turkey

Background & Aim: The number of pilgrims attending the annual Hajj or Umrah each year is about 10 million, and these pilgrims originate from 184 countries. After its emergence in June 2012, most cases of MERS-CoV infections were reported from Saudi Arabia. The aim of this study is evaluated Umrah or Hajj pilgrims' knowledge, attitudes, and practices about MERS-CoV.

Methods: We conducted a KAP survey that addressed MERS and its prevention among Umrah or Hajj pilgrims during six weeks, from 4 May to 12 June 2015. Data were collected by the researcher, applying face-to face structured interview techniques with a questionnaire developed after a relevant literature review. Data were analyzed using SPSS 22.0 package program. In the analysis, frequency and percentage from descriptive criteria were used.

Results: A total of 259 pilgrims participated. They were between 17 and 85 years old (median: 59 years), and 47.5% (123/259) were male. Nearly half (119/259) had a primary school degree.

Some of the participants had pre-existing chronic medical conditions. Seventy-eight per cent (203/259) of respondents performed Hajj or Umrah for the first time. Nearly half of them (131/259) had heard MERS from TV or health professional. When informed about the potential effectiveness of prevention measures against respiratory infection (use of face masks and disposable tissue, hand hygiene, social distancing and avoiding touching eyes, nose and mouth) most pilgrims were willing to apply such measures.

Conclusion: Although the results cannot be extrapolated to all Hajj pilgrims, they show that pilgrim's departing from Turkey were aware of the ongoing MERS epidemic

Keywords: hajj, umrah, MERS, prevention & control, viral infection, respiratory infection

[Abstract: 0043 - P-0236]

Effect of the depression and anxiety status of cancer patients on their caregivers

Elif Altunbaş Ateş[1], Emine Canyılmaz[2], Turan Set[1], Nahide Gökçe Çakır[1], Ceyhun Yurtsever[1], Adnan Yöney[2]

[1]Karadeniz Technical University Medical Faculty, Department of Family Medicine, Trabzon, Turkey, [2]Karadeniz Technical University Medical Faculty, Department of Radiation Oncology, Trabzon, Turkey

Background & Aim: Today, cancer became a chronic disease that requires long-term treatment and care at home that affects the whole family. In our study, we aimed to investigate the impact of the depression and anxiety status of cancer patients on family members responsible to provide care.

Methods: This study was conducted as a cross-sectional study between November 2014 and May 2015. A questionnaire containing demographics and Hospital Anxiety and Depression Scale (HADS) was applied to 76 patients who came to receive radiotherapy and their caregivers at Karadeniz Technical University Medical Faculty Radiation Oncology Unit using face-to-face interview.

Results: The mean age of patients was 55.2 ± 14.5, while the average age was 42.5 ± 13.2 at caregivers. Female rate of patients was 57.9% and 52.6% of caregivers were women. Anxiety and depression scores were significantly higher than men in female caregivers (p=0.001, p=0.028 respectively). Depression levels of patients were positively correlated with anxiety levels of the caregivers (r=0.308, p=0.008). There was no correlation between anxiety levels of patients and caregivers anxiety levels and also between caregiver's depression and the patient's depression and anxiety levels.

Conclusion: It has been shown that patient's depression levels affect caregiver's anxiety in our study. To provide optimal health care of a patient, considering mental health status of caregivers will be useful.

Keywords: cancer patient, caregiver, anxiety, depression

[Abstract: 0083 - OP-281]

Preventive measures taken by family physicians: How much do they care about their health?

Hülya Akan[1], Levent Hekimoğlu[2], Nurşah Özkan[3], Arzu Uzuner[4]

[1]Yeditepe University, Medical Faculty, Department of Family Medicine; İstanbul, [2]Public Health Instution of Turkey, 12th Family Medicine Center, Bursa, [3]American Hospital, Family Medicine, istanbul, [4]Marmara University, Medical Faculty, Department of Family Medicine; İstanbul

Background & Aim: It is known that medical doctors have poor self health care and disadvantage to enter health systems and also neglect to take preventive measures for themselves. The aim of this study to explore effective and appropriate utilisation of the health system, involvement in appropriate personal health screening and practice of appropriate health promoting behaviours of family physicians

Methods: A self-questionnaire has been prepared with the consensus of researchers after relevant liteture regarding evidence based preventive medicine for adults and vaccination recommendation for health care workers. By mailing about 2200 family physicians have been reached and 307 have returned back.

