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ABSTRACTS BOOK

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ORAL PRESENTATIONS

Medical disease screenings: What is people's opinion.

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Abstract:
Objectives: Study the significance of medical screening tests for patients.
Methods: Using a specifically designed questionnaire a survey was applied to a representative sample of the number of attendees in primary care units of three councils in Portugal. Information about age, gender, professional activity, regular use of medication, academic degree and self-perceived quality of health was gathered taken.

Results: A representative sample of 1526 attendees mean age of 52,8±17,4 years, 22,0% with low studies grade, 61,7% with medium studies grade and 16,3% with high studies grade was studied. There is screenings acceptance by 92,7%, of whom 89,8% believe screenings can show disease; 85,5 % believe that even having been screened can suffer a disease in the future. With difference in the distribution between academic grade there is a wish to know if one is healthy for 34,5%, trust in screenings for 24,3%, wish to know about disease sufferance for 24,0% and acceptance of the consequences of being screened for 17,3% as main reasons to be screened.

Discussion and Conclusion: A populational survey to study beliefs about medical screenings in primary care units in Portugal shows acceptance of health screenings when offered and belief that medical screenings allow diagnosis. Lower grade of studies favours screenings acceptance, hence occasional excessive medical work that can bring about Quaternary Prevention. Most respondents accepted medical screenings as a means to settle a healthy state.

"Disease Mongering" – a non-universitary population based investigation

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Abstract:
Introduction: "Disease Mongering" is the term used to describe the phenomenon of convincing healthy people, or those presenting risk factors, that they are sick, while exploring their fears of suffering from a disease and suggesting treatment trough advertising, aiming at profiting by selling something people, then, believe are in need of.

Aim: Understanding the population's susceptibility to "Disease Mongering".

Methods: Observational, transversal and analytic study conducted with a questionnaire specifically built around a hypothetic syndrome, applied to a sample of 300 people, in central Portugal. Descriptive and inferential parametric and nonparametric statistical analysis for nominal and ordinal variables, using SPSS.

Results: Sample of n=300 (66,3% females), ages average 40,89 ± 0,72 years. Half of the individuals considers the hypothetic new syndrome as being very frequent (49,7%), even though the majority doesn't believe are affected (73,5%). The undertaking of the screening and treatment are accepted by 87% and 82,7%, respectively, while 81,3% believe actually exists. Significant differences weren't found between genders and literacy rate. People with chronic diseases are the most susceptible to believe they suffer from the syndrome, whereas healthy subjects present the greatest acceptance to undertake the screening and treatment.

Conclusion: The target population showed great susceptibility to "Disease Mongering" given the wide acceptance of a screening (87%), consent to treatment (82,7%) and belief on the existence of the hypothetical syndrome.

Themes related to prevention in the Q-Codes taxonomy.

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Abstract:

Background: Recently, a new taxonomy of contextual aspect of GM/FM has been developed to ameliorate the indexation of grey literature in GP/FM. The purpose of this development was to provide tools to exploit modern technology in terminology for information storage and retrieval systems. The Q-Codes have been integrated with the clinical classification ICPC-2 into a coherent whole, under the name Core Content Classification of General Practice and Family Medicine (3CGP), for further enhancement of medical documentation and indexing of GP/FM master thesis and congress abstracts. A Q-Code working group has been launched into he WICC (www.ph3c.org/Q)

Aim: To present the preventive aspects of the Q-codes, version 2.5. To make a call to Europrev members to join the Q-codes working group

Methods: 182 concepts thoroughly described in terminology records will be explained online, emphasizing the preventive fields

Results: Q-Codes are freely accessible on the web (www.hetop.eu/Q)(free inscription). All concepts and definitions are available online in 8 languages. (http://3cgp.woncaeurope.org). A book is available in 6 languages (http://www.publier-un-livre.com/fr/le-livre-en-papier-auteur/855-care-editions)

Q-Codes are already used in several research projects which will be briefly explained. Contribution of Europrev members will be sought to make the Q-Codes taxonomy more accurate from Prevention point of view.

Assessing Cardiovascular Risk at Women – does High Cholesterol really not harm them??

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Abstract:
Background: Assessing cardiovascular risk by using risk factors such as blood pressure, blood glucose, blood lipids and smoking is a standard procedure in Primary Care. By using standard protocol almost all – even elderly - women are faced with low cardiovascular risk, below 20 %, despite high cholesterol levels. Therefore Following the guidelines cholesterol-lowering drugs are not recommend and prescribed at the expense of insurance. It raises a dilemma whether high cholesterol levels are really harmless to middle-aged women. Can we trust Assessment Tool? Can we trust family history? Should we use another test to estimate the vessel damage? The ultrasound checking of carotid arteries which shows us the signs of atherosclerosis could be useful as additional test.

Aim: to help family physicians to manage the dyslipidemia at women in primary prevention

Method: Women with cholesterol above 8 mmol/L or LDL 4.5mmol/L and cardiovacular risk below 20 % are directed to additional evaluation of the carotid arteries by ultrasound to find the early signs of atherosclerosis. In three years, more than 100 patients made the procedure.

Results: Statistical analysis is still in progress and the results will be presented at the conference.

Discussions: In primary prevention we should not harm with overtreatment, either with medication neither with exaggerated testing but still the period in a woman's life when the measures for lowering cholesterol are effective should not be overlooked. Results of the study will show us the direction of care for women with high cholesterol.

Pneumococcal Vaccination In High Risk Patients for Streptoccocal Invasive Disease: A Compliance Study

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Abstract:

Background and Aim: In June 2015, the General Health Department of Portugal released a new health policy stating that adults and children diagnosed with listed acute or chronic illnesses with higher risk of developing streptococcal invasive disease (SID) should be vaccinated with a pneumococcal 13-valent conjugate vaccine and a pneumococcal 23-valent conjugate vaccine. These vaccines here to be offered free of charge to high risk patients at the local health center of family practice. It was decided to statistically analyze the vaccination of the population attributed to the USF Aquae Flaviae Health Center before and after the release of this health policy.

Method: A retrospective study of patient records from 2012-2015 of this health center was conducted. All high risk patients for SID above the age of 65 were selected, recording the age, sex, diagnosis, and whether or not they were vaccinated. This was compared to a prospective study that initiated in 2016 and is still underway, of high risk patients that were vaccinated since the release of the new health policy, also recording age, sex, diagnosis and vaccination.

Results: In 2012, of the 405 patients selected, only 17,53% were vaccinated. As of September 2016, of the 458 patients selected, 56,10% were vaccinated. It was noted that in every year, 2/3 of the patients selected were female, but the males had a higher rate of vaccination (62,00%) compared to the females (38,00%).

Conclusions: This study is useful as to indicate which population must be targeted for vaccination and the reasons for the non-compliance of vaccination should be explored.

Occasions when quaternary prevention fails.

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Abstract:
Julio is a 67 years old man, with personal history of hypertension, migraine and pulmonary thromboembolism twelve years ago, anticoagulated with Acencumarol. At the end of January, he suffered an acute non-ST coronary syndrome, with heart disease affecting three vessels, and during hospitalization in Cardiology, our patient developed an influenza A (H1N1) pneumonia with hemoptysis (causing hemodynamic instability) and he had to be admitted to critical care unit. When he was discharged from our hospital, cardiologists decided to stop the anticoagulant treatment to avoid new episodes of hemoptysis; so, they recommended new treatment with antiplatelet agents.

