



2026 EUROPEAN FORUM
ON PREVENTION AND HEALTH PROMOTION
26-27 March 2026, Madrid, Spain

PROCEEDINGS BOOK



forum.euoprev.eu



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WELCOME



Dear Colleagues,

With the global increase in the prevalence of non-communicable diseases, health systems are moving towards the implementation of prevention strategies to support healthier communities.

However, this change is not easy due to current systems challenges worldwide: unsustainability, increasing demand, lack of integrated services, reactive care models that fail to prioritize the needs of vulnerable populations etc. Even more, "the prevention agenda" is becoming "a trendy and commercial topic" risking to move away from evidence and to be used to satisfy political interests.

Prevention is a fundamental aspect of the work of family doctors, but "how" we deliver that function brings debate in professional forums.

EUROPREV plays a pivotal role in this context, and we believe next "Madrid 2026's forum" is a perfect opportunity to share evidence and experiences that will support European and International primary care networks to move "Towards a safe, effective and person-centered prevention"

Warm regards,

Dr. Carlos Brotons & Dr. Laura Rodriguez

2026 Forum Co-Chairs

COMMITTEES

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Programme

Wednesday, 25 March 2026

15:30 - 16:00 **Registration for Pre-Forum Participants**
Location: SOMAMFYC Offices (C/Tellez, 18 Madrid)

This day is only for trainees and first 5 year GPs.
EUROPREV, EYFDM, Somamfyc trainee's Rep.

16:00 - 16:30 **Welcome to Pre-Forum**
Location: SOMAMFYC Offices (C/Tellez, 18 Madrid)

16:30 - 17:30 **Workshop: Overdiagnosis in Prevention**
Location: SOMAMFYC Offices (C/Tellez, 18 Madrid)

- Victoria Bautista Perez (FM Trainee)
- Veerle Piessens (Europrev's delegate)

17:30 - 18:00 **Coffee Break**
Location: SOMAMFYC Offices (C/Tellez, 18 Madrid)

18:00 - 19:00 **Workshop: The role of family doctor in prevention**
Location: SOMAMFYC Offices (C/Tellez, 18 Madrid)

- Adina-Ioana Bicãjanu (FM Trainee)
- Irene Sáez Sanz (FM Trainee)
- Iva Petričušić (Europrev's delegate)

19:00 - 19:30 **International Dinner/Networking/Social**
Location: SOMAMFYC Offices (C/Tellez, 18 Madrid)

Open to Pre-Forum participants.

Thursday, 26 March 2026

08:30 - 09:00

Registration

Location: Aula Magna José María Segovia de Arana

09:00 - 09:15

Welcome from EUROPREV's forum chair

Location: Aula Magna José María Segovia de Arana

Europrev's History

- Laura Rodriguez
- Esteban González-López
- Carlos Brotons

09:15 - 09:45

Keynote: Too much Prevention

Location: Aula Magna José María Segovia de Arana

- Carlos Martins

09:45 - 10:45

Roundtable: Reaching the balance between “Evidence-based practice” and innovation in prevention

Location: Aula Magna José María Segovia de Arana

- Carlos Martins (Moderator)
- Maria Pilar Astier Peña (Panelist)
- Iva Petričušić (Panelist)
- Veerle Piessens (Panelist)

10:45 - 11:15

Coffee Break

Location: Decanato Hall

10:45 - 11:15

Poster Session 1

- Jorge Silva (Moderator)
- Community Pharmacy's role in Integrated Neighbourhood Team (INT) working – Smoking Cessation Support - Reena Barai
- Navigating smoking cessation in healthcare: a pilot study of the SMOKE AKAT questionnaire among family medicine residents - Iva Petričušić
- Serum Urate Differences in Type 2 Diabetes: Potential Influence on Micro- and Macrovascular Complications - Iva Petričušić
- Smoking Cessation Intervention Programme in a Health Area of Madrid: Health Education Through Smoking Cessation Workshops - María José Blázquez
- Urban-Rural Disparities in Hypertension Care Delivery: A Cross-Sectional Study of Family Physicians in Croatia - Iva Petričušić

10:45 - 11:15

Poster Session 2

- Zoi Tsimtsiou (Moderator)
- A Digital Lifestyle Coaching Intervention Delivered by Trained Health Coaches: Outcomes Across Diverse Primary Care Populations - Elango Vijaykumar
- Prioritising prevention in Primary Care: the PAPPS recommendations as a tool for high-value clinical practice - Sara Belinchón

10:45 - 11:15

Poster Session 3

- Serdar Öztora (Moderator)
- "I have nightmares about explosions" State of Health Workforce Mental Health in Ukraine - Nelia Malandii

- A 21st Century Approach to Comprehensive Preventive Care - Jozef Čajka
- B-COMPASS-Intervention (BEAMER - COmputational Model for Patient Adherence and Support Solutions) - Almudena Castaño Reguillo
- Catalonia's Exercise Prescription Program: Design and Implementation Protocol - Jordina Capella
- Prevention of Metabolic Dysfunction Associated Steatotic Liver Disease: A Primary Care Centered Review - Hanny Yeshua

10:45 - 11:15

Poster Session 4

- Sirkka Keinanen-Kiukaanniemi (Moderator)
- Early impact of expanded free HPV vaccination policy on uptake and completion in primary care: a before-after analysis from two urban practices - Adina-Ioana Bicăjanu
- Impact of an AI-Enabled Triage System on Access, Demand Management and Automation in Primary Care - Sian Knight
- Implementation of Preventive Health Strategies at Infanta Mercedes Health Center - Francisco Camarelles Guillem
- Intelligent Automation of Administrative Workflows in Primary Care: Impact on Capacity, Safety and Workforce Sustainability - Sian Knight
- Teaching prevention in Family Medicine through problem-based learning and simulated patients: the UAM experience - Francisco Camarelles Guillem

11:15 - 11:45

Keynote: Evidence in prevention: "Best buys" & "Quick buys"

Location: Aula Magna José María Segovia de Arana

- Ines Zuza Santacilia

11:45 - 12:15

Lectures 1

Location: Aula Magna José María Segovia de Arana

- Veerle Piessens (Moderator)
- Ilona Mikkola (Moderator)
- Overdiagnosis and planetary health. - Maria Pilar Serrano Gallardo
- Low value practices in CVD prevention - Carlos Brotons
- Low value practices in CVD prevention - Irene Moral

12:15 - 13:00

Official inauguration

Location: Aula Magna José María Segovia de Arana

- Serdar Öztora (EUROPREV)
- María Pilar López García
- Gisela Galindo
- Maria Pilar Astier Peña
- María Del Rosario Azcutia Gómez
- Javier Padilla

13:00 - 14:00

Light Lunch

14:00 - 14:30

Keynote: Reducing health inequity in prevention: addressing the "elephant in the room".

Location: Aula Magna José María Segovia de Arana

- Ana Gil Luciano

14:30 - 15:15

Roundtable: Strengthening/equipping primary care to reduce health inequity: From theory to practice

Location: Aula Magna José María Segovia de Arana

- Ana Gil Luciano (Moderator)
- Andras Terebessy (Panelist)

- Paula Martin (Panelist)
- Eduardo Langa Garcia (Panelist)

15:15 - 15:45

Coffee Break

Location: Decanato Hall

15:45 - 16:30

Lectures 2

Location: Aula Magna José María Segovia de Arana

- Community-based prevention: embracing proactive care to reduce health inequity. - Cornelia Junghans Minton
- Working with Roma community in prevention in Madrid - Marta Sastre Paz
- Working with Roma community in prevention in Madrid - Carmen Ramos Martin

16:00 - 17:00

Workshop: Alcohol consumption: brief intervention in primary care

Location: Edificio La Pagoda

- Maria Neufeld
- Andras Terebessy
- Francisco Camaralles Guillem
- Lidia Segura-García

16:30 - 18:00

Oral Communications 1

Location: Aula Magna José María Segovia de Arana

- Juan Antonio Lopez Rodriguez (Moderator)
- Alberto Cotillas (Moderator)
- A Personalised Digital Self-Management Tool to Improve Wellbeing and Reduce Primary Care Demand - Sian Knight
- An Evaluation of Social Prescribing Implementation in Catalonia's Primary and Community Care System - Marc Olivella Cirici
- Choosing rural healthcare during the war: Understanding drivers and barriers shaping health workforce engagement in rural Ukraine - Marko Isajlovic
- Exploring attitudes regarding person-centered care and their predictors: A cross-sectional multi-center study among primary care service users in Greece - Zoi Tsimtsiou
- High-Risk Diabetic and Non-Diabetic Patients in Primary Health Care: Comparison and Associated Factors - Almudena Castaño Reguillo
- Improving Maternal Vaccination Awareness in Primary Care: Outcomes of an Online Education Program for Pregnant Women - Feyzanur Erdem
- Integrating Adapted Physical Activity into a Primary Care Learning Environment to Strengthen Person-Centered Prevention: The GRAPPE Experience in France - Jan Baran

17:30 - 18:30

EUROPREV delegate meeting

Location: Edificio La Pagoda

19:00 - 21:00

EUROPREV Gala dinner

The gala dinner will take place in Casa de la Panadería.

Friday, 27 March 2026

08:00 - 09:15

Workshop: Pilates

Location: Edificio La Pagoda

- Ancor Luján (Instructor)

09:15 - 09:45

Keynote: Prevention at the level of the individual - a fig-leaf of concern

Location: Aula Magna José María Segovia de Arana

- Iona Heath

09:45 - 10:45

Roundtable: Integrating local teams in primary and community care for prevention. Friend or foe?

Location: Aula Magna José María Segovia de Arana

- Iona Heath (Moderator)
- Carmen Cabezas (Panelist)
- Cornelia Junghans Minton (Panelist)
- Fátima Sáez Santolaya (Panelist)
- Raquel Fernández Megina (Patient/Panelist)

10:45 - 11:15

Coffee Break

Location: Decanato Hall

10:45 - 11:15

Poster Session 5

- Jasna Vučak (Moderator)
- Obesity prevention in the family doctor's office - Iva Kljajić
- The concept of "harm reduction" as part of primary prevention - Czech Memorandum - Jozef Čupka
- The Relationship Between Lucid Dreams and Sleep Quality and Mood: A Study on University Students - Muhammed Şenocak

10:45 - 11:15

Poster Session 6

- Jana Bendova (Moderator)
- "SumaSalut": A multicomponent intervention program for early detection of NCD risk factors in primary health care in Catalonia - Maria Manera
- Ambient Voice Technology in Primary Care: Impact on Documentation Burden, Consultation Quality and Clinician Wellbeing - Elango Vijaykumar
- Interventions to Reduce Energy Poverty and Their Impact on Mental Health: A Systematic Review - Pedro Cardoso

10:45 - 11:15

Poster Session 7

- Juan Antonio Lopez Rodriguez (Moderator)
- Lung cancer screening with Low-Dose Computed Tomography "through smokers' eyes": A qualitative study in Greece - Zoi Tsimtsiou
- Psychoeducational intervention in patients with relationship problems at work - Almudena Castaño Reguillo
- Referrals to hospital emergency departments from a detention centre in Barcelona: a prospective descriptive study - Antonio Villafaina Barroso

10:45 - 11:15

Poster Session 8

- Jozef Čajka (Moderator)
- Electronic Cigarette User Profiles in Türkiye: A Cross-Sectional Comparison with Traditional Smokers - Dilruba Esra Aksan
- Towards a tobacco-free world: The voices of young adults prior to World No Tobacco Day -