Results: Total 172 women (56.0%) and 135 men (44.0%) included in the study. Mean age was 40.35yrs (min 24 yrs and max 64 yrs). Mean of years in profession was 15.37 yrs (min 0.25 yrs max 35 yrs). Table 1 shows the answers regarding health status and health promoting behaviours, Table 2 shows vaccination status and table 3 shows health screening and use of health system.

Conclusion: Vaccination take up rates are low regarding international recommendations especially for mumps measles rubella, pertusis and varisella. Screening for cancer and cardiovascular risks are also low except cholesterol and blood sugar screening which is surprising that none of guidelines reccomend routine blood sugar screening except having high blood pressure. An important percentage of the group describes non healthy life style regarding smoking, diet, exercise and sleeping habits. It seems that family physicians should be motivated to take preventive health measures for theirselves.

Keywords: family medicine, preventive medicine, health promotion, healthy life

[Abstract: 0088 - OP-278]

Malnutrition Screening In Home Care Elderly Patients With Mini Nutritional Assessment

Oğuzhan Tezcan, Hülya Yıkılkan, Cenk Aypak, Derya İren Akbıyık, Süleyman Görpelioğlu

Department Of Family Medicine, Dışkapı Yıldırım Beyazıt Training and Research Hospital, Ankara, Turkey

Background & Aim: Home care elderly patients can be vulnerable to malnutrition due to their biological, psychological and social characteristics. Mini Nutritional Assessment (MNA) is an effective and easy to use tool for malnutrition screening. The objective of our study was to investigate the prevalence of malnutrition and risk factors associated with malnutrition among the home care elderly patients.

Methods: This was a descriptive study conducted in 2015 at Dışkapı Yıldırım Beyazıt Training and Research Hospital Home Health Care Center, Ankara, Turkey. Overall, 437 home care patients aged 65 and over, were included in our study. Patients were examined at home visits, blood samples were taken and anthropometric measurements [mid-arm circumference (MAC) and calf circumference (CC)] were performed. Full Mini Nutritional Assessment (18-item MNA) and Mini Nutritional Assessment Short Form (MNA-SF)(6-item MNA) were applied to all patients.

Results: The mean age of the elderly was 78.8±8.5 years. Of 437 patients 67.7%(296) were females, 32.3%(141) were

males.Mean BMI of elderly women and men were found to be 25.1±5.3 kg/m2 and 23.7±3.9 kg/m2, respectively.Most presented comorbid diseases among home care elderly patients were arterial hypertension(68.2%), stroke(33%), diabetes mellitus(28.6%), dementia(26.1%), coronary artery disease(23.6%), congestive heart failure(19.2%), chronic obstructive pulmonary disease (COPD)(13.7%) and hip fracture(9.2%).According to MNA-SF, 121(27.7%) of the patients were malnourished, 179(41.0%) were at risk of malnutrition and 137(31.3%) had normal nutritional status. Whereas according to full MNA,144(33.0%) of the patients were malnourished, 183(41.9%) were at risk of malnutrition and 110(25.1%) had normal nutritional status.Of all patients 34.5% had anemia, 45.6% had hypoalbuminemia and 56.4% had serum levels of vitamin B12 lower than 125 pg/ml.

Conclusion: In our study we found very high prevalence of malnutrition among the home care elderly patients.Nutritional status should be periodically screened in these patients. Performing MNA as a part of routine clinical practice will contribute both to detect and prevent malnutrition.

Keywords: mini nutritional assessment (MNA), malnutrition, home care, elderly, screening

[Abstract: 0092 - P-1195]

The Quality of Life Difference between Smoker and Non Smoker Rheumatoid Arthritis and Ankylosing Spondylitis Patients

Onur Öztürk[1], Bektaş Murat Yalçın[2], Mustafa Ünal[2]

[1]Atakum Community Health Center, Samsun, Turkey, [2]Ondokuz Mayis University Medical School Department of Family Practice, Turkey

Aim: We aimed to investigate the effect of smoking on the life quality of patients with Rheumatoid arthritis (RA) and Ankylosing spondylitis (AS).