He visited our emergency room, ten days after the discharge, because he felt a few days ago shortness of breath, fever at home and right shoulder pain that is worsened by strain, such as a cough; he was worried about the edema in the lower limbs too.

Nowadays, his usual treatments are: Antiplatelet agent, Beta-blocker, Angiotensin-converting-enzyme inhibitors and Estatin, every day.

The physical exam findings were slight fever (febricula), oxygen saturation 93%, with edema in the lower limbs. We send out some blood tests, and we found hemoglobin 10,6 mg/dl, D-Dimer 3176, pCO2 31 and pO2 67. The electrocardiogram was similar than the one performed previous to the discharged from Cardiology floor.

We decided to perform a thorax computed tomography, with some interesting results: bilateral massive pulmonary thromboembolism with pulmonary infarction. We requested the evaluation of critical care team, to decide whether or not to administer fibrinolysis. In this case, the patient had hemodynamic stability, so they decided not to perform fibrinolysis. I started again the antiplatelet agents, in this case, Enoxaparin 60mg every twelve hours and oxygen therapy with nasal cannula.

Julio was treated, in base of a quaternary prevention by cardiologists, trying to avoid hemodynamic instability and new episodes of hemoptysis. Despite these efforts, they achieved the very opposite of their intentions: produce a bilateral massive pulmonary thromboembolism.

This patient is a living proof of these few (hardly ever) occasions when quaternary prevention fails. It is obvious that dealing with these kinds of situations requires a careful weighing of the pros and cons of different alternatives. This is especially important if you deal with patients who are taking blood-thinning medicines or antiplatelet medicines.

Deprescribing benzodiazepines

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Abstract:
Background & Aim: Benzodiazepines (BZDs) are extensively prescribed to treat anxiety and insomnia. The short-term use effects of BZDs are diminished psychomotor speed and daytime drowsiness which may interfere in daily routine and predispose to accidents. Reported disadvantages of BZDs long-term use are development of tolerance, dependence and memory impairment. In the elderly the incidence of hip fractures can be augmented up to 50%. The withdrawal syndrome manifestations may preclude medication stopping. In Portugal, there was an increase in BZDs use of 6% from 2000 to 2012 with €17 million related health expenditures nationwide. Portugal was the second European country with the largest BZDs consumption in elderly people in 2013. In one Portuguese primary care unit the prevalence of BZDs long-term use was 14.8%.
The aim of this paper is to review the evidence-based discontinuation interventions.

Method: We performed a narrative review of publications related to the discontinuation of long-term BZDs use among adults in outpatient setting. Pubmed, The Cochrane Library, University of York Centre for Reviews and Dissemination databases were searched for clinical guidelines, narrative reviews, systematic reviews and meta-analysis using a combination of the following keywords: "benzodiazepines", "hypnotics and sedatives", "taper", "stop", "discontinuation" and "deprescribing". The search was limited to English, Spanish and Portuguese documents published between January 1, 2000 and December 31, 2016.

Results: There are no evidence-based guidelines on the topic. Gradual dose-reduction (GDR) is the most common strategy of BZD discontinuation with raised impact coupled with psychotherapy, follow-up visits or written instructions. Letters, self-help information, or a single consultation advising about the risk of long-term BZD use and the benefits of withdrawal are effective as promoters and enhancers of the outcomes. Pharmacotherapy as adjuvant to GDR protocols did not produce additional benefit in discontinuation rates.

Conclusions: There's poor methodological quality and heterogeneity in some studies. Besides, GDR is considered first-line in the management of BZD discontinuation being the commonest empirical taper rate a 25% dose reduction per week. However, future research should focus on the development of evidence-based withdrawal regimens and cost-effectiveness of the described interventions.

Assessment and Prevention of Burnout Syndrome Among Medical Students in Macedonia: A Cross-Sectional Study

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Abstract:

Background & Aim: Medical students are continuously exposed to psychosocial stressors throughout training that, if persistent, can lead to Burnout Syndrome . Burnout Syndrome among students has the following three dimensions: 1) emotional exhaustion (due to educational demands), 2) cynicism (indifference/apathetic attitude toward academic activities), and 3) low professional efficacy (perception of incompetence as a student). The aim of the pilot study is initial assessment of the levels of burnout syndrome among medical students in Macedonia followed by development of prevention strategies for management of Burnout Syndrome.

Methods: A cross-sectional study was performed with randomly selected medical students in the three medical universities in Macedonia in February 2017. The Maslach Burnout Inventory/Student Survey (MBI-SS) and a structured questionnaire on socio-demographic characteristics were used.

Results: There were 378 respondents in the survey. The sample had a gender distribution of 29,9 % (112) men to 70.1 % (267) women, and was divided roughly half-and-half between preclinical (1 and 2) and clinical (3 and 4) years (40 % vs. 36 %). In all three dimension of the assessment of Burnout Syndrome a high level of emotional exhaustion, cynicism and low academic efficacy is estimated among the medical students.

Conclusion: Burnout Syndrome is present among medical students in Macedonia. The assessment shows a very high level of emotional exhaustion, very high level of cynicism and low academic efficacy among them. It is important to propose and implement strategies to reduce the incidence of stress and burnout among preclinical medical students to strengthen their commitment to medicine as a profession and allow for better future patient care. Strategies that focus on personal engagement, positive reinterpretation and expression of emotion, support programs delivered by senior students and extracurricular activities are among the coping mechanisms that are needed to reduce stress and burnout.

Deprescribing in the Elderly

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Abstract:
Introduction and Objectives: Polipharmacy, often defined as the simultaneous taking of five or more drugs, is present in 1/5 of adults and even higher in older people. It isn't necessarily bad, so it's necessary to distinguish between appropriate and inappropriate polipharmacy.
Deprescription is the withdraw of drugs under medical supervision resulting from the weighting of the therapeutic goals and the therapeutic risk/benefit ratio.
Elderly patients are at increased risk of adverse drug events due to decreased renal function and muscle mass, and they are often excluded from clinical trials.
The objectives of the present study are to review the literature about deprescription in elderly, to find the barriers to deprescription and to find the best method of deprescription in the elderly.

Methods: A Pubmed and Cochrane databases search with the terms "deprescribing", "medication" and "elderly".

Results: 54 articles were found, 4 were exclude because 3 of the articles weren't in a spoken language and 1 because couldn't get the article. Of the remaining 50 articles, 23 were published in 2016. Very few of them were about deprescription's methods. Only 2 clinical trials and 5 systematic reviews support a concrete methodology of deprescription. The 5-steps method for deprescription seems to be the most consensus one and there are some tools to help identifying potentially inappropriate medications.

Conclusions: The 5-steps method and the tools to identify potentially inappropriate medications seems to be useful for reviewing the patient's list of medication and choose which ones to cease. However, the decision to discontinue or deprescribe a particular drug results from a consideration of each patient's individual therapeutic goals and the therapeutic risk/benefit ratio. It is important to pull the patient to the center of the decision, by discussing the deprescription's plan with him and paying attention to his opinions, fears and intentions.
There is still lack of studies about deprescription's methods so we can make it safe and cientific-based.

Proton Pump Inhibitors adequate prescription: quality improvement project in a primary care center

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Abstract:
Background: The estimated rate of inadequate prescription of proton pump inhibitors (PPI) is about two thirds. The chronic use of PPI has risks for the patient. These easily overweight the benefits if there is no clear indication for its use. A preliminary evaluation in a primary care center revealed the need to improve, preventing unnecessary harm to patients.
Objectives and setting
The aim of this study was to improve the rate of adequate prescriptions of PPI in a primary care center. Interventions were designed to change prescribing behavior and patient acceptance. The study was set in a Family Health Center. All family physicians in the unit were included (10 senior doctors and 9 residents).