Mohammed Al-Hamdani

- 11:15 - 11:45 **EUROPREV position paper: “Seven Ways to optimise prevention in general Practice and FM”**
Location: Aula Magna José María Segovia de Arana
- Serdar Öztora
- 11:45 - 13:00 **Lectures 3**
Location: Aula Magna José María Segovia de Arana
- Katrin Von Der Assen (Moderator)
 - Jorge Silva (Moderator)
 - "From Recommendations to Conversations: GRADE and Shared Decision-Making in Prevention". - Pablo Alonso
 - PAPPS Trayectory and contributions - Sara Belinchón
 - The role of “community nursing in prevention”. - Manuel Garcia Fresnillo
 - Community pharmacy in prevention: Experiences from UK & Spain - Reena Barai
 - Community pharmacy in prevention: Experiences from UK & Spain - Antonio Villafaina Barroso
- 13:00 - 14:00 **Light Lunch**
- 14:00 - 14:30 **Keynote: From theory to practice: Teaching prevention in postgraduate family Medicine education in Slovenia**
Location: Aula Magna José María Segovia de Arana
- From theory to practice: teaching prevention in postgraduate family medicine education in Slovenia - Mateja Kokalj Kokot
- 14:30 - 15:30 **Roundtable: What GOOD looks like? Teaching prevention in medical curriculum**
Location: Aula Magna José María Segovia de Arana
- Mateja Kokalj Kokot (Moderator)
 - Elena Polentinos (Panelist)
 - Zoi Tsimtsiou (Panelist)
 - Esteban González-López (Panelist)
- 15:30 - 16:00 **Coffee Break**
Location: Decanato Hall
- 16:00 - 16:30 **EYFDM - EUROPREV experience pre-forum**
Location: Aula Magna José María Segovia de Arana
- Overdiagnosis Workshop & The role of the family Doctor EYFDM and EUROPREV - Victoria Bautista Pérez & Adina-Ioana/Irene Sáez (Panelist)
- 16:30 - 18:00 **Oral Communications 2**
Location: Aula Magna José María Segovia de Arana
- Sirkka Keinanen-Kiukaanniemi (Moderator)
 - Zoi Tsimtsiou (Moderator)
 - Success ingredients of the first "Watiska" Health Festival in Genk Belgium explained - Suzanna Frints
 - Electronic health Record Note Effect Study (ERNEST-DH) Protocol of a randomized controlled trial of overtreatment alert. - Nir Tsabar
 - Fear of weight gain after smoking cessation and associated factors among adult smokers - Güzin Zeren Öztürk

- From Brazil to Southwest London: Lessons from a Multi-Site Evaluation of the Community Health and Wellbeing Workers Model - Mohamed Elshishtawy
- Lifestyle patterns and their association with health indicators in a large community-based sample (2022–2025) - Francisco Camarelles Guillem
- Nutritional literacy: Distilling gaps and opportunities for people living with Type 2 Diabetes - Mohammed Al-Hamdani
- Opportunistic Breast Cancer Screening in a Tertiary Care Setting: Imaging Outcomes and Follow-up Gaps - Fatma Oztora
- The Catalan Experience within the PEACHD Project: testing the feasibility of screening and brief interventions for multiple lifestyle risk factors in Vulnerable Primary Care Settings - Carla Bruguera Soler

16:30 - 17:30

Workshop: Methods, evaluation and attitudes regarding General Health check-ups across Europe

Location: Edificio La Pagoda

- Jasna Vučak
- Iva Petričušić

18:00 - 18:30

Closure

Oral Presentation / Research**Integrating Adapted Physical Activity into a Primary Care Learning Environment to Strengthen Person-Centered Prevention: The GRAPPE Experience in France**

Jan Baran, Matthieu Calafiore, Eiya Ayed

University Lille, 59150 Wattrelos, France. E-mail: jan.baran@univ-lille.fr

Keywords: Exercise, Primary Care, Prevention

Aim:

To describe the development and implementation of an interprofessional primary care model integrating Adapted Physical Activity (APA) within a university-affiliated primary care centre, and to explore how this approach strengthens person-centred prevention, improves access to APA for patients, and supports experiential learning through the GRAPPE network. The aim also includes documenting early outcomes, organisational developments, and the emergence of a patient association contributing to the creation of a future Maison Sport-Santé.

Method:

In 2024, the University of Lille's Departments of General Practice and Sport Sciences partnered with a Maison de Santé Pluriprofessionnelle Universitaire (MSPU) to embed APA Master's students within the primary care team. APA students collaborated daily with general practice trainees under shared supervision, providing individualised APA sessions and a supervised walking group. The initiative was supported by GRAPPE (Groupe de Recherche en Activité Physique en soins PrEmiers), an interprofessional community of clinicians, researchers, allied health professionals and a patient partner.

Results:

The MSPU welcomed successive cohorts of APA students, facilitating the inclusion of 128 patients across two academic years. Students benefited from direct clinical exposure, multidisciplinary mentorship, and shared reflective learning. GRAPPE grew to 35 members, including 18 students from various health disciplines. The initiative generated multiple academic outputs: three completed theses, two articles submitted for publication, and several conference communications at national and international level. In parallel, a patient association was created to co-design and support future APA initiatives and to contribute to the development of the centre's application for Maison Sport-Santé certification.

Conclusions:

Embedding APA within a primary care learning centre—combined with an interprofessional research and education network—enhances access to adapted physical activity, reinforces collaborative prevention, and strengthens local capacity for patient-centred health promotion. The emerging partnership with a patient association further anchors the project in community needs and supports the transition toward an integrated Maison Sport-Santé model.

Oral Presentation / Research**A Personalised Digital Self-Management Tool to Improve Wellbeing and Reduce Primary Care Demand**

Vincent Sai¹, Mina Gupta², Nina Jhita², Tom Ratcliffe², Sian Knight³

1. Modality Partnership and Pathfinder Academy, B19 1BP Birmingham, United Kingdom E-mail: vincent.sai@nhs.net

2. Modality Partnership

3. Modality

Keywords: Digital healthcare, personalised care, self-management, wellbeing, behaviour change, patient empowerment

Aim:

Primary care faces high demand from patients with long-term conditions, anxiety, insomnia, low mood and lifestyle-related concerns. These issues often require sustained support beyond routine clinical contacts. To address these issues we implemented a personalised digital self-management tool to support wellbeing, reduce avoidable appointments, and empower patient self-care.

Objectives

To evaluate the impact of digital self-management support on:

1. Wellbeing and self-efficacy
2. Lifestyle behaviours
3. Appointment utilisation
4. Suitability for patients with multimorbidity

Method:

The retrospective evaluation covered multiple primary care sites serving approximately 500,000 patients. Eligible patients included frequent attenders, individuals with multimorbidity, and those reporting low wellbeing. Uptake, wellbeing scores, behavioural indicators and appointment utilisation were monitored using real-world operational data. Patient feedback was analysed qualitatively.

Results:

Among 25,000 invited patients, uptake was high across diverse demographic groups, including older adults and people with low digital confidence. Users reported substantial improvements in wellbeing:

- 82% felt more in control of their health
- 68% reported improved mental wellbeing
- Significant improvement in ONS-4 wellbeing scores
- mean 4.7 kg weight reduction over eight weeks

Behavioural outcomes included improved sleep, increased activity levels and sustained motivation.

Appointment utilisation decreased by 15% among the highest-need frequent attenders, releasing capacity for complex care and urgent demand. No additional clinical or administrative workload was generated. Patient feedback highlighted reduced anxiety, improved symptom management and enhanced confidence in self-care.

Conclusions:

The personalised digital self-management tool significantly improved wellbeing and supported behaviour change while reducing non-urgent appointment demand. Simplicity of access, personalised nudges and non-clinical guidance were key to equitable engagement.

Digital self-management tools can strengthen prevention, reduce pressure on primary care and improve patient outcomes when delivered with strong governance and behavioural design. This model demonstrates a scalable approach to strengthening primary care delivery and may inform international efforts to modernise primary care.

Oral Presentation / Research

An Evaluation of Social Prescribing Implementation in Catalonia's Primary and Community Care System

Marc Olivella Cirici¹, Aina Gabarrell-Pascuet², Salomé Tárrega Larrea³, Lidia Segura Garcia¹, Luisa Maria Conejos Ara¹

1. Public Health Agency of Catalonia - GENCAT, 08009 Barcelona, Spain E-mail: marcolivella@gencat.cat

2. Department of Public Health, Aarhus University

3. UManresa - Universitat de Vic-Universitat Central de Catalunya

Keywords: Social prescribing; Primary and community care; Community health; Health promotion; Public health; Implementation evaluation; Community assets; Social support; Wellbeing; Non pharmacological interventions; Health equity

Aim:

This study aimed to assess the implementation of the Social Prescribing Programme (SPP) across Catalonia's Primary and Community Care system. The objective was to describe territorial variability, identify strengths and barriers, and evaluate coordination, training, digital tools, and follow-up processes to support a more equitable and community-centred model.

Method:

A cross-sectional survey was carried out between March and May 2025. All Primary and Community Care Teams in Catalonia were invited, and 305 responses were obtained (81%). The REDCap questionnaire included 60–70 questions, and a global implementation indicator was constructed for each Basic Health Area to summarise performance. Quantitative data were analysed using descriptive statistics, while qualitative responses were thematically coded to identify patterns and contextual insights.

Results:

Most teams (84.6%) were favourable to the implementation of the SPP, 60.5% reported that the SPP had formally started in their area, and coordination spaces with community stakeholders existed in 55% of territories. Asset mapping was highly prevalent (93%), but digital tools were infrequently used: over 70% of teams rarely or never used the community asset search platform, and 42% seldom used the SPP module in the electronic health record. Professional follow-up of users declined over time, from 29% at 15 days to 18% at 6 months. Training had reached more than half of teams, and the facilitator role—present in 34%—was crucial for linking care teams with community organisations. Satisfaction was higher regarding perceived benefits for service users than for professionals or overall programme functioning. Barriers included lack of time, uneven training, staffing limitations, and communication issues. The global implementation indicator showed a mean score of 54.3 out of 100, with notable territorial variability.

Conclusions:

The evaluation shows strong acceptance of the SPP but uneven implementation and structural constraints. Strengthening coordination, digital tools, training, and follow-up circuits is essential to consolidate the programme across Catalonia.

Oral Presentation / Research**Choosing rural healthcare during the war: Understanding drivers and barriers shaping health workforce engagement in rural Ukraine**

Marko Isajlovic

International Rescue Committee, 01054 Kyiv, Ukraine. E-mail: marko.isajlovic@rescue.org

Keywords: rural healthcare; primary healthcare; health workforce; health policy; health system strengthening; Ukraine

Aim:

Ukraine's healthcare system faces significant challenges amid ongoing conflict, systemic instability, and rising health needs in underserved rural communities. Strengthening primary healthcare in these rural settings requires understanding what motivates healthcare workers and students to engage in rural practice and what barriers prevent them from doing so.

Method:

This mixed-methods assessment combined three focus group discussions with a structured survey of 406 respondents across nine regions of Ukraine, including rural and urban healthcare workers and students enrolled in healthrelated educational programs.

Results:

Findings revealed ambivalent perceptions of rural practice: while 56% viewed rural healthcare as respected, only 26% saw its good career prospects. Major barriers include low salaries, poor infrastructure, lack of housing, and limited career development, with safety concerns emphasized in conflict-affected areas. Key motivators were largely remunerative (higher salaries (30%), housing support (18%), and transportation assistance (16%)), complemented by professional development opportunities. Respondents valued closer patient relationships and community trust but stressed that these benefits cannot cover systemic gaps. Over 86% agreed that material incentives/ benefits and improved infrastructure would significantly increase willingness to work in rural areas.

Conclusions:

Strengthening rural healthcare in Ukraine requires a comprehensive approach combining financial incentives, housing, infrastructure, safety measures, and professional support. These findings inform policy recommendations to enhance primary healthcare access and resilience in rural communities during and beyond the current crisis.

Oral Presentation / Research**Exploring attitudes regarding person-centered care and their predictors: A cross-sectional multi-center study among primary care service users in Greece**

Eleni Kalaitzi¹, Anna Pappa¹, Paraskevi Panagopoulou², Ilias Tirodimos³, Zoi Tsimtsiou⁴

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Keywords: primary care, patient-centered care, attitudes, predictors, health literacy

Aim:

To investigate the attitudes of primary care service users regarding patient-centered care, as well as the factors that predict them.

Method:

In this cross-sectional study, adults who attended scheduled appointments at three different primary care practices in Northern Greece were invited to participate. The study tool consisted of demographic questions and the valid and reliable Greek versions of Patient-Practitioner Orientation Scale (PPOS), God Locus of Health Control (GLHC), and Health Literacy Survey Europe 16 (HLS-EU-16).

Results:

A total of 358 individuals participated (response rate 71%), with a mean age of 50 years (± 14.3 ; range: 18–93), of whom 64.5% were women ($n = 230$). The mean value of the overall PPOS score was 3.9 (± 0.5), while for the Sharing and Caring subscales 3.6 (± 0.7) and 4.2 (± 0.6), respectively. Higher expectations for patient-centered care were observed among female participants, individuals with higher educational attainment, higher levels of health literacy, a greater number of annual healthcare visits (>3), residents of urban areas (compared to semi-urban and rural areas), as well as those who attributed lower control over their health to God.