Methods: Our study was carried out on 79 (54.5%) RA and 66 (45.5%) AS patients that were followed by Ondokuz Mayis University Medical Faculty Hospital between March 2014 and July 2014. Since these patients were grouped as study (smokers) and control (non-smokers). Both of these groups were applied a questionnaire including certain demographic features, disease history, SF-36 and EQ-5D general quality of life scale. Both groups' quality of life is compared with each other.

Results: Of the 145 patients, 54.5 % (n=79) of the participants were females. The mean age of RA and RA patients was found as 49.6±12.9 years and 39.5±12.7 years (t=4.712; p<0.001). 39.2% of the RA and 50.0% of the AS patients were active smokers. The average cigarette consumption of RA and AS patients was 17.94±14.73 and 13.03±9.50 packet/year respectively. First symptoms of disease were initiated 5 years earlier in RA and 7 years in AS patients who smoked patients compared with no smokers (Respectively t=2.214; t=1.9965, p<0.001). There was no statistical difference between the scores of SF-36, sub-groups of SF-36 and EQ-5D scale between smoker and non-smoker RA and AS patients (p>0.05).

Conclusion: Although we found no relation between quality of life and smoking in RA and AS patients, our study revealed that smoker AR and AS patients' initial symptoms begin much earlier compared with non-smokers. More studies needed to investigate the effects of smoking in AR and AS patients are needed.

Keywords: quality of life, smoking, rheumatoid arthritis, ankylosing spondylitis

[Abstract: 0096 - OP-276]

Fear of Exposure to Violence in Physicians

Kamuran Bahar Sandıkcı[1], Yusuf Üstü[2], Mert Muhittin Sandıkcı[3]

[1]Çubuk 5th Family Health Center, Ankara, Turkey, [2]Yıldırım Beyazıt University, Department of Family Medicine, Ankara, Turkey, [3]Department of Plastic, Reconstructive Aesthetic Surgeons, Dışkapı Yıldırım Beyazıt Research and Training Hospital, Ankara, Turkey

Background & Aim: Violence against health care workers is an increasingly grooving problem in our country as well as all over the world. The aim of this study is to investigate the relationship between physicians' fear of exposure to physical or verbal violence between physician, patient and the healthcare system, and the effects on examination and treatment.

Methods: This cross-sectional study was conducted on 245 specialists and 256 residents from Ataturk Training and Research Hospital, and 216specialists and 244residents from Dışkapı Yildirim Bayezid Training and Research Hospital. A questionnaire including 4Likert scales and a total of 12questions was applied to the participants between May15, 2013 and June15,2013. The answers to the questionnaire were analyzed by using SPSS15.0 software.

Results: In our study, we found that the physicians have fear of exposure to violence independent of their gender, marital status, working branches, intense working conditions, and professional experience. According to the results of the study there is a significant relationship between fear of exposure to the verbal or physical violence and experiencing a negative communication with patients and/or relatives (p <0.05). The physicians stated that they finish examination of the patient primarily and move away from the patient, when they experienced fear of exposure to violence, regardless of their working branches or professional experience. The rates of confirmation of the items "I tolerate negative responses of patients towards healthcare workers due to their psychological conditions" (p = 0.011), "I believe I devote adequate time to the difficult patients" (p = 0.018), "I think, healthcare communication applied in the hospital is adequate" (p <0.001), by the physicians who do not have fear of exposure to violence were statistically significant.

Conclusion: Physicians' fear of exposure to violence is an important problem, because it may constitute an obstacle to fulfilling the requirements of the profession and reduce the quality of healthcare services, necessary measures should be taken.