Methods: The interventions' design was based in a theoretical model of behavior change (Behavior Changing Wheel). Baseline assessment was made for a 5 months' period prior to interventions. Post-intervention assessment was made 5 months after. Anonymous medical records including prescriptions and patient's chronic therapy and health problems lists were obtained. Variation of adequate prescription rate between the two periods was used to evaluate the possible positive impact of the intervention. To oversee an eventual negative impact of interventions, a non-prescribing-when-indicated rate was used. Participant surveys evaluated the qualitative impact of interventions. The Portuguese Committee for Health Ethics has approved the study's protocol.

Interventions: A survey to evaluate the learning needs and expectations of participants was obtained. Two educational and interactive sessions were organized. Decision support tools and patient information material was provided.

Results: After the interventions, the global adequate prescription rate improved from 43,5% to 48,4% (4,9% variation). 9 of 10 physician teams (senior doctor + resident) improved the adequate prescription rate. The global non-prescribing-when-indicated rate did not increase (9,8% to 8,2%). The mean pre- and post-intervention knowledge survey results improved from 3/5 to 4,4/5. In the satisfaction survey, the participants who've used the patient-information material more than occasionally, considered it useful.

Conclusions: Apparently, the implemented interventions contributed to improve PPI adequate prescription in this primary health center. Based on these results a continued improvement plan will be implemented. Replication of these these work in other similar health care centers, might help evaluating efficiency of our intervention.

The effects of Benzodiazepines on cognitive function

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Abstract:

Background and aim: Benzodiazepines (BZDs) are one of the most prescribed drug classes in the world. In comparison to most European countries, Portugal presents a large consumption of anxiolytics, sedatives and hypnotics. It is consensual that BZDs cause physical and psychological dependence, and can also cause withdrawal syndrome. However, both the effects of BZDs on cognitive function and the reversibility of effects are often controversial subjects. The aim of this study was to review current scientific evidence regarding the association between the use of BZDs and cognitive decline, and the reversibility of this effect.

Method: Bibliographic search of Meta-analyses, Systematic Reviews, Randomized Controlled Trials, and Clinical Guidelines on Evidence-Based Medicine databases, published between January 2007 and January 2017, using the MeSH terms “benzodiazepines” and “cognitive dysfunction”. Articles in the following languages were included: English, French, Spanish, German, Portuguese and Italian. In order to determine the level of evidence, we used the Strength Of Recommendation Taxonomy (SORT).

Results: 128 Articles were discovered in the search results. Ten of the articles fulfilled elegibility criteria: 2 Meta-analysis, 2 Experimental studies, 5 Cohort studies and 1 Case-control study. Statistically significant associations between the use of BZDs and changes in cognitive domains were described in the MAs, Experimental studies, and 2 Cohort studies: verbal and non-verbal memory, attention, psychomotor speed, working memory and motor control. In two studies it was demonstrated that there was partial recovery of cognitive function after the interruption of BZDs.

Conclusion: Current evidence demonstrates that the use of BZDs has a negative impact on the various domains of cognitive function (SOR B). Data supports that dysfunction can be médium- to long-term, supporting the benefit of interrupting therapy with BZD (SOR A). The heterogenity of study methodologies hinders the comparison of results and it is therefore necessary to obtain more studies with greater methodologic unformity.

The attitudes and behavior of patients about the national prevention programs and general preventive check-ups

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Abstract:

Introduction: Croatia has introduced national prevention programs in 2007. Included is the early detection of colorectal cancer (Hemoccult test), detection of breast cancer (mammography) and tetanus vaccination (at 60 years). In the same time there has been more frequent implementation of general preventive check-ups of the employed population organized mostly in state-owned companies.

Aim: To examine the attitudes and behaviors of patients according to national prevention programs, to general check-ups and the implementation of prevention in general in Croatia.
Methodology. This research is part of postinterventional CRISIC study (ISRCTN31857696). The study included 59 doctors from all over Croatia, which systematically included patients (2589).

Results: The average age of the study population was 61 (± 10.8) years, more women (62%). About half of them are aware of the preventive activities being conducted at the national level (54%). More than 90% believes that the implementation of preventive check-ups in the physician office are needed and useful. Although 40% are not sure on the effect of mammography on saving lives of those who responded 93% they will take mammography. The greatest interest in participation shown for mammography and the lowest for vaccination against tetanus. That the implementation of preventive activities are useless and/or that the population is not sufficiently familiar with them is considered 15% of respondents, while 2% said it was too expensive compared to the achieved benefits. Small proportion of respondents consider that preventive check-ups should be left to individual choice and payment (9%) , while 77% think that it should be included in basic health insurance and paid by government.

Conclusion: The vast majority of patients in Croatia considers that a national implemented preventive programs have good impact in disease prevention and they will answer to invitation as well as general preventive check-ups. While vaccinations against tetanus is not considered important to the high place they put the implementation of mammography. Due to devote a lot of confidence to their doctors research has shown that there is need to have broader conversation on the topic and clarify the role of general preventive check-us and constraints in the implementation of screening for the most common cancers and other preventable diseases.

Key words: national preventive programs, general preventive check-ups

POSTERS

An Audit of Non-Steroidal Anti-Inflammatory Drug (NSAID) Prescribing in a single-handed Irish General Practice

Authors name: Dr Laura Daly
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Abstract:

Background Aims: NSAIDs are associated with a known morbidity/mortality. Prescribing should be both considered and monitored. Studies have shown 1/3 of adverse drug reactions (ADR) requiring hospital admission may be attributable to NSAIDs.

This Audit assessed prescribing in an Irish General Practice (where repeat prescribing is done solely by one Doctor) and compared results to a 2015 national audit of NSAID prescribing performed in Wales (similar patient cohort)

Data gathered included

Among patients receiving repeat prescriptions for NSAIDs:

- Percentage considered 'High Risk' for an ADR
- Rate of PPI co prescription
- Percentage that had an eGFR documented in their records

Methods: Healthcare Software was used to collect data of patients who received more than one prescription for NSAIDs in the period 01/07/2015 to 01/07/2016. Data was analysed using Microsoft Excel and basic statistical analysis.

Results: 43 patients received more than one prescription for an NSAID. 60% of those had at least one factor that categorised them as 'High Risk'. 58% of patients had a PPI co-prescribed and 77% had a recorded eGFR. These figures were higher than those found in the All Wales National Audit (46 and 56% respectively)

Conclusion: The overall positive findings in this Audit are likely attributable to repeat prescribing being performed solely by one doctor. Ideally NSAIDs are never prescribed as a 'repeat' medication. If a patient requires longer term NSAIDs a review to optimise their management and discuss their risk should be performed

Cervical cancer screening adherence: the role of the General Practitioner empathy

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Abstract:

Objective: Uterine cervical neoplasm is one of the most deadly cancers in women even though it is preventable with screening. The main aim of this investigation is to study how the patient perceptions of General Practitioner empathy influence the screening adhesion. The effect of sociodemographic variables, information and recommendation of the examination given by the General Practitioner and the reasons for not taking the examination were also studied.