Conclusions:

Our findings indicate that Greek primary care service users expect a moderate level of patient-centered care during medical consultations, with lower expectations regarding participation in healthcare decision-making and higher expectations for an approach that respects their individual needs. Understanding the individual needs of each patient within the context of the medical consultation is of critical importance. In this direction, training healthcare professionals in communication skills and improving citizens' health literacy through health education campaigns may contribute to empowering them as active members of the healthcare team.

Oral Presentation / Research**High-Risk Diabetic and Non-Diabetic Patients in Primary Health Care: Comparison and Associated Factors**

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Keywords: Diabetes Mellitus, Type 2; Chronic Disease; Multimorbidity, Medication Adherence, Risk Assessment, Primary Health Care.

Aim:

Type 2 diabetes mellitus (T2DM) is a major public health challenge due to its high prevalence and disease burden. An increasing proportion of patients with T2DM are classified as high risk, often presenting with multimorbidity, functional vulnerability, and complex treatments. This study compared the sociodemographic, functional, clinical, therapeutic, and healthcare utilization profiles of high-risk chronic patients with and without T2DM in primary health care (PHC).

Method:

A cross-sectional study included adults classified as high-risk chronic patients in PHC electronic health records in the Madrid Region (April 30, 2021). Sociodemographic, functional, clinical, lifestyle, pharmacological variables, and PHC services utilization were analyzed. Multivariate logistic regression identified factors independently associated with T2DM.

Results:

Among 163,188 high-risk chronic patients, 41.5% had T2DM. Patients with T2DM were older, more often male, and had comparable deprivation index values to non-diabetic patients. They showed higher functional dependency and greater need for informal caregiving. Clinically, patients with T2DM had a higher burden of chronic conditions and a predominance of cardiometabolic, hematological and renal comorbidities, whereas non-diabetic patients exhibited more neuropsychiatric, chronic infectious, oncological and respiratory profiles. Polypharmacy was more frequent in T2DM patients, who also showed lower medication adherence. In the explanatory model, older age (OR 1.02/year), cardiometabolic comorbidities (ORs ~1.2–1.6), highest quartile of morbidity complexity (OR 1.27), polypharmacy (OR 1.34), and concern about medications (OR 1.08) were associated with T2DM, while female sex (OR 0.660), depression (OR 0.888), COPD (0.704), neoplasms (0.688), and higher medication adherence (OR 0.53) were associated with not having T2DM.

Conclusions:

High-risk chronic patients with T2DM exhibit distinct sociodemographic, functional, and clinical profiles compared with those without T2DM, characterized by greater complexity, cardiometabolic burden, therapeutic intensity and use of healthcare services, supporting the need for tailored, integrated PHC strategies.

Oral Presentation / Research

Improving Maternal Vaccination Awareness in Primary Care: Outcomes of an Online Education Program for Pregnant Women

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Keywords: vaccination, pregnancy, primary health care

Aim:

Maternal immunization is a key component of preventive care in primary care, protecting both pregnant women and newborns. Despite clear recommendations, knowledge gaps and vaccine-related concerns persist. This study evaluated the impact of an online immunization education program delivered in a family health center on pregnant women's knowledge and attitudes toward maternal and childhood vaccination.

Method:

This descriptive pre–post intervention study was conducted in an educational family health center in Türkiye. Pregnant women attending routine antenatal follow-up visits were invited to participate in a single-session online education on maternal and childhood immunization. The education addressed recommended vaccines during pregnancy, vaccine safety, benefits for mother and newborn, common misconceptions, breastfeeding-related vaccination issues, and childhood immunization schedules. A structured questionnaire was administered before (pre-test) and after (post-test) the education. Knowledge was assessed using 12 multiple-choice questions (score range: 0–12). Attitudes were measured using an 8-item five-point Likert scale, with one negatively worded item reverse-coded. Internal consistency was assessed using Cronbach's alpha. Paired pre–post comparisons were performed using the Wilcoxon signed-rank test.

Results:

A total of 61 pregnant women completed the pre-test, and 25 participants (41.0%) completed the post-test. Paired data were available for all post-test respondents. The attitude scale demonstrated excellent internal consistency (Cronbach's alpha: 0.92 pre-test; 0.94 post-test). Median knowledge scores increased from 9 (IQR: 7–10) before the education to 11 (IQR: 10–12) after the education, indicating a significant improvement (Wilcoxon signed-rank test, $p < 0.001$). Median total attitude scores also increased significantly, from 34 (IQR: 30–37) to 37 (IQR: 31–40) ($p = 0.019$). Post-education responses showed increased trust in healthcare professionals and reduced concerns regarding potential fetal harm from vaccination.

Conclusions:

Online immunization education in primary care improved maternal vaccination knowledge and attitudes. Addressing participation barriers through hybrid delivery and structured follow-up may enhance program effectiveness and scalability.

Oral Presentation / Research**Success ingredients of the first "Watiska" Health Festival in Genk Belgium explained**

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Keywords: innovation - prevention - primary healthcare - social welfare

Aim:

This first initiative was co-created to address barriers such as low health literacy and limited access to preventive care. We aimed to engage residents to make health information and related activities easily accessible.

Method:

The festival health activities were designed to encourage direct interaction between residents and stakeholders. Attendance numbers and participant feedback were collected to assess the reach and relevance of the program.

Under the theme "Everybody Healthy!" neighborhood organizations with volunteers gave low-threshold workshops and information sessions on healthy food & living, physical activity, diabetes prevention, high blood pressure, sleep problems, mental health & fitness and general wellbeing.

Results:

Approximately 400 residents attended the Health festival, indicating high neighbourhood reach. Workshops were well visited by children, adults and elderly suggesting alignment between programme content and community needs. Residents actively engaged with health-related information and activities. Participant's feedback offered guidance for further tailoring of the next health promotion festival.

The first "Watiska" neighborhood Health Festival nicely illustrated how co-creation and cooperation between primary healthcare services and social welfare organizations can effectively promote health issues in vulnerable urban neighborhoods.

Conclusions:

This festival demonstrates that collaboration between primary care and neighborhood welfare services can deliver effective and accessible health promotion in disadvantaged urban neighborhood settings. High participation and positive feedback confirmed a clear demand for local preventive health initiatives and will strengthen health awareness, personal empowerment and will improve access to primary healthcare services.

Oral Presentation / Research**Electronic health Record Note Effect Study (ERNEST-DH) Protocol of a randomized controlled trial of overtreatment alert.**

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Keywords: Overtreatment, Primary care, Electronic Medical Record, Randomized Clinical Trial

Aim:

According to the ACCORD-BP trial, intensive systolic blood pressure lowering with anti-hypertensive medication constitutes overtreatment. This trial will determine if an electronic medical record (EMR)-based note promoting deprescribing for overtreated elderly patients with type 2 diabetes mellitus improves their health outcomes, as measured by emergency department utilization.

Method:

This is a pragmatic, randomized, open-label, superiority trial to be conducted within a single, large national health insurer. The study will involve two parallel groups with a 1:1 allocation ratio. All key processes, including recruitment, randomization, and note placement (the intervention), will be fully automated.

Inclusion criteria:

Members of Clalit Health Services

Age 75 years or older

A diagnosis of type 2 diabetes mellitus

Dispensing of ≥ 30 anti-hypertensive tablets in the past 30 days or ≥ 90 tablets in the past 90 days

Two consecutive EMR recordings of systolic blood pressure < 120 mmHg.

Exclusion criteria:

Members whose Defined Daily Dose (DDD) of anti-hypertensive medication was reduced in the past 30 days

Members without an assigned primary care physician.

The note text will explain the rationale and prompt the reader to consider reducing the dose of a blood-pressure-lowering medication.

Results:

Our preliminary observational data showed that excessive antihypertensive medication in adults with diabetes was linked to an additional 0.18 emergency room visits per person-year. The primary outcome of this trial is the rate of emergency-department visit over 3 years.

Secondary outcomes include: all-cause mortality, net health care costs, number of hospital stays (of any cause), dispensed anti-hypertensive drugs, glycated haemoglobin level (HbA1c%), mobility status and cognitive status.

Conclusions:

Reducing overtreatment may benefit patients' physical, mental, and economic aspects of health. This unique trial has potential to promote evidence-based health promotion in general practice/family medicine. Its pragmatic design is adaptable for many other research aims in this field.

Oral Presentation / Research**Fear of weight gain after smoking cessation and associated factors among adult smokers**

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Keywords: smoking cessation, fear of weight gain, nicotine dependence

Aim:

This study aimed to evaluate fear of weight gain after smoking cessation and its association with sociodemographic characteristics, smoking-related factors, nicotine dependence, and intention to quit smoking.

Method:

This cross-sectional study was conducted among adult smokers attending the family medicine outpatient clinic of a tertiary training and research hospital. Individuals aged ≥ 18 years who were current smokers and consented to participate were included. Sociodemographic characteristics, body mass index (BMI), smoking duration, daily cigarette consumption, and pack-year history were recorded. Nicotine dependence was assessed using the Fagerström Test for Nicotine Dependence (FTND). Fear of weight gain after smoking cessation was evaluated using a six-item researcher-developed questionnaire. A p-value < 0.05 was considered statistically significant.

Results:

A total of 105 individuals participated. The mean age was 38.16 ± 12.52 years; 62.9% were male and 79.0% had an education level of high school or above. The mean BMI was 26.59 ± 4.34 , and 43.8% reported being satisfied with their current weight. The mean smoking duration was 15.75 ± 12.79 years, the mean pack-year history was 20.62 ± 60.02 , and the mean FTND score was 3.73 ± 2.50 . Thirty-five percent had never attempted to quit smoking, and 43.8% did not intend to quit within six months. Fear of weight gain was not associated with age, BMI, FTND score, smoking duration, daily cigarette consumption, or pack-year history ($p > 0.05$). However, fear of weight gain scores were significantly higher among participants who intended to quit smoking within six months compared with those who did not or were undecided ($p = 0.005$). Similarly, participants dissatisfied with their current weight had significantly higher fear of weight gain scores than those who were satisfied or undecided ($p = 0.028$).

Conclusions:

Addressing weight-related concerns during smoking cessation counseling may support cessation efforts.

Oral Presentation / Research**From Brazil to Southwest London: Lessons from a Multi-Site Evaluation of the Community Health and Wellbeing Workers Model**Mohamed Elshishtawy¹, Thomas Herweijer²

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Aim:

To improve population health outcomes, recent UK policy plans propose three big shifts: treatment to prevention, analogue to digital, and hospital to community. As demonstrated by the Marmot Review, addressing health inequalities requires innovative care models based on equitable prevention. The Community Health and Wellbeing (CHWW) programme, inspired by the Brazilian Family Health Strategy, integrates community-based prevention with primary care targeting vulnerable communities, addressing health inequalities in Southwest London. This study investigated its acceptability, feasibility, and impact across 6 sites: Wandsworth, Croydon, Merton, Sutton, Richmond, and Kingston.

Method:

A 12-18 month mixed-methods evaluation was conducted across 6 sites. Quantitative impact was measured through primary care patient records (EMIS) and household data collection sheets to track preventive service uptake. Qualitative data, including focus groups and resident case studies, explored the practical barriers to implementation and the potential for systemic scaling.

Results:

Underserved residents were engaged in Southwest London. In Sutton, proactive outreach was translated into clinical gains, with residents becoming 2 to 8 times more likely to attend cancer screenings and immunisations. In Kingston, wellbeing average scores rose by 28% (from 5.88 to 7.56) after engagement. The model was versatile; as Merton's pilot showed multigenerational households of up to 7 individuals being engaged across health, housing, and social welfare. Similarly, Richmond and Croydon demonstrated mitigating digital exclusion and social isolation, while Wandsworth confirmed the model's operational scale through 2,166 meaningful contacts. Collectively, the data from all sites shows that relational trust was needed to bridge the gap between marginalised populations and primary care.

Conclusions:

The model offers a robust blueprint for achieving the 3 new policy shifts resulting in increasing the uptake of preventative services and reducing health inequalities. Sustainability needs transitioning from short-term pilots to long-term funding and full integration into primary care data systems.