Keywords: physical violence, verbal violence, communication, questionnaire

[Abstract: 0100 - P-0825]

Assesment of Violence with MVQ Scale in Patients Admitted to Hospitals

Serap Yurdagül Arslan[1], P. Gamze Erten Bucaktepe[1], Vasfiye Demir[1], Tahsin Çelepkolu[1], Hamza Aslanhan[1], Necmi Arslan[1], Yeşim Cengiz Balyen[2]

[1]Dicle Unıversty Medıcal Fakulty Department of Family Medicine,Dıyarbakır, [2]Mardin State Hospital District Ömerli, Mardin

Background & Aim: Violence is any act or exercise of power (i.e. physical, verbal, emotional, economic, sexual) performed by an individual or community to exert power over other individuals or communities and to cause physical or psychological damage to them. Violence remains a serious and common social problem both for Turkey and the whole world. The aim of this study was to investigate the perceptions of patients admitted to hospital and their relatives into violence, which is a serious public health problem for all the communities in the whole world ranging between the most democratic communities and traditional societies.

Methods: The descriptive cross-sectional study was performed on the patients who were admitted to Dicle University Medical Faculty Hospitals between August 1, 2014 and February 1, 2015 and their relatives.. The questionnaire comprised included the Maudsley Violence Questionnaire (MVQ), which was used for assessing the tendency of the participants to violence. Data were analayzed using IBM SPSS 18.0 for Windows.

Results: The 531 participants included 180 (33.9%) women and 351 (66.1%) men with a mean age of 32.5±9.6 years. Of the participants, 147 (27.7%) had eye-witnessed violence and (55.4%) 294 had been exposed to violence. Median tendency to violence was 7.74 (range, 0-32) and median approval of violence was 4.53 (range, 0-14). The men had higher scores in approval of violence and tendency to violence (p<0.001 for both). A significant correlation was found between exposure to physical violence and approval of violence (p>0.036). Low level of education (p>0.001), rural origin (p>0.038), and male gender established a significant correlation with tendency to violence and approval of violence.

Conclusion: The rates of exposure to violence and eye-witnessing violence were remarkably high. A significant correlation was found between low level of education, rural origin, and male gender and tendency to violence and approval of violence.

Keywords: violence,approval of violence,tendency to violence

[Abstract: 0130 - P-0239]

Validity and Reliability of Morisky Medication Adherence Scale in Patients with Hyperlipidemia

Rana Gündoğan, Kübra Uyar, Nilgün Özçakar, Mehtap Kartal

Department of Family Medicine, Dokuz Eylul University, Izmir, Turkey

Background & Aim: Although benefits of cholesterol lowering treatment on prevention and treatment of the cardiovascular diseases documented, potential benefits of the treatment depends on drug adherence. In people with medium/high cardiovascular disease risk, treatment nonadherence deprive individuals benefits of prevention and causes serious increased costs in health systems as a result of increased preventable cardiovascular events. Assessing adherence for primary care and in chronicle diseases, Morisky Medication Adherence Scale-8 (MMAS-8) is preferred as an easy, cheap method. Our aim was to evaluate the validity and reliability of the Turkish version of MMAS-8 in hyperlipidemic patients.

Methods: In our methodological study, Turkish form of MMAS-8 is used, consisting 8 questions related to drug use, with necessary allows. Totally 194 participants who applied a family medicine center, agreeing participate study and was prescribed cholesterol lowering drugs in last year administered questionnaires containing socio-demographic characteristics, MMAS-8 with face to face method. SPSS 15.0 is used for analysis and significance is p<0.05. Cronbach 's alpha coefficient was calculated for internal consistency. Kaiser-Mayer-Olkin (KMO) and factor analysis was performed.

Results: The mean age was 65.23±9.43, 59.3% were women(n=115), 63.4% were married(n= 123), 58.8% was retired. By MMAS-8 53.1% (n=103) were consistent mid-to-high. The average LDL-cholesterol level was 117.8 mg/dL in compatible group, 167.6 mg/dl in incompatible group, difference was significant (p<0.05). The last 10 days of drug use rate of the patients (medication possession ratio-MPR), MPR mean was 9.66 in compatible group, 4.09 in incompatible group, difference was significant (p<0.05). Cronbach's alpha reliability coefficient of the scale was 0.738. Factor analysis for construct validity KMO value was 0.68. Load factor of all questions is above 0.40, total variance explained by the scale was 69.689%.

Conclusion: Turkish version of MMAS-8 was found to be reliable, valid clinical instrument in primary care for evaluation of hyperlipidemic drug use.

Keywords: validity, reliability, hyperlipidemia, Morisky Medication Adherence Scale

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