Methods: Cross-sectional study.
Data collection was made with a survey adapted from the Jefferson Scale of Patient Perceptions of Physician Empathy. It was applied to users of 7 health care units between 25 and 64 years old with uterus and that had initiated their sexual life.
Descriptive and inferential statistics were performed to study the correlation between the variables and the uterine cervical neoplasm screening adhesion. The open-ended questions were analysed qualitatively through the thematic content analysis method.

Results: From the sample of 269 women, 93,5% had already done the screening and 85,5% did it ≤ 3 years ago.
The variables that showed a significant correlation with the adhesion to cervical screening were employment situation (p=0,025), frequency of General Practitioner care use (p=0,002), recommendation to do the cervical smear (p<0,001) and information about the screening from the General Practitioner (p<0,001).
The patients' perception of the General Practitioner empathy was not significantly correlated with the screening adhesion (p=0,191).

Discussion and conclusions: The rate of adhesion observed was superior to the Portuguese data available.
The patients' perception of the General Practitioner empathy was not significantly correlated with the screening adhesion. Having only 10 patients in the sample that had never done the screening was a possible bias.

Chronic Obstructive Pulmonary Disease – Are We Vaccinating the Patients?

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Abstract:

Introduction: Current recommendations indicate the need to vaccinate Chronic Obstructive Pulmonary Disease (COPD) patients with annual influenza and pneumococcal vaccinations (13-valent PCV and 23-valent PPSV) according to specific schemes.

Aim: To determine the prevalence and schedules compliance of Pneumococcal and Influenza vaccination in the population with COPD.

Methods: Descriptive transversal study based on data collected from all patients with COPD and valid vaccination record, assisted for one year in the Health Unity. Main measures: Age, Gender, Last year's anti-influenza vaccine, Pneumococcal vaccine (PPSV23 and PCV13), Compliance with the recommended vaccination programs.

Results: The prevalence of COPD in the Unity is 1.2% (n=156). 60.9% of the patients are men. The average age is 72.38 years with age ranging between 41-95 years. The influenza vaccine was administered in 55.1% (n=86). The PPSV23 was administered in 22.4% (n=35) and the PCV13 was found in 11.5% (n=18). If we consider the 3 recommended vaccines and the appropriate scheme, only 9% (n=12) complied with current recommendations.

Conclusions: There was a higher rate of anti-influenza vaccination compared to anti-pneumococcal. This fact may be related to the free access of the anti-influenza vaccine in Portugal, comparing to the other vaccines who are expensive. Furthermore, most of patients who were vaccinated didn't comply with the recommended regimens. In conclusion, the vaccination rate is still not very significant in patients with COPD. It is essential to raise awareness of the importance of vaccination among family physicians and patients.

Clostridium difficile colitis prevention – every day challenge

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Abstract:
Clostridium difficile colitis prevention – every day challenge
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Background and aims: In recent years, nosocomial infections became a frequently discussed topic in hospitals and in nursing homes, too. According to literature diarrhoea caused by Clostridium difficile (CDI) is responsible for 15-25% of nosocomial diarrhoea linked to antibiotic treatment and up to 75 % post antibiotic colitis.

Method: We compared the incidence of Clostridium colitis at the Department of long term ill in the years 2008 and 2014. We tested the stool specimens for CD antigen and toxin in every patient with diarrhoea.

Results: In 2008 out of 275 hospitalised patients stool was positive for CD toxin in 28 patients (10.2%) In 2014 out of 258 patients in 22 patients (8.5%) stool was antigen and toxin positive and in 24 patients (9.3%) antigen positive and toxin negative.
We were interested in the concomitant use of antibiotics and probiotics as a way of CDI prevention. In year 2008 up to 67,9% patients with CDI used no probiotics during antibiotic therapy on previous departments, we observed a slight decrease to 54,5% in 2014.
On our department in 2008 28.6% patients with CDI used no probiotics but in 2014 only 4.5%.
Overall in year 2008 21.4% patients with CDI used antibiotics without using probiotics and in 2014 only 4.6%. We instructed hospital personal to wear gloves consistently in contact with every patient with diagnosed or suspected CDI, to wash hands with soap and water, to use no alcohol disinfectants.

Conclusions: The occurrence of clostridium enteritis with toxin positivity decreases from 10.2% to 8.5% (not statistically significant, Fisher´s exact test p= 0.554). This slight decrease encourages us to stay vigilant. Our findings demonstrate the need of adherence of probiotics use and strict preventive hygienic measures.

Sport activities – in terms of venous thromboembolism prevention

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Abstract:

Background: Sport is an activity recommended by general practitioner in the prevention of venous thromboembolism (VTE). Van Stralen et al. demonstrated in the large population-based case-control study (MEGA study) that regular sport activities decrease the risk of VTE.

Aim: We collected our clinical experiences of VTE patient care and formulated VTE prevention principles.

Method: 219 patients with VTE were followed during the last 6 years by the Outpatient Department of Angiology. Phlebothrombosis was diagnosed by colour duplex ultrasound and pulmonary embolization by CT pulmoangiography or ventilation/perfusion lung scan.

Results: 7 of our patients suffered from VTE in context of sport activity.
Case No.1: 25-years-old university student of the Faculty of Physical Education and Sports suffered as World Cup skier a knee injury during the race. Fracture was complicated by development of VTE.
Case no.2: 53-years-old patient, who was intensely devoted to many kinds of sport throughout his life suffered repeatedly of VTE due to travelling. It was difficult to find a safe way of continuing the sport activities at the top level of anticoagulant therapy.

Conclusion: We have formulated principles of VTE prevention in sportsmen: 1. Be knowledgeable about VTE sign, 2. Adequate liquid supply, 3. Don not use diuretics in order to „draw“ muscles, 4. Do not use anabolic steroids, 5. Do not take doping, 6. Be alert in using hormonal contraceptives, 7. Consider screening of inherited thrombophilia (genetic tests) in sportsmen, 8. Consistent prevention of travellers´ thrombosis, 9. Be alert in case of trauma, 10. Do not smoke.
Both, prevention and treatment of VTE of a sportsman require the acceptation of his priorities and goals by his physician. Sportsman, his coach and manager have to be well educated by physician in terms of medical as well as non-medical VTE preventive measures.

Is the early detection of COPD feasible in general practice in Slovakia?

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Abstract:

Background: COPD is frequent but underdiagnosed disease. Diagnosis relies on spirometric demonstration of bronchial obstruction. Early detection as secondary prevention measure reduces mortality and improves quality of life. General practice (GP) is a suitable place to diagnose several chronic diseases, however spirometry is not routinely performed in primary care in Slovakia.

Aim: The aim of our study was to evaluate, whether the early detection of COPD is feasible in general practice in Slovakia.

Methods: Recruited were all smokers ≥ 40 years, who visited one general practice in one month with at least one respiratory symptom, filled in the Clinical COPD questionnaire (CCQ) and underwent spirometry in general practice.

Results: 180 subjects were included, 83 men (46%) and 97 women (54%), mean age 52,5 years, 28,9 years of smoking 15,2 cigarettes per day. The most prevalent respiratory symptoms were cough (79%), sputum production (65%) a dyspnoea during physical activity (49%). Spirometry took 12.8 minutes in average. The higher the age and the higher the total CCQ score the longer the spirometry. Normal spirometry was present at 84% of subjects, airway obstruction at 15%, 22 subjects (12.2%) with newly diagnosed COPD. 54% of patients registered in our practice were not aware of their COPD diagnose.