Oral Presentation / Research**Lifestyle patterns and their association with health indicators in a large community-based sample (2022–2025)**

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2. FUNDACIÓN Mapfre

3. Servicio Madrileño de la Salud

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Keywords: Lifestyle, Lifestyle Medicine, Cardiometabolic Health, Vascular Ageing, Population-Based Prevention

Aim:

To describe lifestyle patterns assessed through the Lifestyle Medicine Assessment (LMA) questionnaire in a large community-based preventive health campaign conducted across Spain (2022–2025), to identify priority lifestyle domains for improvement, and to analyse associations between LMA scores and health parameters

Method:

A retrospective cross-sectional study was performed using anonymised data from adults participating in the national health campaign “La Máquina del Tiempo” (2022–2025). The LMA evaluates five lifestyle domains (social connection, movement, nutrition, rest/recovery and substances) and generates a total score ranging from 0 to 50. Participants aged 18–85 years were included. Descriptive statistics summarised demographic variables, domain scores and lifestyle categories. One-way ANOVA compared BMI, blood pressure, cholesterol, vascular age and difference “vascular age – chronological age” across lifestyle categories. A multiple linear regression model examined factors independently associated with total LMA score, including age, sex, BMI, systolic blood pressure, cholesterol, smoking and diabetes.

Results:

A total of 16,851 participants were included (53.9% women; mean age 51.0 ± 16.0). LMA categories were distributed as follows: below average 5.7%, average 27.0%, very good 51.1% and excellent 16.2%. Priority domains for improvement (score <7) were rest/recovery (59.9%), social connection (54.8%), movement (51.5%), nutrition (36.0%) and substances (26.6%). Higher LMA categories were associated with lower BMI ($p < 0.001$), lower vascular age and lower difference from vascular–chronological age (both $p < 0.001$), and with differences in systolic blood pressure ($p < 0.001$). Cholesterol and diastolic blood pressure showed no significant differences across categories. In the regression model ($n = 12,685$), higher LMA scores were independently associated with lower BMI ($\beta = -0.26$; $p < 0.001$), non-smoking status ($\beta = -7.04$; $p < 0.001$), male sex ($\beta = 0.98$; $p < 0.001$).

Conclusions:

Better lifestyle patterns were consistently associated with healthier cardiometabolic profiles. Rest/recovery, social connection and movement emerged as the main lifestyle domains requiring improvement. Higher LMA scores were consistently linked to lower BMI and more favourable vascular ageing

Oral Presentation / Research**Nutritional literacy: Distilling gaps and opportunities for people living with Type 2 Diabetes**

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Aim:

Diabetes Mellitus (DM) is on a world-wide rise and continues to pose public health challenges. Nutritional literacy (NL) for people living with Type 2 diabetes mellitus (PLwT2DM) is crucial for their well-being yet studies on this topic remain in dearth. This study aims to identify key insights about NL gaps and opportunities among PLwT2DM.

Method:

Fourteen PLwT2DM who visited family medicine clinics under the Primary Health Care Corporation (PHCC) in Qatar completed semi-structured interviews. Inductive thematic analysis was used to identify themes and subthemes that emerged from questions related to reading food labels, selecting carbohydrates, balancing meals and snacks, and accounting for food consumption timing to control sugar levels.

Results:

Thematic analysis yielded five main themes: Health behaviours, health and nutritional knowledge, comprehension of nutrition basics, social and professional support, and nutritional and lifestyle preferences. Twenty one subthemes that represent key gaps and opportunities related to serving size, sugar content, self-control, social barriers, food groups and eating patterns emerged from the aforementioned themes.

Conclusions:

The study calls for an urgent need to strengthen diabetes education efforts, increase awareness, and train health professionals on NL to bridge knowledge gaps, in order to neutralize negative behaviours contributing to poor self-management in PLwT2DM, and re-shape their perceptions on how to maintain a balanced diet under high social pressure. Building on the positive practices that were unveiled in this study, through encouraging PLwT2DM and high NL to voice their first-hand experience, while accounting for sociocultural nuances may be a path forward to support those with lower NL.

Presentation on 27/03/2026 16:30 in "Oral Communications 2" by Mohammed Al-Hamdani.

Oral Presentation / Research**Opportunistic Breast Cancer Screening in a Tertiary Care Setting: Imaging Outcomes and Follow-up Gaps**Fatma Oztora¹, Efe Ungan²

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Keywords: Breast cancer, mammography, ultrasound, screening**Aim:**

Opportunistic breast cancer screening remains common in tertiary care hospitals despite the widespread implementation of organized population-based programs. This study aimed to describe mammography outcomes and subsequent ultrasound (US) follow-up among women undergoing opportunistic breast cancer screening in a tertiary care setting.

Method:

This retrospective descriptive study included women aged 40–41 years who underwent screening mammography at a tertiary care hospital during the year 2025. Opportunistic screening was defined as screening mammography performed outside an organized, population-based screening program, based on individual clinical referral or patient request. Mammography findings were classified according to the BI-RADS system, and breast density was recorded. Ultrasound utilization was categorized as not requested, requested but not performed, or performed. Analyses were limited to descriptive statistics.

Results:

A total of 131 women were included. On mammography, 69.4% of examinations were classified as BI-RADS 0, 15.3% as BI-RADS 1, 9.2% as BI-RADS 2, 4.6% as BI-RADS 3, and 1.5% as BI-RADS 4. Dense breast tissue (BI-RADS density categories C or D) was present in 77.9% of participants. Following mammography, ultrasound was not requested in 17.6% of women, while it was requested but not performed in 37.4%, indicating incomplete follow-up. Overall, 45.0% of participants underwent ultrasound examination. Among women who completed US, the majority of findings were classified as benign or probably benign (BI-RADS 1–3).

Conclusions:

Opportunistic breast cancer screening performed in a tertiary care setting is associated with high recall rates and frequent recommendations for additional imaging, largely related to breast density; however, even when radiological recommendations are made in accordance with current guidelines, follow-up gaps may still occur in routine practice, leading to incomplete diagnostic pathways.

Oral Presentation / Research

The Catalan Experience within the PEACHD Project: testing the feasibility of screening and brief interventions for multiple lifestyle risk factors in Vulnerable Primary Care Settings

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Keywords: primary healthcare, brief intervention, multiple lifestyle risk factors

Aim:

Health-related behaviours such as risky alcohol use, smoking, unhealthy diet, and physical inactivity are risk factors for many cancers and other non-communicable diseases (NCDs). The PEACHD project, co-funded by the European Union, aims to operationalise and adapt WHO BRIEF manual, and test the feasibility of the resulting tailored intervention programme, addressing multiple cancer-related lifestyle risk factors simultaneously in diverse contexts and populations, with special attention to displaced people and those with low socioeconomic status (SES).

Method:

In Catalonia, the pilot was conducted over four months in seven PHC centres, selected on the basis of community health indicators. Participating healthcare teams received one hour of face-to-face training, followed by an online booster session. Locally adapted and multi-lingual materials were provided. Implementation was evaluated using the RE-AIM framework, through short interviews with professionals, self-reported screening rates (compared retrospectively and with control centres), pre-post training questionnaires, and focus groups with individuals of Pakistani and Maghrebi origin, representing the target population. Seven short interviews were conducted with referent professionals from PHC centres to collect preliminary perceptions on the deployment of the pilot.

Results:

Health-care professionals reported satisfaction with the training and materials, particularly the short leaflet translated into other languages. They considered the intervention important and noted that it was well received by patients. However, they also indicated that prevention was challenging due to time constraints and competing priorities, and that addressing all risk factors in the same visit seemed burdensome given the characteristics and complexity of their patient population (experiencing social adversity, language barriers, limited health literacy, and multiple chronic conditions).

Conclusions:

Prevention of NCD risk factors in PHC settings is widely recognized as a key component of public health strategies. Findings from the PEACHD pilot will provide practical insights to inform the SumaSalut program, particularly regarding core implementation components in socioeconomically disadvantaged contexts.

Poster Presentation / Review**Interventions to Reduce Energy Poverty and Their Impact on Mental Health: A Systematic Review**

Pedro Cardoso, Sandra Cruz, Inês Conde, Joana Ferreira

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Keywords: Healthcare, Primary Care, Mental Health, Energy Poverty, Thermal Discomfort, Wellbeing, Anxiety, Depression, One Health

Review:

Background: Energy poverty—difficulty achieving adequate indoor thermal comfort—has been consistently linked to poorer mental health. Yet the effects of corrective interventions on validated mental-health outcomes remain unclear.

Methods: We registered a protocol (PRISMA 2020) and searched MEDLINE/PubMed, Embase, Scopus, Web of Science, CENTRAL, PsycINFO, CINAHL and grey sources (2005–2025). Eligible studies evaluated interventions targeting thermal comfort/affordability (e.g., fabric insulation, heating systems, whole-house retrofits, behavioural advice) and reported validated mental-health outcomes (e.g., GHQ-12, SF-12/36 MCS, HADS/PHQ/GAD). We included randomised and non-randomised comparative designs and undertook random-effects meta-analyses by intervention class where ≥ 3 comparable estimates were available; otherwise, we applied SWim narrative synthesis. Risk of bias was assessed with RoB 2/ROBINS-I; certainty with GRADE.

Results: Eight intervention studies met criteria (United Kingdom $n=6$, New Zealand $n=1$, Portugal $n=1$), including one cluster RCT and seven non-randomised evaluations. Structural fabric upgrades and heating/system improvements were most common; purely behavioural/educational interventions were rare. Pooled effects (GHQ-12/SF-12 MCS) suggested small but clinically meaningful improvements in psychological distress/mental health following fabric upgrades and combined packages; system-only upgrades showed modest, directionally similar gains. Heterogeneity was moderate, reflecting differences in intervention bundles, populations and instruments. Subgroup evidence—limited but consistent—indicated larger benefits among more deprived households and those with poorer baseline thermal performance. Cost-effectiveness analyses (mainly UK) favoured insulation/heating upgrades when mental-health gains and co-benefits were included. Overall risk of bias was “some concerns” (cRCT) and “moderate–serious” (non-randomised) due to confounding, selection and self-report; GRADE certainty was low to moderate.

Conclusions: Energy-efficiency retrofits—especially insulation and central-heating packages—likely improve mental-health outcomes, with equity-relevant gains in high-need groups. Stronger evidence is needed from well-designed RCTs/quasi-experiments using standardised mental-health measures, longer follow-up and cost-utility endpoints, particularly beyond the UK.

Poster Presentation / Research**Community Pharmacy's role in Integrated Neighbourhood Team (INT) working – Smoking Cessation Support**

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Keywords: Smoking Cessation, Integrated Neighbourhood Team, Community Pharmacy, Outreach, Prevention

Aim:

The aim of the study was to show the impact of Community Pharmacy's role in supporting prevention priorities by conducting group consultations as an outreach concept and signposting to local community pharmacy stop smoking services

Method:

Patients recorded as smoking and registered with local GP practices were contacted to attend one of six group consultations held at various locations across an area. Ethical approval was not required for this project. This one-hour group consultation was conducted by a Community Pharmacist and included measuring the Carbon Monoxide (CO) level of those attending and discussing the various ways in which people can give up smoking. The patients were then signposted to a local Community Pharmacy that provided the locally commissioned stop smoking service.

Results:

In total, 69 patients registered to attend a group consultation. 33 patients actually attended 6 sessions held over a time period of 10 weeks. 79% of the smokers who attended had CO levels in the red zone over 11ppm. 82% of the patients who attended were assessed as having moderate to high nicotine dependence as validated by the Fagerstrom score. 27% of patients quit smoking as validated with a low CO reading at 4 weeks. 67% of patients are still intending to quit or quitting. With 6% of patients not wanting to quit at all after attending the session.

Conclusions:

Smoking is the leading cause of preventable illness and premature death in England, with about half of all lifelong smokers dying prematurely, losing on average around 10 years of life.

Community Pharmacy is often able to offer a solution to managing local health and wellbeing priorities. In this study, we were able to show the benefit of joint working between the local authority, the GP practices and the local community pharmacy network.