Conclusions: CCQ questionnaire is a useful clinical tool for symptomatic patient's selection, who should undergo spirometry. Our study demonstrated, that early detection of COPD with CCQ questionnaire and spirometry is feasible in general practice. This is the first study with Slovak version of CCQ questionnaire and the first study examining the feasibility of early COPD detection in real population in primary care in Slovakia.

Contribution of GP to stroke prevention in atrial fibrillation

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Abstract:

Background: Atrial fibrillation (AF) is the most frequent arrhythmia in clinical practice. AF contributes to all-cause mortality, heart failure and increases stroke incidence by five-times. GPs play an important role in AF screening. Immediately initiated and well controlled anticoagulation therapy helps to attenuate AF related stroke risk.

Aim: Patients with risk factors for AF (hypertension, heart failure, obesity, diabetes, age > 65 years, renal diseases and COPD) were screened for AF.

Methods: Recruited were all patients with risk factors: age >65, arterial hypertension, heart failure, obesity (BMI>25) , diabetes, stroke/ TIA, renal diseases and COPD who visit GP regularly for chronic medication prescription. We focused on patients with "warning AF signs" (palpitations, fatigue, dizziness, chest pain or changes in cognitive functions). We checked the pulse (screened for AF), blood pressure and body weight. If irregular pulse, ECG was performed. If AF detected on ECG and patient in good condition without symptoms requiring hospital admission, scores CHA2DS2VASc and HASBLED were assessed. In patients with CHA2DS2VASc>1 the anticoagulation therapy with warfarin was initiated. GPs in Slovakia are not allowed to prescribe NOAK's. In patients taking warfarin INR was checked regularly by POCT.

Results: Total number of registered patients at our office is 2348 (96,34 %), 86 patients with AF (3,66%), paroxysmal in 24 (27,9%) and permanent in 62 patients (72,1%), 44 men (51,2%) and 42 women (48,8%), average age 73,5 years. The main risk factor was hypertension, present in all patients (100%). The second risk factor was obesity (58%), followed by heart failure (29%), stroke (19,7%) and COPD (3,4%). Anticoagulation therapy was initiated in 76% of patients, antiplatelet therapy in 22%. 2% of patients refused to take any therapy.

Conclusion: AF is affecting 1-2% of adult population worldwide, in our study the prevalence rate was 3,6%. Surprisingly obesity was the second most common risk factor present. GPs can contribute to AF diagnosing and prevention very simply and easy: checking the pulse, controlling blood pressure and weight and initiating anticoagulation therapy quickly.

Acting according the non-maleficence principle – primary prevention with aspirin?

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Abstract:
The antiplatelet therapy was often used as primary prevention of cardiovascular events, but due to associated risks of gastrointestinal ulcers and bleeding, as well as other signs and symptoms related to blood dyscrasias, nowadays is only indicated for secondary prevention.

Female, 97 years old, widow, institutionalized, with exuberant bilateral hearing loss, hypertension, dyslipidaemia and diffuse ostheoarticular pathology. Regular medication: proton bomb inhibitor, ACE inhibitor, loop diuretic, statin and acid acetylsalicylic.

The patient presented to office complaining of easy bruising and appearance of haemorrhagic bullae, mainly in her inferior limbs. No other signs and symptoms associated but the patient was worried about the blisters that easily ulcerated and caused wounds. When reviewing medication, it was clear that there was no indication for secondary prevention with aspirin and that the patient was self-medicated with aceclofenac for ostheoarticular pain. It was then weighed the risk-benefit of maintaining aspirin, which was suspended, and the NSAID was substituted for paracetamol, with ssuccessful resolution of signs and symptoms.

This clinical case aims to illustrate the relevance of quaternary prevention, closely linked to the avoidance of hyper medication, mainly in the elderly, as well as to enhance the importance of reviewing the medication at each visit, not only prescribed, but also the over-the-counter drugs and herb remedies, and weigh the benefit-risk associated with each one.

Investigation into dental health

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Abstract:

Aim: To analyze eating habits, oral hygiene and dental care in a group of schoolchildren in our area of North Mérida, Extremadura, Spain, its connection with tooth decay and the effectiveness of oral health education in the group.

Design: We carried out a cross-sectional study of the results after intervention in the oral health of 106 children in two rural schools in the area.

Methods: Initially a survey was carried out of 43 five-year-olds (2010), 49 six-year-olds (2009) and 14 seven-year-olds (2008). Then an oral health talk was given and a year later the situation was analyzed in the children born in 2009 and in 2010.

Results: Before the talk was given 63% of the children brushed their teeth at least once a day. 15% ate sweets every day and 50% ate then only at weekends. 25% of the five-year-olds had visited the dentist at least once, 72% of the six-year-olds and 100% of the seven-year-olds. Tooth decay was found in 7% of the five-year-olds, in 37% of the six-year-olds and in 57% of the seven-year-olds. After the intervention brushing at least once a day increased to 73%. The intake of sweets dropped to 1.5% on weekdays and 41% only at weekends. 58% of the six-year-olds and 95% of the seven-year-olds had visited the dentist. Tooth decay was found in 12% of the six-year-olds and in 62% of the seven-year-olds.

Conclusions: There is a direct relationship between certain eating habits and oral hygiene habits and tooth decay. Oral health education at an early age is essential for a healthy lifestyle: in our study we found that the educational intervention produced several positive results.

Tuberculosis: a ghost from the past or a worry for the future?

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Abstract:
Background & Aim: Tuberculosis is an infectious disease with low incidence in Europe and, therefore, frequently forgotten, underrated and unknown by general practitioners. However, on the last decade its incidence has not decreased as expected and has not achieved its target goals, in spite of all the advances on its treatment. But why is this happening and what can we do to optimize this results? The answer could be in assuring a progressively more efficient primary prevention and reminding all general practitioners that this is still a disease of our present. The aim of the presentation is to revise all the latest recommendations about the primary prevention of tuberculosis, particularly its screening process.

Method: WHO recommendations and research on Pubmed

Results: Portugal, as other southern European countries, still presents an incidence of tuberculosis considered as intermediate (20 cases/ 100000). The delay in diagnosis was proven to be one of the main contributors to the transmission of tuberculosis but, at the same time, can be significantly reduced with a correct application of a meticulous screening process, particularly in groups classified as high risk by the WHO. The right selection of who should be screened can also transform it in a cost-effective process, allowing it to be applied in countries with more restricted health resources. Last but never least, there are still many countries that do not have a Nacional Program or Strategy designed to manage, prevent and register all cases of tuberculosis. These leads to misinformation and a lack of knowledge about where each European country stands in terms of Tuberculosis control and eradication.

Conclusions: There is still much work and investigation to be done in this area, hopefully in the near future. There is no proven ideal screening process: each country should study its own epidemiology of the disease and create or optimize its strategy based on the resources available. Mass screening was not proven to be cost-effective. It is important to invest on finding more effective screening tools, as eradication will never be achieved if the delay in diagnosis or misdiagnosis persist.

“Disease mongering”/ the phenomenon of selling sickness – a non-universitary population based investigation

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Abstract:

Introduction: “Disease Mongering” is the term used to describe the phenomenon of convincing healthy people, or those presenting risk factors, that they are sick, while exploring their fears of suffering from a disease and suggesting treatment trough advertising, aiming at profiting by selling something people, then, believe are in need of.

Aim: Understanding the population’s susceptibility to “Disease Mongering”.

Methods: Observational, transversal and analytic study conducted with a questionnaire specifically built around a hypothetic syndrome, applied to a sample of 300 people, in central Portugal. Descriptive and inferential parametric and nonparametric statistical analysis for nominal and ordinal variables, using SPSS.

Results: Sample of n=300 (66,3% females), ages average 40,89 ± 0,72 years. Half of the individuals considers the hypothetic new syndrome as being very frequent (49,7%), even though the majority doesn’t believe are affected (73,5%). The undertaking of the screening and treatment are accepted by 87% and 82,7%, respectively, while 81,3% believe actually exists. Significant differences weren’t found between genders and literacy rate. People with chronic diseases are the most susceptible to believe they suffer from the syndrome, whereas healthy subjects present the greatest acceptance to undertake the screening and treatment.

Conclusion: The target population showed great susceptibility to “Disease Mongering” given the wide acceptance of a screening (87%), consent to treatment (82,7%) and belief on the existence of the hypothetical syndrome.

The importance of establishing communication between the Primary and Specialist Care to avoid iatrogenic procedures

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Abstract:

Background & Aim: A doctor aims to restore the patient to optimal health, but this is not always posible; sometimes a medical performance can become in iatrogenesis: the alteration of the state of the patient caused by the doctor. The maintenance of a good relationship between primary healthcare and hospitalary professionals is essential to avoid it, specially in the case of patients who need long-term hospital care.

Method: The authors present a case of metastatic pancreas cancer and a review of the literature focused on the based on the requirements of establish communication between general practitioners and hospital specialists in any medical discipline in order to reach a consensus on the treatment in the event of a terminal illness. The goal is to combine the knowledge about the patient that both kind of professionals have, to correlate his prior quality of life with the hospital care and avoid iatrogenesis.

Results: An 80-year-old man with a history of hemiparesis arrives at the hospital, where the doctors diagnose pancreatic cancer with unresectable liver metastases. At the first time, the patient was conscious, but after a few days, the level of bilirubin in blood started to rise and his overall condition got worse. He stopped eating and drinking and he wanted to come back home. A fine needle punction-aspiration was programmed to warrant a more accurate categorization of the type of liver tumor. The internist phoned to the family doctor, who told him that the quality of life of the patient before the hospital admission was not very good. They decided not to do the liver punction, because it could have more complications than benefits for the patient. It was considered an iatrogenic procedure. Finally, ERCP-x-ray was programmed in order to unblock the bile ducts.

Conclusions: The consulted reviews about the therapy coordination between Primary and Specialist Care support the creation of committees that involve professionals belonging to both fields. The relationship between them should be continuous and focused on the patient's knowledge of the patient that both types of professionals have. The goal is to take advantage of this knowledge in order to avoid unnecessary invasive procedures. Thus, taking into account the quality of life of the patients before entering the hospital and their life expectancy when leaving there, it is possible to decide the therapeutic attitude indicated to avoid iatrogenic.

Mode of delivery and postpartum sexuality - a systematic review

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Abstract:
Introduction: There are many factors that affect female sexuality and childbirth seems to be a key factor. However, literature on postpartum sexual health is scarce and controversial.

Discussion: Although sexual problems are frequent in the postpartum period (loss of desire, dyspareunia, lack of lubrication, pain, decreased orgasmic capacity…), few women report sexual complaints to providers.
Some studies have attempted to explore potential predictors of sexual activity and sexual functioning on postpartum, particularly the mode of birth, perineal lacerations, postpartum depression and breastfeeding. Despite studies that evaluated the relationship between the mode of birth and resumed sexual activity or postpartum sexual function (desire, arousal, lubrication, orgasm, satisfaction, and pain) have shown inconsistent results, preservation of sexual function has been reported as one important factor underlying maternal preference for cesarean, in the absence of any medical or obstetric contraindication for attempting vaginal delivery. In fact, cesarean delivery on maternal request is the most frequently cited reason for the increasing incidence of cesarean sections. It is, however, a surgical procedure that can lead to numerous complications in both mother and child.
The majority of studies suggest that the type of delivery does not appear to be a statistically significant predictor of female sexual functioning after childbirth.

Conclusions: Postpartum sexual health is often not discussed during prenatal or postpartum care, perpetuating the idea, among the women, that an elective cesarean section carries few consequences for sexuality. However, based on available data, there were no significant differences between the mode of delivery and sexual function in the postpartum period.

Key words: Mode of delivery, Postpartum, Sexual activity, Sexual functioning

Can we take photos of a lesion?

(The aphorism primum non nocere in the elaboration of injury reports in Primary Care)

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Abstract:

Background & Aim: Is it possible to contravene the principle primum non nocere when making a medical-legal document in Primary Care?

The etical and legal aspects related to the medical profession are often avoided, so nowadays it is necessary that the physicians remind the need to deepen on the ethical and legal knowledges that guards the profession. This usually happens with the so-called "Medical-Legal Documents". Specifically, we will refer to the Injury Reports. These notifications generate legal responsibilities that oblige the physician to complete them, but at the same time various ethical dilemmas, mainly focused on issues related to the protection of health data, as a fundamental right articulated through legal norms at the community level, by means of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016, and at the national level, through the internal legal order of the Spanish State, all aimed at ensuring and protecting the patient's right to privacy.

One of many conflicts that can be set out is: Can physicians take photos of the lesions?

Method: Review that analyzes the need of knowing the current legislation in order to avoid damages in the right to privacy of the patients, using as an example the taking of photographs, explaining why they could suppose a type of iatrogenic.

Results: In order to be able to photograph the lesions, the patient must be previously informed about the making of such photographs. The patient or his legal representative must give written authorization. If the patient refuses the making of the photographs, the physician must record it on the medical record, as in any other medical care.

Conclusions: The Criminal Code Reform has been recently sanctioned in Spain, where this legal issue is defined. The images are personal data and their violation is considered as an offense against privacy, the right to own image and the inviolability of the home (article 197.7).

A relationship of mutual trust is established between the Family Doctor and his patients, but we should not fall into medical paternalism and photograph our patients without their consent, although our sole objective is to assist him in our role as Family Physicians. We must make sure beforehand that we are not damaging their right to data protection. It is very important to avoid iatrogenic not only at the drug level, but also at the legal level.

Knowledge of preventive care in medical students at the university of Coimbra

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Abstract:

Background Aim: Preventive Medicine aims to improve and maintain the health status of asymptomatic individuals. Recent studies show a lack of knowledge in this area among doctors and general population.
This study aims to analyze the knowledge of medical students in the Faculty of Medicine at the University of Coimbra regarding evidence based recommendations and evaluate the evolution of the acquisition of this knowledge between the 3rd to the 6th year.

Methods: An observational and cross-sectional study was carried out with a convenience sample consisting of students from the 3rd and 6th years. They were given a survey adapted from one previously used among family practitioners, to ascertain the concordance of the students' knowledge in this area with the recommendations of the United States Preventive Services Task Force and the American Diabetes Association.
Descriptive and inferential statistics were performed using chi-square tests and the difference between the correct answers between the 3rd and the 6th years was studied.