Poster Presentation / Research

Navigating smoking cessation in healthcare: a pilot study of the SMOKE AKAT questionnaire among family medicine residents

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Keywords: smoking cessation, family practice, health knowledge, attitudes, residency, education

Aim:

Family medicine doctors play a crucial role in smoking cessation efforts but often lack adequate training and skills in this area. This study aimed to assess attitudes, knowledge, and behaviors regarding smoking cessation among family medicine residents using a newly developed instrument.

Method:

A novel 29-item questionnaire called SMOKE AKAT was developed and administered online to 161 family medicine residents at the University of Zagreb. This cross-sectional survey assessed knowledge about smoking-related health risks, cessation methods, and harm reduction approaches, as well as attitudes and behaviors related to smoking cessation counseling. Descriptive statistics were used to analyze the responses.

Results:

93 residents completed the survey (57.76% response rate). Key findings include: 91.4% had never received formal education on smoking cessation methods; 62.4% incorrectly believed nicotine causes cancer; 84.9% incorrectly classified e-cigarettes as nicotine replacement therapy; 57% correctly identified the definition of harm reduction; 51.6% reported spending 2–5 min on cessation counseling per patient visit; and 84.9% believed family doctors should be responsible for implementing smoking cessation interventions

Conclusions:

In light of the European Commission's agenda to make the EU smoke-free by 2040, where healthcare professionals play an increasingly crucial role this study revealed significant knowledge gaps and misconceptions about smoking cessation among family medicine residents. There is a need to enhance smoking cessation curricula in family medicine training programs, focusing on evidencebased cessation methods, pharmacotherapy options, and harm reduction approaches. Improving residents' knowledge and skills could lead to more effective smoking cessation interventions in primary care settings. The SMOKE AKAT questionnaire addresses a critical gap in the current healthcare research landscape by providing an assessment tool to identify knowledge deficiencies, attitudinal barriers, and practice gaps among family medicine physicians in smoking cessation counseling and enables targeted educational interventions to correct specific deficiencies that might otherwise remain undetected in standard medical education assessments.

Poster Presentation / Research

Serum Urate Differences in Type 2 Diabetes: Potential Influence on Micro- and Macrovascular Complications

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Aim:

The aim of this study was to evaluate serum urate levels in patients with type 2 diabetes in relation to clinical and biochemical characteristics, disease duration, comorbidities, and treatment type, and to assess their association with the occurrence of micro- and macrovascular complications.

Method:

This cross-sectional study included patients with type 2 diabetes aged 50 years and older of both genders, recruited consecutively over a period of four-months period from four family medicine offices. Information on chronic diseases was obtained from electronic medical records and patient interviews. For the assessment of biochemical parameters, participants were referred separately for blood sampling.

Results:

A total of 170 patients were included in the study, with a median age of 65 years. Multimorbidity was present in 94.9% of participants. Renal function was generally well preserved, and the median HbA1c was 6.8%. Serum urate levels were divided into tertiles due to a relatively narrow interquartile range. Analysis of urate tertiles showed that participants with coronary artery disease, chronic heart disease, chronic kidney disease, diabetic retinopathy, and higher eGFR predominantly belonged to the third tertile. No statistically significant differences were observed in serum urate tertiles by gender, age, or type of antidiabetic therapy.

Conclusions:

Type 2 diabetes is complex and heterogeneous. The relationship between elevated serum urate and cardiovascular risk is still unclear, and its role as an independent risk factor remains debated.

Presentation on 26/03/2026 10:45 in "Poster Session 1" by Iva Petričušić.

Poster Presentation / Case Report

Smoking Cessation Intervention Programme in a Health Area of Madrid: Health Education Through Smoking Cessation Workshops

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Keywords: Smoking cessation, health education, workshops

Introduction:

Tobacco use remains the leading preventable cause of morbidity and premature mortality in developed countries. Smoking cessation interventions delivered through healthcare services are highly cost-effective, particularly when targeting motivated smokers. This project describes a structured smoking cessation programme implemented in a primary care health area in Madrid.

Case:

: A community-based smoking cessation intervention was developed within the framework of the Smoking Prevention and Control Programme of Madrid Salud. Periodic group workshops were offered to smokers registered at a primary care health centre who requested assistance to quit smoking and were in the preparation stage of change. Recruitment was mainly conducted during routine primary care consultations. Participants underwent an initial clinical assessment, including evaluation for pharmacological treatment, most commonly cytisine. Each workshop consisted of seven weekly sessions (1 hour per session), combining theoretical content with participatory activities. Topics included benefits of smoking cessation, behavioural change strategies, management of triggers, breathing exercises, cognitive techniques and relapse prevention. The programme was delivered through interdisciplinary and intersectoral collaboration between primary care professionals and a municipal community health centre.

On average, 20 individuals attended the initial assessment consultation, with approximately 15 participants starting each workshop. Smoking cessation at the end of the programme was achieved by around 60% of participants. Overall satisfaction with the intervention was very high, and most participants reported they would recommend the programme. At the time of evaluation, more than 50 additional individuals had expressed interest in participating in future workshops.

Discussion:

Intensive, group-based educational smoking cessation interventions implemented in Primary Care settings are highly effective among motivated smokers. Interdisciplinary collaboration and coordination between healthcare and community services enhance programme outcomes. This model represents a significant opportunity for population health improvement and is easily transferable to other health areas.

Poster Presentation / Research**Urban-Rural Disparities in Hypertension Care Delivery: A Cross-Sectional Study of Family Physicians in Croatia**Iva Petričušić¹, Ljiljana Čenan², Zvonimir Bosnić³

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Keywords: Hypertension; Family Practice; Rural Health Services; Urban Health Services; Primary Health Care; Health Services Accessibility**Aim:**

Arterial hypertension remains a leading modifiable risk factor for cardiovascular disease, yet control rates in primary care are suboptimal worldwide, including in Croatia, due to gaps in implementation, adherence, and resource access. This cross-sectional study evaluates urban-rural disparities in hypertension management practices among Croatian family physicians, focusing on equipment, clinical patterns, and service accessibility to identify quality improvement targets.

Method:

A structured electronic questionnaire was distributed via WhatsApp and Viber apps to family medicine physicians in Croatia, yielding 384 voluntary anonymous responses (252 urban, 132 rural). It covered demographics, equipment/pharmaceutical availability, blood pressure measurement practices, ABPM usage, prescribing patterns, and collaboration with services like pharmacies, labs, and field nurses. Descriptive statistics characterized differences between urban and rural family doctors.

Results:

Urban practices showed superior pharmacy (100% easy access vs. 88.6%) and lab access (95.6% vs. 79.5%), but lower nurse collaboration (58.7% vs. 78.8%). Equipment was comparable overall, with rural strengths in defibrillators (62.1% vs. 47.2%), manual sphygmomanometers (82.6% vs. 76.6%), and emergency drugs like furosemide (100% vs. 93.3%), while urban had more digital devices (58.3% vs. 34.1%) and ABPM use (42.4% routine vs. 40.9%). Both groups favored once-daily fixed-dose initial therapy (>90%) and in-office acute management (>92%).

Conclusions:

Urban-rural practices demonstrate broadly equivalent hypertension care infrastructure in Croatia, with urban advantages in diagnostics/access offset by rural nurse integration yet both reveal suboptimal ABPM adoption signaling opportunities for standardized protocols, team-based follow-up, and guideline-driven intensification to enhance control rates.

Poster Presentation / Research**A Digital Lifestyle Coaching Intervention Delivered by Trained Health Coaches: Outcomes Across Diverse Primary Care Populations**

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Keywords: Digital Lifestyles, Health Coaching, General Practice, Primary Care, Behaviour Change, Weight Management, Healthy Living

Aim:

Lifestyle-related factors such as obesity, inactivity, and poor diet contribute significantly to multimorbidity and primary care demand. Traditional lifestyle programmes often fail to engage working-age adults, underserved groups or people with language or cultural barriers. To address these issues we implemented a digital lifestyle coaching intervention delivered by trained health coaches to provide personalised behaviour-change support at scale.

Objectives

To assess the impact of digital lifestyle coaching on:

1. Weight, metabolic outcomes and HbA1c
2. A&E utilisation
3. Patient engagement and retention
4. Equity across diverse populations

Method:

A retrospective analysis was undertaken using operational data from NHS patients enrolled in the digital coaching service. The evaluation was conducted across multiple primary care sites serving approximately 500,000 patients. Outcomes included weight change, HbA1c, medication use, A&E utilisation, and retention. Qualitative feedback was collected through user reports.

Results:

Since implementation, more than 7,000 patients have participated in the intervention. Quantitative outcomes included:

- Mean weight change -2.2 kg overall and -3.9 kg among 12-week completers
- HbA1c reductions of -9.9 mmol/L in one cohort and -5.5 mmol/mol in another
- 90% reduction in hypoglycaemia-related medication use in one region
- A&E utilisation 37.7% lower than system average in a high-need cohort

Retention rates reached 80% where coaching was provided, compared with 15% in digital-only programmes. Patient feedback highlighted improved motivation, deeper understanding of nutrition and increased confidence in self-management. Cultural and multilingual adaptations supported strong engagement among ethnic minority and deprived populations. Engagement was particularly strong among underserved groups, indicating that culturally tailored coaching may help reduce health inequalities.

Conclusions:

Digital coaching interventions can deliver measurable health improvements, reduce A&E utilisation and support primary care sustainability when integrated into population-health pathways. This model demonstrates a scalable approach to strengthening primary care delivery and may inform international efforts to modernise primary care.

Poster Presentation / Review**Prioritising prevention in Primary Care: the PAPPS recommendations as a tool for high-value clinical practice**Sara Belinchón¹, Francisco Camarrelles²

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Keywords: PAPPS, Primary care, clinical prevention, evidence-based practice, preventive activities, health promotion, spanish national health service

Review:**Background**

Clinical prevention is a core function of Primary Care (PC), but its effective implementation is increasingly challenged by workload, time constraints, and the risk of low-value or unnecessary interventions. Evidence-based preventive recommendations must therefore not only be methodologically rigorous but also prioritised, feasible, and adapted to real-world practice. The Programa de Actividades Preventivas y Promoción de la Salud (PAPPS) provides a structured framework to support clinicians in delivering high-value preventive activities in the Spanish National Health System.

Objective

To describe how the PAPPS preventive recommendations translate evidence into concrete, prioritised preventive activities that support decision-making and implementation in routine PC.

Methods

Since 1988, PAPPS has developed and regularly updated preventive recommendations through multidisciplinary working groups using the GRADE methodology. Recommendations are reviewed every two years and explicitly adapted to the epidemiological profile, organisation, equity principles, and resource constraints of the Spanish healthcare system. Preventive activities are assessed not only for effectiveness but also for feasibility, balance of benefits and harms, and potential for overdiagnosis and overtreatment.

Results

The 2024 PAPPS recommendations cover key preventive domains across the life course, including lifestyle behaviours, cardiovascular risk, cancer prevention, and care of older adults. The programme emphasises systematic, high-impact activities such as asking about tobacco and alcohol use, promoting physical activity, and detecting frailty in older people. At the same time, PAPPS explicitly discourages low-value interventions. By clearly stating both recommended and non-recommended activities, PAPPS helps clinicians prioritise prevention, focus on patient-centred care, and use resources more appropriately.

Conclusions

PAPPS demonstrates how evidence-based preventive recommendations can be transformed into practical, prioritised activities that support high-value prevention in Primary Care. This model may be useful for other European settings seeking to strengthen sustainable, patient-centred prevention.

Poster Presentation / Research**"I have nightmares about explosions" State of Health Workforce Mental Health in Ukraine**Marko Isajlovic¹, Nelia Malandii²

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Keywords: mental health; duty of care; primary healthcare; health workforce; Ukraine**Aim:**

The goal of this assessment was to evaluate the impact of prolonged conflict-related stress on the mental health and well-being of the health workforce in the ten most conflict-affected regions of Ukraine. The assessment was focused on understanding the severity of mental health symptoms, exploring potential negative coping strategies already adopted by healthcare workers (HCW) and identifying specific mental health and psychosocial support (MHPSS) services needed. The assessment aimed at further shaping the International Rescue Committee's (IRC) MHPSS program and serve as a stepping stone for a deeper understanding of and response to mental health concerns among HCWs in Ukraine.