Results: The studied sample consisted of 252 students, 137 of the 3rd year and the rest of the 6th. Regarding the 32 questions concerning the usefulness of carrying out some preventive processes, the majority answered 20 correctly.
There were 13 areas with significantly better results in the 6th year than the 3rd. The opposite was found in only 2 areas.
In what concerns the correct frequency in which interventions should be carried out, the majority of 6th year students only answered correctly once, considering a more frequent need in 6 areas and less frequent in 2. The 3rd year students answered correctly in only 2 cases, and considered a more frequent need than recommended in 7. In 2 survey questions no participants responded with the correct periodicity. There was a statistically significant difference between the 3rd and 6th year students with more correct responses in the 6th year in four situations and less correct in one.

Conclusion: There are many discrepancies between the students' knowledge and the recommendations, especially in the timing for the interventions. Quite often, students believe there are shorter intervals than actually recommended, reinforcing the importance of the debate regarding quaternary prevention. There seems to be an improvement in this knowledge after the clinical years. The training of students in preventive care, especially quaternary prevention, is essential.

Quaternary prevention at the forefront of the patient's quality of life: a case report

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Abstract:
Background: Quaternary prevention is the set of actions that aim to avoid damages to medical interventions and other health professionals. The Family Doctor (FD) should introduce a quaternary prevention in all the consultations to avoid the damages caused by the health system's own activity, raising the old principle “primum non nocere”.

Case description: A healthy 37-year-old man presents lower back pain with radiation to the left lower limb after a road accident. After 2 years of diagnostic investigation in Neurosurgery, an abdominal CT was requested to exclude a hematoma that compresses the nerve of the lumbar spine. In abdominal CT, no pathology was found to explain the patient's symptoms. However, there was a 6 cm nodule suggestive of mesenteric neoplastic lesion. The patient was referred to Surgery, with subsequent hospitalization to perform a biopsy of the lesion, whose histological result was negative for malignant cells. However, he developed a reactive depressive and anxious syndrome to his health problems, having been medicated by his FD. He performed a new abdominal CT and at the next Surgery visit he had discharge with diagnosis of mesenteric cyst and indication of annual vigilance with abdominal CT. The patient is referred to the Psychiatry for worsening symptoms. He presented no lower back pain, but without the capacity to work for the psychiatric pathology. He expressed constant concern to his FD for the vigilance of the mesenteric cyst. His FD contacted Surgery to clarify the clinical situation, explaining that the vigilance initially instituted would have psychiatric repercussions in the patient. Vigilance with abdominal ultrasound was agreed between FD and Surgery every 3 years, since the lesion remained stable and had a histological diagnosis negative for malignant cells. FD reassured the patient, explaining the benignity of the clinical situation and the unnecessary abdominal CT due to its adverse physical and psychological effects. After 6 months, the patient had a clear improvement in the psychiatric condition and returned to work after 7 years.

Discussion: FD is the specialist par excellence to coordinate the management of health care. Tight CT vigilance of a benign and asymptomatic incidentaloma caused depressive and anxious syndrome, which had a major impact on quality of life and ability to work. Faced with the situation, the quaternary prevention in this patient was essential, having solved his health problems.

Peripheral obstructive arterial disease in diabetics

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Abstract:

Backgroud & aim: Peripheral obstructive arterial disease (PAD), coronary artery disease and cerebrovascular disease result from the manifestations of atherosclerotic disease in vascular beds and are the leading cause of death in adults in Portugal. Diabetics have an increased risk of developing PAD and consequently an increased risk of cardiovascular events and mortality.
The aim was to identify PAD in asymptomatic and Diabetes Mellitus (DM) patients.

Method: A cross-sectional, observational study in which diabetics were included from 50 to 69 years of age and from 40 to 49 years old with DM and another risk factor. The variables studied were age, sex, duration of illness, hemoglobin A1c (HbA1c) values, smoking habits, hypertension, dyslipidemia, weight, renal insufficiency, cardiovascular events and Ankle-Brachial Index (ABI) value. The data were obtained through consultation of the clinical process. Patients with ABI <0.9 were characterized as having PAD.

Results: Of the 95 diabetic patients, 16 were excluded and the sample consisted of 81 diabetic patients. Of these, 54.3% (n= 44) were men and the median age was 60 years. The median duration of the disease was 8.0 years and the HbA1c value was 6.3%. The majority had hypertension and dyslipidemia, 87.7% (n= 71) and 88.9% (n= 72), respectively. Two cases (2.5%) were identified with ABI values greater than 1.4; 42 (51.9%) with normal values, 15 (18.5%) with borderline values and 22 cases (27.1%) of diabetic patients with PAD.

Conclusions: In this study 22 (27.1%) diabetics presented asymptomatic PAD. In this risk group, PAD is underdiagnosed and therefore untreated.
Early diagnosis of PAD is essential for the identification of patients at high risk for coronary and cerebrovascular events and therefore the measurement of ABI should be an essencial tool in the daily practice of Family Physician.

Burden of annual healthcare checkups and the use of adequate preventive services: an analysis of time usage and costs.

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Abstract:

Background and Aim: Facing increasing pressures on both costs and equitable access to healthcare, the consultation model in primary care has changed in the recent years, with patients valuing healthcare services more as a consumer product rather than a scarce resourced societal service. This progressive shift has originated an overuse of resources that can potentially jeopardize patient health and the sustainability of the primary care delivery and financial models.

Method: Cost analysis study and model implementation for simulating time expenditure and allocation applied to the entire Adult Portuguese Population (2015), using as inputs the results of the Portuguese study " A Population-Based Nationwide Cross-Sectional Study on Preventive Health Services Utilization in Portugal" and the current costs for medical tests (2015), adjusted for inflation.

Results: Assuming that all the Adult Portuguese Population decided they should undergo general annual checkups with routine tests, the total costs with tests would be approximately 692 million €, with a cost per patient of 73, 06€ and a total hourly consultation time per medical FTE of 73%. A sensitivity analysis was performed, ranging the total number of patients undergoing annual checkups from 100% to 10%.
Furthermore, our model also calculated the cost and time expenditure needed to accomplish selected USPTF levels A and B recommendations ranging from 100% to 40% of patients, with costs per total population of almost 41 million €, and per patient varying between 7,85€ and 2,20€, while time varying between 20% and 8% of total hourly consultation time per FTE.

Conclusions: While the majority of Portuguese adults still believe they should utilize healthcare services disregarding potential problems of overuse and health risks associated, it is paramount that healthcare decision makers introduce and array of patient oriented strategies regarding the rational use of medical services in order to curb both costs and maximize the health benefits of preventive services.

Quaternary prevention and quality improvement of clinical activity concerning PPI prescription

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Abstract:
Background & Aim: Proton Pump Inhibitors (PPIs) are one of the therapeutic classes more prescribed worldwide. They are viewed as very effective and potentially safe, being used for long periods without their need being subjected to revaluation.
PPIs can potentially cause serious adverse effects as for instance: infections, fractures, interstitial nephritis, pneumonia, reduce clopidogrel efficacy, and rebound acid hypersecretion when stopped.
In April 2016, the Clinical Guidance Norm (NOC DGS 036/2011) was discussed in a clinical meeting to sensitize our team to the topic.
After this intervention, we sought to understand if our therapeutic actions were altered, improving our prescribing quality and preventing potential side effects that can be associated with inadequate use of PPIs.
The objective of this paper was to verify the prescribing adequacy in two patient lists of our Primary Care Unit.

Method: We sampled the first 100 patient consultations in individuals older than 18 years old in two different medical files and in two distinct time frames, for a total sample size of 200 patient per sample: the first one beginning at January 1st 2016, prior to Norm presentation, and a second one beginning at May 1st 2016, after Norm discussion at our unit. It was checked in all sampled individuals if they were prescribed PPIs and if they were, we looked in the patient record if there was a clinical indication for it. In the cases where there wasn't, we evaluated if the Medical Professional proposed or not PPIs discontinuation.