Method:

A mixed-methods needs assessment was conducted between May-September of 2024 across ten of Ukraine's most conflict-affected regions. Quantitative data were collected via an anonymous online well-being survey (n=1,552 HCWs, 35 items across four domains: personal, interpersonal, capacity, workplace). Qualitative insights were obtained through 12 focus group discussions with 72 HCWs. Data were analyzed by demographic and professional variables to identify resilience patterns and risk groups.

Results:

Overall, 20% of respondents demonstrated "negative coping." The greatest challenges were reported in personal well-being (30% negative coping) and workplace environment (26%). Medical doctors, younger professionals, and those working alone or in small teams were the most affected. Stressors included air alarms, unsafe hospital environments, staff shortages, and uncertainty about the future. Stigma and fear of professional consequences were major barriers to seeking formal psychosocial support. Informal peer support emerged as the primary coping mechanism, though not always sufficient.

Conclusions:

The findings highlight a severe and under-recognized mental health burden among Ukraine's health workforce. Without intervention, this may undermine both individual well-being and the resilience of the healthcare system. Tailored MHPSS strategies, practical self-care training, stigma reduction, and national staff care programs are urgently required to protect and sustain the healthcare workforce during protracted conflict.

Poster Presentation / Review**A 21st Century Approach to Comprehensive Preventive Care**Jozef Čajka¹, Viťazoslav Struhar²

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Keywords: GP ambulance 21 century, healthacare, marketing, obesity decrease, movement policy, multidisciplinary ecosystem ,physiological upkeep (physiotherapy, aesthetics) utilizing , gastropharmacy, , focusing instead on educating patients about the health risks of negligence

Review:

Current primary healthcare faces critical unsustainability due to its reactive, volume-based nature. This work defines the "21st Century Clinic" — a multidisciplinary ecosystem shifting focus from curative care to personalized prevention and economic stability.

The proposed "Preventive Ecosystem" replaces the linear treatment process with four integrated pillars:

1. Nucleus (Family Practice): Acts as the central hub using a "2+2" staffing model (two doctors, two nurses) to maximize operating leverage, allowing physicians to focus strictly on diagnostics.
2. Somatic Division (Regenerative Clinic): Focuses on physiological upkeep and biological capital preservation via a direct-pay model.
3. Metabolic Unit: Operates as a "Gastro-pharmacy" where nutrition is dispensed as a clinical prescription .
4. Nervous System (Marketing): Redefines marketing not as advertising, but as education to enhance patient compliance.

Data indicates that 84% of consumers trust online reviews over personal recommendations. To address low preventive check-up compliance, we implemented an educational email campaign void of direct "Calls to Action. Email marketing proved superior by simulating the privacy of a consultation room. The campaign achieved a 98.5% delivery rate, a 70.9% open rate, and a significant 42.3% uptake in preventive screenings.

Conclusion: Healthcare is a service sector requiring continuity of attention beyond the clinic. In the digital era, data-driven marketing is an imperative tool for building trust and ensuring effective prevention .

Presentation on 26/03/2026 10:45 in "Poster Session 3" by Jozef Čajka.

Poster Presentation / Research**B-COMPASS-Intervention (BEAMER - COmputational Model for Patient Adherence and Support Solutions)**

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Keywords: Treatment Adherence and Compliance, Treatment Interruption, Patient Preference, Health Services, Health Services Research

Aim:

Poor adherence to treatment affects almost 50% of patients, especially those with chronic diseases, increasing morbidity and mortality rates and healthcare costs. The BEAMER project seeks to improve adherence through the B-COMPASS model, which personalizes patient support. Its goal is to validate this model in real clinical contexts, demonstrating its effectiveness and implementability to improve health outcomes and reduce healthcare system costs.

Method:

The study will use mixed methods, combining a Randomized Controlled Trial (RCT) with qualitative data collection through interviews and focus groups. The RCT will assess the impact of the B-COMPASS model on treatment adherence, using the BEAMER questionnaire to collect data on behaviors, adherence, demographic and contextual factors. The qualitative data, collected through interviews and focus groups, will validate the accuracy of patient groupings and the support needs of the model, complementing the quantitative results. These interviews will provide information on perceptions, experiences, and contextual factors relevant to the implementation and effectiveness of the B-COMPASS model.

Results:

The applicability of the results lies in identifying patients' individual needs and preferences, which facilitates the creation of personalized support for each patient in order to improve treatment adherence, taking into account the diversity of diseases and different healthcare contexts. Validation of the B-COMPASS model will ensure its performance and usefulness in real clinical settings, which will not only facilitate its implementation in other similar clinical contexts, but also allow its application to a wider variety of patients, regardless of their disease and treatment.

Conclusions:

This process will provide information for designing more effective support interventions, helping to improve the patient experience, increase treatment adherence, and reduce costs for both the healthcare system and society as a whole.

Poster Presentation / Research**Catalonia's Exercise Prescription Program: Design and Implementation Protocol**

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Keywords: Exercise prescription; physical activity; physical exercise; primary care; childhood obesity; implementation protocol; physical activity and sport professionals; supervised exercise; sedentary behavior

Aim:

Physical inactivity and sedentary behavior are public health challenges linked to chronic conditions (e.g., hypertension, type 2 diabetes, obesity, and metabolic syndrome). To address this across the life course, the Government of Catalonia is developing an Exercise Prescription Program enabling primary care professionals to prescribe physical exercise as a therapeutic and preventive tool, aligned with WHO recommendations. The aim is to describe the structure, core components, and implementation protocol of Catalonia's Exercise Prescription Program, coordinated by the Department of Sports, the Department of Health, and local authorities.

Method:

The program establishes a structured referral pathway from primary care to community-based exercise services (Active Exercise Units, AEU). For adults, referrals target sedentary individuals with cardiometabolic risk or mild anxiety/depression. For children and adolescents, healthcare professionals identify those with overweight or obesity and integrate exercise prescription into the intervention plan.

Key elements include: (1) tailored training for healthcare professionals and for physical activity and sport professionals; (2) a digital prescription platform integrated into the electronic health record; (3) agreements with municipalities and other stakeholders to ensure program sustainability; and (4) supervised programs delivered at AEU. The protocol defines roles, care pathways, and evaluation indicators tailored to pediatric and adult populations.

Results:

Expected results: Increased physical activity among children and adults; strengthened intersectoral collaboration; and improved coordination between primary care teams and community resources to promote an active lifestyle.

Conclusions:

The protocol provides an integrated, scalable, and sustainable framework to embed exercise prescription in primary care across the life course, laying the foundations for program implementation and evaluation across the territory.

Poster Presentation / Review**Prevention of Metabolic Dysfunction Associated Steatotic Liver Disease: A Primary Care Centered Review**

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Keywords: MASLD , Primary care, Risk stratification, Fib-4, Cardiometabolic risk**Review:**

Background: Metabolic dysfunction-associated steatotic liver disease (MASLD) is highly prevalent and closely linked to obesity, type 2 diabetes, cardiovascular disease, and cancer. Despite its burden, MASLD is often underdiagnosed, and opportunities for early prevention are frequently missed. This review summarizes current evidence and guidance on MASLD prevention, with a focus on the role of primary care.

Objective: To review preventive strategies for MASLD across patient, clinician, and health system levels, highlighting practical approaches applicable to primary care.

Methods: A narrative review of current guidelines, consensus statements, and key clinical studies addressing MASLD prevention, lifestyle interventions, non-invasive risk stratification, and cardiometabolic risk management was conducted.

Results: At the patient level, evidence supports lifestyle interventions including Mediterranean-style diet, regular physical activity (≥ 150 minutes/week), and modest weight loss (5–10%) as effective measures to reduce hepatic steatosis and fibrosis risk. At the clinician level, primary care physicians play a central role in identifying high-risk individuals, particularly those with obesity, diabetes, or metabolic syndrome, and in applying simple non-invasive fibrosis assessment tools such as the FIB-4 index to guide management. Patient-centered counseling, motivational interviewing, and culturally adapted interventions improve adherence and engagement. At the system level, access to non-invasive diagnostics, targeted training, and pragmatic, primary care oriented guidelines facilitate effective prevention and integrated cardiometabolic care.

Conclusions: Prevention and treatment of MASLD should be embedded within routine primary care practice. A multilevel, prevention-focused approach combining lifestyle modification, non-invasive risk stratification, and cardiometabolic management can reduce the burden of MASLD and its systemic complications.

Poster Presentation / Research**Early impact of expanded free HPV vaccination policy on uptake and completion in primary care: a before–after analysis from two urban practices**

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Keywords: HPV vaccination, Primary care, Vaccine uptake, Vaccination policy, Romania, Preventive medicine

Aim:

To assess the early impact of a national policy change expanding free HPV vaccination on vaccine initiation and completion in primary care, and to explore persisting barriers to uptake.

Method:

A retrospective observational analysis was conducted using aggregated data from two urban primary care practices. Two periods were compared: P1 (01.01.2024–30.09.2025) and P2 (01.10.2025–15.01.2026). Eligible patients were grouped by age (11–17, 18–26, and 27–45 years). Vaccination initiation was defined as receipt of at least one dose. Completion status was assessed based on adherence to the recommended vaccination schedule. Given the unequal different observation periods, results were interpreted descriptively and in relation to time.

Results:

In P1, 1,666 eligible patients were included. Vaccination initiation occurred mainly among adolescents aged 11–17 years (19/249), while uptake among adults was low. In the 18–26 age group, 10 patients initiated vaccination, with one discontinuation, and only two patients initiated vaccination in the 27–45 group, one of whom discontinued due to financial reasons.

In P2, following the introduction of free HPV vaccination for individuals aged 11–26 years, 1,954 eligible patients were included. Vaccination initiation increased particularly in the 18–26 age group (13/415), with most patients adhering to the recommended schedule. Vaccination among adolescents remained stable, while uptake among adults aged 27–45 years remained minimal. Male vaccination was observed only after the policy change. Incomplete vaccination was observed mainly among adults and was predominantly associated with financial barriers.

Conclusions:

The expansion of free HPV vaccination to individuals aged 11–26 years was associated with increased vaccine initiation and improved adherence to the vaccination schedule in young adults. In contrast, uptake among adults over 26 years remained low, highlighting persistent financial barriers. These findings support the extension of public funding beyond the age of 26 years old and targeted primary care-based interventions to reduce persistent access barriers.

Poster Presentation / Research**Impact of an AI-Enabled Triage System on Access, Demand Management and Automation in Primary Care**Vincent Sai¹, Tom Ratcliffe², Sian Knight², Mina Gupta², Nina Jhita²

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Keywords: Artificial Intelligence, digital triage, digital front-door, digital first primary care, automation, general practice, access and demand**Aim:**

Primary care systems internationally face increasing pressure from rising demand, constrained workforce capacity and growing administrative burden. Traditional telephone and face-to-face access routes struggle to manage high volumes effectively, contributing to delays and unmet need. In 2024 we started widespread implementation of AI-enabled digital triage systems to support more timely, structured and equitable access.

Objectives

To evaluate the impact of an AI-enabled triage system on:

1. Patient demand patterns and automation rates
2. Response times to patient requests
3. Proportion of requests managed within clinically appropriate timeframes
4. Operational efficiency across participating sites

Method:

A retrospective observational study was conducted across multiple primary care sites serving approximately 500,000 patients, using routinely collected operational data. All patient-initiated requests submitted through the AI-enabled triage system over a 12-month period were included. Requests were categorised as medical or administrative. Outcomes included automation rate (percentage of requests resolved without human intervention), mean clinician response time, and appointment allocation patterns. Descriptive statistics were used to analyse trends across the study period.

Results:

A total of 425,500 patient requests were processed (73.6% medical, 17.1% administrative, 9.3% other). Automated clinical decisioning resolved 40% of medical requests, with some sites reaching automation rates of over 90%. For requests requiring human review, the mean response time from the clinical inbox was 48 minutes. Across all request types, 76% of patients were offered or received appropriate care within one week. Medical requests required an average of 3 minutes and 42 seconds for completion by clinicians across all pathways. The system enabled redistribution of workload based on urgency and supported more consistent triage outcomes across sites.

Conclusions:

AI-enabled triage systems can enhance responsiveness, consistency and efficiency in large primary care settings. This model demonstrates a scalable approach to strengthening primary care digital delivery and may inform international efforts to modernise primary care.

Poster Presentation / Research**Implementation of Preventive Health Strategies at Infanta Mercedes Health Center**Israel Novo Bravo¹, Francisco Camarells Guillem², Marina Guisado Clavero³

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Aim:

In Spain, the Program of Preventive Activities and Health Promotion (PAPPS) is the benchmark for opportunistic prevention in primary care consultations, despite the gap between scientific evidence and actual clinical practice. The aim of this study was to evaluate the level of implementation and recording of preventive activities recommended by PAPPS 2024 at the Infanta Mercedes Health Center, and to analyze the clinical and sociodemographic factors influencing this recording.

Method:

An observational, descriptive, cross-sectional study was conducted between September 2025 and January 2026. An audit of electronic health records (EHR) was performed on a random cohort of 307 adult patients. The primary outcome was the adequate and updated recording of the "PAPPS minimum package" of preventive activities (blood pressure, tobacco use, alcohol consumption, BMI, and physical activity). Associations with sociodemographic variables, number of visits in the last 5 years, and comorbidities were analyzed using logistic regression.

Results:

The mean patient age was 52.4 ± 19.0 years, and 62.5% were women. The overall prevalence of adequate recording of the minimum package was 49.8% (n=153). Analysis by component showed 80.5% compliance for BMI and physical activity, 70.7% for blood pressure, 68.4% for tobacco use, and 63.5% for alcohol consumption. In the multivariate model, diabetes mellitus was independently associated with better preventive recording (OR 2.67; 95% CI 1.16–6.16; p=0.021), as was the number of visits (OR 1.01 per visit; 95% CI 1.00–1.02; p=0.039). No significant association was found with hypertension (HTN), age, or sex after adjustment.

Conclusions:

The implementation of preventive activities is lower than expected, partial, and inconsistent. The update of preventive records depended mainly on healthcare service utilization and the presence of chronic disease. This suggests a reactive and non-systematic prevention model, posing a risk of neglecting opportunistic primary prevention in healthy patients.

Poster Presentation / Research**Intelligent Automation of Administrative Workflows in Primary Care: Impact on Capacity, Safety and Workforce Sustainability**

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Keywords: Intelligent Automation, General Practice, Primary Care, Workload Reduction, Wellbeing, Administration, Workflow Management

Aim:

Primary care faces escalating administrative workload that outpaces available workforce capacity. Manual processing of pathology results, prescriptions, registrations and clinical documents creates delays, reduces accuracy and contributes to staff burnout. To address these issues, we implemented an intelligent automation programme to reduce administrative burden and improve the working day through robotic process automation (RPA) operating across high-volume workflows.

Objectives

To evaluate the impact of intelligent automation on:

1. Administrative workload (clinical and non-clinical) and task turnaround
2. Clinical and non-clinical capacity release
3. Standardisation and accuracy of administrative processes
4. Workforce wellbeing

Method:

The evaluation was conducted across multiple primary care sites serving approximately 500,000 patients. A retrospective analysis was conducted using organisational automation logs from more than 35 automated workflows. Data included total automated tasks, hours saved, appointment equivalents generated, absenteeism trends and process consistency indicators. Descriptive statistics were applied to assess operational, workforce and patient-facing outcomes.

Results:

The automation programme processed more than 900,000 tasks across clinical and administrative workflows, releasing over 55,000 hours of staff time. This equated to more than 30 whole-time-equivalent clinicians' time redirected from administrative work. Standardisation of automated workflows enabled an additional 330,000 appointments to be made available to patients by improving workflow throughput and reducing bottlenecks. Workforce impact was substantial: peak absenteeism reduced from 42% to 17%, and staff reported improved workload manageability and job satisfaction. Turnaround times improved across all automated pathways, with faster processing leading to improved service continuity and patient experience.

Conclusions:

Large-scale automation of administrative workflows can significantly strengthen primary care capacity, improve the working day for workforce and enhance access for patients. These findings demonstrate that intelligent automation is a scalable and cost-effective component of modern primary care operations. This model demonstrates a scalable approach to strengthening primary care delivery and may inform international efforts to modernise primary care.

Poster Presentation / Case Report

Teaching prevention in Family Medicine through problem-based learning and simulated patients: the UAM experience

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Keywords: teaching, prevention, problem-based learning

Introduction:

Prevention is a core element of Family Medicine. However, undergraduate medical education often faces difficulties in translating preventive recommendations into real clinical competence. Innovative educational approaches are needed to help future physicians integrate prevention into everyday clinical practice.

The objective is to describe an innovative educational model for teaching prevention within the undergraduate Medicine curriculum at Universidad Autónoma de Madrid, based on Problem-Based Learning PBL and simulation with standardized patients.

Case:

Prevention is taught in the mandatory 5th-year Family Medicine course (3 ECTS) using a competency-based, active learning approach. Students work in small groups (8–10) over four months on a single longitudinal patient case, developed through five simulated clinical encounters reflecting different stages of life and disease. The methodology combines: (1) problem-based and case-based learning focused on real preventive and clinical dilemmas; (2) clinical simulation with standardized patients (professional actors) to train communication, shared decision-making, and preventive counseling; (3) integration of evidence-based medicine and patient-centered care; and (4) formative and continuous assessment using structured feedback, reflective portfolios, and evaluation rubrics.

Preventive activities—such as cardiovascular risk assessment, cancer screening, lifestyle counseling, vaccination, and quaternary prevention—are embedded within routine clinical care, emphasizing continuity, longitudinally, and appropriate use of resources.

Student evaluations show high satisfaction and increased confidence in preventive counseling, clinical reasoning, and communication skills. Faculty feedback highlights improved understanding of prevention as an integral part of clinical decision-making and greater awareness of low-value and potentially harmful preventive interventions. In 2025, this educational model received the Good Practices in Educational Innovation Award from the Spanish Academy of Family Medicine (AMFE).

Discussion:

Teaching prevention through PBL and simulation enables students to experience prevention as a core component of Family Medicine. This approach aligns with EUROPREV priorities by promoting evidence-based, patient-centered, and clinically meaningful prevention and may serve as a transferable model for undergraduate medical education.

Poster Presentation / Case Report**Obesity prevention in the family doctor's office**Iva Kljajić¹, Ines Diminić Lisica²

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Keywords: obesity, prevention, family medicine**Introduction:**

Obesity is a chronic metabolic disease defined as abnormal fat accumulation in human body. Since the World Health Organization has declared obesity as a global epidemic problem, it is time to start screening for obesity in order to identify high-risk patients.

Case:

A 36-year-old man came to the family doctor's office with an occupational health report stating that he had elevated blood pressure and an increased BMI (Body Mass Index), and that it was necessary to lower blood pressure before he could return to work. During the physical examination, the patient's blood pressure measured in the family doctor's office was 159/102 mmHg, and his BMI was 45.91 kg/m². His family doctor prescribed perindopril+amlodipine 5+5 mg and scheduled a diagnostic test- 24-hour ambulatory blood pressure monitoring. He was also advised on healthy diet and physical activity to reduce his body weight. The results of the continuous blood pressure monitoring were not satisfying so his therapy was intensified. His doctor also explained to him that reducing his body weight would help lower his blood pressure and scheduled with the patient a follow-up examinations for weight monitoring and clinical observation.

Discussion:

The prevalence of obesity among children, adolescents and adults is rapidly increasing. As family doctors, we are the first point of contact patients have with the healthcare system, so we must recognize and evaluate high-risk individuals. In 2019, in Croatia, 64% of population were considered overweight, of whom 23% were obese. Because obesity is associated with a significant increase in morbidity and mortality, family doctors play an important role in its prevention. Without screening, many of them wouldn't receive informations about lifestyle changes, health risks and obesity treatment options. The method of opportunistic screening represents an important preventive measure in detection and treatment of patients with obesity.

Poster Presentation / Review**The concept of "harm reduction" as part of primary prevention - Czech Memorandum**

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Keywords: harm reduction, reduce exposure to risk factors, effective primary prevention**Review:**

Czech Memorandum is document adopted by a discussion forum of experts during 2 interdisciplinary colloquiums PragueONCO + Congress of Respiratory Diagnosis 2025 in Prague. "Harm reduction" is a preventive strategy that focuses on minimizing risk factors contributing to the development of cancer, cardiovascular and metabolic diseases, because complete elimination of risk is not always possible. 10 areas have been identified for the implementation of the harm reduction concept not only in primary care: 1. Tobacco smoking 2. Nutrition and weight control 3. Physical activity 4. Protection from UV radiation 5. Alcohol 6. Exposure to environmental factors and chemicals 7. Early detection of disease 8. Occupational safety 9. Genetic testing and counseling 10. Vaccination.

The goal of "harm reduction" is to reduce the damage caused by unhealthy lifestyles, environmental factors, and exposures through practical, innovative, and accessible methods for which there is scientific evidence.

An individual's oncological risk accumulates over the course of a lifetime and individual risk factors mutually potentiate each other. . "Healthy aging" requires an approach focused on reducing exposure to major risk factors and reducing harms from risky behaviors.

A) Tobacco smoking- nicotine is a highly addictive substance, but according to current knowledge, it is not carcinogenic. The risk is exposure to the fumes from combusted tobacco. Harm reduction strategies include nicotine replacement therapy and treatment, as well as the inclusion of innovative smokeless forms of tobacco/nicotine use in the process of quitting smoking. There is sufficient scientific evidence of a significant reduction in the content of harmful substances in these products to enable the implementation of this strategy.

B) Obesity-the harm reduction strategy focuses on consuming a diet rich in fruits, vegetables, whole grains, and lean proteins, maintaining a healthy body weight, and using innovative approaches such as bariatric surgery or GLP-1 agonists.

Poster Presentation / Research

The Relationship Between Lucid Dreams and Sleep Quality and Mood: A Study on University Students

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Keywords: Lucid dreaming, sleep quality, mood, university students, sleep disorder

Aim:

Lucid dreaming, defined as awareness of dreaming during the dream state, has attracted increasing scientific interest; however, data from Turkish populations remain limited. This study aimed to determine the frequency of lucid dreaming among university students and to evaluate its relationship with sleep quality and mood parameters.

Method:

This cross-sectional descriptive study was conducted on 384 university students. Data were collected via an online questionnaire including sociodemographic characteristics, lucid dream frequency, Pittsburgh Sleep Quality Index (PSQI), Jenkins Sleep Scale (JSS), Warwick-Edinburgh Mental Well-Being Scale (WEMWBS), and Beck Depression Inventory (BDI). Statistical analyses were performed using SPSS 25.0 software to examine relationships between lucid dreaming frequency and various sleep and mood parameters.

Results:

Lifetime prevalence of lucid dreaming was 79.4%, while 25% of participants reported regular lucid dreaming (monthly or more frequently). Lucid dreaming within the past month was reported by 37.2% of participants. A significant association was observed between sleep fragmentation and lucid dreaming frequency; individuals classified as having sleep disorders according to the JSS demonstrated significantly higher lucid dream occurrence ($p < 0.001$). In contrast, no significant associations were found between lucid dream frequency and overall sleep quality assessed by PSQI, depressive symptoms measured by BDI, or mental well-being assessed by WEMWBS.

Conclusions:

Lucid dreaming frequency among Turkish university students (79.4% lifetime prevalence) is high and consistent with international literature. Notably, lucid dreaming showed specific association with sleep continuity disturbances measured by JSS, rather than overall sleep quality or mood measures. These findings suggest lucid dreams may be specifically linked to sleep fragmentation rather than general sleep quality, offering new insights into neurophysiological correlates of lucid dreaming

Poster Presentation / Research**“SumaSalut”: A multicomponent intervention program for early detection of NCD risk factors in primary health care in Catalonia**Maria Manera¹, Lena Reisloh¹, Carla Bruguera¹, Jordina Capella²

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Keywords: Health Promotion and Prevention, Lifestyle interventions, Multicomponent intervention, Brief intervention, Primary Health Care

Aim:

Prevention and health promotion (P&HP) in Primary Health Care (PHC) are effective and cost-effective strategies to improve health and reduce the burden of disease. Over the past 20 years, Catalonia has implemented P&HP programs to promote preventive activities, early detection, and health promotion counselling in an integrated manner, addressing physical activity, smoking, alcohol consumption, and healthy eating.

Method:

These programs were integrated under the SumaSalut initiative, which consolidates management and communication processes, strategies and tools into a single framework: a network of designated primary health care professionals, joint training-of-trainers and unified training for PHC teams, electronic health record documentation and biennial screening indicators (physical activity, using the CBPAAT questionnaire in the general population and in individuals at cardiovascular risk; alcohol, using AUDIT-C in the general population; tobacco in the general population (“Do you smoke? yes/no”), excluding individuals >25 years with a recorded status of never smoker; and dietary assessment in people aged ≥15 years with cardiovascular risk factors or conditions amenable to dietary therapy).

Results:

SumaSalut includes 1,196 program leads across 97% of PHC centres (59% nursing, 15% physicians, 4% dietitians/nutritionists, 22% other professionals). 1,253 professionals have completed the course “Lifestyle interventions in primary care”. Ongoing activities include conferences and online sessions, dissemination of newsletters, emails, and web-based resources, and the promotion of World Days and thematic weeks related to each targeted behavior. Guidelines and educational materials for both professionals and the public have been published. Screening coverage is 53.2% for physical activity among people with cardiovascular risk; 40.1% for alcohol; 68.1% for tobacco; 24% for diet; and 29.3% for Physical activity+alcohol+tobacco.

Conclusions:

SumaSalut provides an integrated public health approach to P&HP interventions in PHC, equipping professionals with standardized tools to strengthen screening, early detection and counselling. Organizational and structural measures are essential to support effective implementation and sustainability.

Poster Presentation / Research**Ambient Voice Technology in Primary Care: Impact on Documentation Burden, Consultation Quality and Clinician Wellbeing**

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Keywords: Ambient Voice Technology, Ambient Scribe, Transcription, Documentation, General Practice, Primary Care, Consultation, Clinician Wellbeing

Aim:

Primary care clinicians face high documentation burden, averaging >13 hours per week of administrative tasks, contributing to burnout, reduced job satisfaction and after-hours workload. Ambient AI-enabled scribing has emerged as a potential solution to improve efficiency, reduce cognitive load and enhance consultation quality. The programme assessed implementation of ambient voice technology in General Practice to evaluate its effectiveness, safety and patient acceptability.

Objectives

To assess the impact of ambient AI scribing on:

1. Documentation time during and after consultations
2. Clinician wellbeing and workflow experience
3. Quality and accuracy of clinical notes
4. Scalability and safety in routine practice

Method:

A mixed-methods observational evaluation was conducted across multiple primary care sites serving approximately 500,000 patients. Quantitative data included utilisation metrics, consultation time saved, documentation time reduction, wellbeing indicators and safety outcomes. Qualitative data included clinician and patient feedback. The evaluation encompassed thousands of AI-enabled consultations during pilot and scaled rollout phases, with clinicians reviewing and verifying all AI-generated notes.

Results:

Across 47 clinicians completing 2,879 AI-enabled consultations in the initial phase, documentation burden reduced substantially:

- 51% reduction in in-consultation documentation time
- 61% reduction in documentation completed after hours
- 63% of clinicians reported completing clinics faster

These effects persisted during wider rollout, with 1.2 million minutes of consultations recorded and approximately 17,000 consultations transcribed each month, saving 530 hours of clinical time monthly.

Wellbeing outcomes included 45% higher satisfaction with work-life balance and 58% reduction in documentation-related stress

Quality and safety indicators strengthened: note quality satisfaction increased by 38%, confidence in accuracy improved by 33%, no safety incidents reported.

Conclusions:

Ambient AI scribing is a safe, scalable and high-impact intervention that reduces documentation burden and enhances quality of care. This model demonstrates a scalable approach to support workforce sustainability in primary care and may inform international efforts to modernise primary care.

Poster Presentation / Research**Lung cancer screening with Low-Dose Computed Tomography “through smokers’ eyes”: A qualitative study in Greece**Afroditi Tsiviki¹, Konstantinos Kaltsos¹, Ilias Tirodimos², Georgia Tsaousi³, Zoi Tsimtsiou⁴

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Keywords: lung cancer screening, smokers, low-dose computed tomography, qualitative research**Aim:**

Early detection of lung cancer remains challenging, particularly among high-risk populations such as smokers. Despite guidelines supporting Low-Dose Computed Tomography (LDCT) as an effective screening method for lung cancer, data on smokers’ awareness and uptake of LDCT screening remain scarce. This qualitative study aimed to explore smokers’ knowledge, attitudes, and practices regarding LDCT for lung cancer screening.

Method:

Smokers, over 50 years old, with a history of at least 30 pack-years, were invited to participate in individual, semi-structured interviews. Purposive sampling was employed, based on gender, age, and level of education. After obtaining written informed consent, interviews were conducted and recorded. The size of the study sample was determined by data saturation. Thematic analysis was employed for data analysis.

Results:

Seventeen smokers participated, with a mean age of 59.5 years (± 4.8 , range 51-69), and an average smoking history of 42.2 pack-years (± 19.9 , range 30-120). The analysis revealed substantial gaps in knowledge regarding LDCT for lung cancer screening, as well as minimal access to relevant information through healthcare professionals or official health authorities. Regarding barriers to screening participation six main themes emerged: (a) fear of possible diagnosis and its consequences, (b) limited health literacy, (c) financial constraints, (d) neglect and procrastination, (e) perception of low susceptibility to disease, and (f) policy-level gap in support for lung cancer screening. Most of the participants declared that they would conduct LDCT if their doctor recommended it.

Conclusions:

Significant gaps were identified in smokers’ knowledge of LDCT as a lung cancer screening method. The targeted provision of information and recommendation by a primary care physician could increase the willingness to engage in preventive screening. These findings emphasize the importance of primary care physicians in enhancing citizens’ health literacy and supporting the implementation and uptake of lung cancer screening within an enabling health promotion policy environment.

Poster Presentation / Case Report**Psychoeducational intervention in patients with relationship problems at work**

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Keywords: Occupational Stress, Health Education, Educational Early Intervention, Professional Burnout
Authors

Introduction:

In Spain, 9.98% of the adult population has experienced mental health problems (MHP). In the Community of Madrid, 15.4% of the adult population is at risk of suffering from them. 34.3% of women and 17.8% of men have taken medication to treat these disorders. Work-related stress affects 45% of workers, with an economic cost of €80 billion per year. Strategies to prevent it are insufficient, and symptoms persist and can become incapacitating.

Case:

This psychoeducational program aims to reduce the time spent on interventions for health issues arising from work-related problems, using a structured group intervention approach. Over the course of eight sessions, techniques for emotional regulation, assertiveness, problem solving, and time management are implemented. Using tools such as role-playing and feedback dynamics, participants learn to manage stress and improve their social skills in the workplace. The impact is evaluated through pre- and post-intervention questionnaires, showing an improvement in the perception of well-being and a reduction in associated symptoms.

Discussion:

The program was evaluated using the STAI questionnaire to measure anxiety levels before and after the program, and satisfaction and self-assessment surveys at the end of the program. The need to continue temporary work disability (TWD) at the end of the program was reviewed in consultation with the family doctor.

All patients improved in anxiety level questionnaires and their level of satisfaction was excellent, even requesting that more sessions be included. Fifty-seven percent were on sick leave, 75% of whom returned to work. Fifteen percent found another job where they felt better.

Poster Presentation / Research**Referrals to hospital emergency departments from a detention centre in Barcelona: a prospective descriptive study**

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Keywords: Prison, Emergency Unit, Voluntary Discharge

Aim:

Referrals to hospital emergency departments from correctional facilities are not only an indicator of the health status of people deprived of liberty, but also a key opportunity to identify potentially preventable gaps in healthcare delivery. Analysing the profile of referred individuals and the reasons for referral can help guide primary, secondary, and tertiary prevention strategies, as well as improve coordination between prison healthcare services and hospital care.

Method:

A prospective descriptive study was conducted including all referrals to hospital emergency departments from Brians 1 Detention Centre (Barcelona) during 2025. Sociodemographic, clinical, and behavioural variables were collected, together with reasons for referral and emergency department outcomes, classified as hospital admission, return to the correctional facility, or patient requested discharge against medical advice.

Results:

A total of 179 referrals were analysed; 89.1% involved men, with a mean age of 45.65 years, and 60.7% were of Spanish origin. Hospital admission occurred in 27.5% of cases, while 14.3% resulted in discharge against medical advice; the remaining patients returned to the correctional facility. The most frequent reasons for referral were trauma (26.7%), respiratory conditions (12.8%), acute abdomen (10.0%), foreign body ingestion/body packing (8.3%), neurological conditions (7.8%), and cardiology (6.7%), followed by infections, ophthalmology, and urology/nephrology.

Conclusions:

The substantial proportion of discharges against medical advice and the high frequency of potentially preventable conditions highlight the need for targeted interventions in the correctional setting. Expanding this study is essential to identify factors associated with voluntary discharges and to develop preventive strategies addressing prevalent conditions, with the aim of reducing avoidable referrals, improving continuity of care, and optimising healthcare for the incarcerated population.

Presentation on 27/03/2026 10:45 in "Poster Session 7" by Antonio Villafaina Barroso.

Poster Presentation / Research**Electronic Cigarette User Profiles in Türkiye: A Cross-Sectional Comparison with Traditional Smokers**Dilruba Esra Aksan¹, Feyzanur Erdem², Seçil Arıca²

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Keywords: Electronic Nicotine Delivery Systems, Smoking, Smoking Behaviors**Aim:**

The aim of this study was to compare electronic cigarette users and traditional cigarette smokers in Türkiye in terms of demographic characteristics, usage habits, consumption environments, and behaviors associated with alcohol use.

Method:

This cross-sectional observational study was conducted using an online questionnaire developed by the researchers. The survey included items on demographics, cigarette and e-cigarette use, alcohol and substance consumption. Participants who reported smoking and/or e-cigarette use were recruited online. Data collection took place between January 5 and September 5, 2025, and responses were analyzed using the Statistical Package for the Social Sciences (SPSS).

Results:

A total of 256 participants were included in the study. The mean age was 31.9 years, with no significant association between age and conventional cigarette or e-cigarette use ($p = 0.598$ and $p > 0.05$, respectively). Daily cigarette smoking was reported by 60.8% of participants, while 37.0% reported current e-cigarette use (daily or occasional). Conventional cigarette use was numerically higher among men compared to women; however, no statistically significant association was observed between gender and cigarette smoking ($p = 0.492$), and e-cigarette use did not differ by gender. Alcohol consumption was reported by 56.3% of participants. Among cigarette smokers, 58.3% stated that cigarette use increased during alcohol consumption, compared to 17.5% of e-cigarette users. Cigarettes were predominantly used in outdoor environments, whereas e-cigarettes were more frequently used indoors. Reported reasons for choosing e-cigarettes included the absence of unpleasant odor, the ability to use indoors, the perception of being less harmful than conventional cigarettes, and economic considerations.

Conclusions:

This study demonstrates clear differences between e-cigarette and traditional cigarette users in Türkiye, particularly regarding usage contexts, motivations, and alcohol-related behaviors. Acknowledging these distinctions may support the development of evidence-informed tobacco control policies and more tailored smoking cessation strategies, especially within primary care and preventive public health frameworks.

Poster Presentation / Research**Towards a tobacco-free world: The voices of young adults prior to World No Tobacco Day**

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Aim:

Tobacco use disproportionately impacts young adults. On World No Tobacco Day (WNTD), young adult voices are important to hear in order to increase awareness about the impact of tobacco use on public health. This study aimed to investigate student input on questions related to WNTD, particularly regarding their opinions on supporting the realization of a tobacco-free generation.

Method:

Fifty-two young adults (ages 18-24) at Qatar University who participated in an event to celebrate WNTD in 2024 answered three questions while visiting awareness booths: 1) how might we collectively work towards achieving a vision of a tobacco-free world, if we were unrestricted by any constraints? 2) What possible policies can be implemented to protect/safeguard future generations of children from tobacco industry interferences?, and 3) why should tobacco control be prioritized? Atlas Ti was used for inductive thematic analysis.

Results:

Three main themes emerged from the thematic analysis: collective action towards a tobacco-free generation, policies and approaches to protect future generations, and action to prioritize tobacco as a public health issue. A number of subthemes under each theme were evident. The subthemes collectively call for policies and education at different levels and settings, with some focusing on current tobacco control efforts and others calling for going a step further, such as implementing endgame policies.

Conclusions:

Celebrating WNTD brings the topic to mind and motivates young adults to share their insights regarding ways to tackle tobacco use and working towards a tobacco free generation.

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