Results: In January 2016, from the total 200 sampled patients, 51 patients were medicated with PPIs, 14 of which improperly. They were suspended in 3.
In May 2016 we found 45 patients that were medicated with PPIs, 12 without formal indication, having been suspended in 8.

Conclusion: We verified that the clinical approach concerning PPIs was clearly improved after the discussion of the Clinical Guidance Norm, which was translated in a more adequate prescribing of the drug.

Discontinuation of proton pump inhibitors: where we at?

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Abstract:

Background & Aim: Proton pump inhibitors (PPIs) effectively reduce gastric acid secretion. Long-term use of PPIs is indicated in few conditions such as gastroesophageal reflux disease persistently symptomatic or aggravated by esophagitis or Barrett's esophagus, peptic ulcer disease prevention and Zollinger-Ellison syndrome. Besides these recommendations initial treatment with PPIs should be limited to 4-8 weeks. Approximately 20 to 82% of people are using PPIs without a clear indication. The long-term effects of PPIs include increased risk of pneumonia, Clostridium difficile infection, hypomagnesaemia and bone fractures. In Portugal, the defined daily dose of PPIs increased over 60% between 2004 and 2008. One Portuguese cross-sectional study showed that 50% of PPIs prescriptions hadn't instructions about the duration of therapy.
The aim of this paper is to review the evidence concerning the discontinuation of PPIs.

Method: We performed a narrative review searching Pubmed, The Cochrane Library, University of York Centre for Reviews and Dissemination databases for clinical guidelines, narrative reviews, systematic reviews and meta-analysis combining the subsequent keywords: "proton pump inhibitors", "deprescribing", "stop", "discontinuation", "reduction", "withdrawal", "ceasing" and "cessation". The search was limited to publications in English and Portuguese and dated from January 1, 2000 to December 31, 2016.

Results: There is no consensus on the discontinuation of PPIs. Improving patient education by providing information about dyspepsia, lifestyle modifications and treatment alternatives is an effective intervention. A tapering regimen may be more successful than abrupt withdrawal considering the rebound acid hypersecretion. Most of symptomatic recurrences can be managed with histamine-2-receptor antagonists or prokinetics. The decrease in PPIs use is associated with significant net saving without adversely affecting patients' quality of life.

Conclusions: There's a lack of homogeneity in studies' design so inferring which strategy is more efficient is unattainable. However, evidence suggests that patients using PPIs inappropriately can step off PPIs without deteriorating symptom control. Future research should emphasize on direct comparison of strategies and use of serum gastrin level to time tapering protocols.

Vitamin D Deficiency Prevention in Healthy Paediatric Population – A Critical View

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Abstract:

Background & Aim: Recently, vitamin D (vit D) has been drawn to attention in several clinical assays resulting in increased interest from health care communities and overall public. Numerous reports have suggested vit D deficiency in significant proportions of western populations, including children, raising the trend to supplement. Herein we aim to address 3 aspects concerning vit D in paediatric populations: (1) The scientific evidence supporting supplementation based on vit D health effects; (2) Who to screen? (3) Recommendations for supplementation in healthy children. The serum cut-point values used to define vit D deficiency and clinical implications, such as overscreening and overtreatment will also be discussed.

Methods: The most recent guidelines were surveyed using the MeSH term "Vitamin D" in several databases: National Guideline Clearinghouse, NICE and Canadian Medical Association Practice Guidelines. Only those focusing on paediatric population were considered. Vit D supplementation recommendations were critically discussed based on recent controversy around the definition of vit D deficiency.

Results: In this research 5 recent guidelines were selected, recommending the following: (1) Present data are not sufficient to establish vit D supplementation to prevent musculoskeletal problems, infectious and cardiovascular diseases or for immunomodulation in type 1 diabetes or asthma. Dietary Reference Values to nonmusculoskeletal health outcomes have not been established. (2) Vit D status should not be tested, unless patients have symptoms of deficiency, are at high risk of deficiency or if there is a clinical reason to do so. (3) In most European countries, United States (US) and Canada a daily vit D intake of 400 UI during the first year of life is recommended. The US recommends 600 UI/day, to individuals from 2 to 18 years, or more than 600 UI if risk factors are present. French Society of Paediatrics globally recommends higher doses. ESPGHAN point that available evidence is not strong enough to support vit D supplementation beyond the first year of life, with uncertainties regarding cut-point values for defining vit D deficiency.

Conclusions: Vit D supplementation is controversial beyond the first year unless risk factors are present. Recent discussions about the definition of vit D deficiency have suggested that serum cut-point values are being misapplied and overestimated, thus leading to unnecessary supplementation in some individuals.

Gluten sensitivity self-test kits – what kind of prevention?

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Abstract:

Background: Patients can get self-test kits for a range of health concerns, namely for gluten sensitivity/Coeliac disease (Celiac disease, CD). Over-the-counter home self-testing kits for CD have been readily available for purchase in pharmacies, drug stores and online stores, in several countries, for the past few years. Concerning the primary care setting, there are validated laboratory blood tests to check for the disease. Delayed diagnosis is a concern because of the possible long-term complications of undiagnosed CD. The main treatment for CD is a lifelong gluten-free diet.

Aim: To review the evidence supporting the use of self-test kits for screening gluten sensitivity. Critical appraisal of the results on the primary care physician scope.

Method: MEDLINE was searched from 2006 to 2016 for English-language guidelines on the diagnosis and management of CD, published by professional medical organizations. Relevant related articles were included. Internet search on gluten sensitivity self-tests, available for purchase in European Union countries, in the current year, was also performed (search engine-based).

Results: A specific guideline about home blood testing for CD (The College of Family Physicians of Canada) and one health topic published about self-test kits in general (NHS, United Kingdom) were selected. Most of the kits available for online purchase are based on serological tests performed on self-blood samples, and may vary on the alleged accuracy of the results obtained. Globally, they lack validation from recognized international medical organizations. Patients who use self-testing kits and present with positive test results may need to discuss getting tested for CD with their GP (laboratory testing). It is important to note that a negative serologic test result does not rule out CD. As far as validated methods are concerned, there is recommendation against population screening for CD (UK NSC, United Kingdom).

Conclusions: Gluten sensitivity self-test kits tests available for online purchase lack evidence for screening and/or diagnosis and should not replace a medical diagnosis. Home blood tests for gluten sensitivity are a cause for concern, as individuals who have positive test results might begin gluten-free diets before being further evaluated by their physicians. Self-tests are readily available, and further work is needed to assess their impact.

Helicobacter pylori - from diagnosis to quaternary prevention: the study in a Family Health Unit

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Abstract:
Background: Gastric cancer is the cancer with higher mortality rates among female at Health Centres Group Santo Tirso/Trofa and Helicobacter pylori (HP) infection is the main risk factor for its development. Aims: To evaluate the technical-scientific quality of the coding of HP infection, its treatment and the confirmation of its eradication, as well as to evaluate the need for quaternary prevention regarding the prescription of upper digestive endoscopy (UDE).

Method: This is a descriptive, cross-sectional and retrospective observational study performed at Ponte Velha Family Health Unit (FHU). Patients older than 18 years of age, coded D70, D86 and/or D87 of the ICPC-2 classification were selected from MIMUF® from January 1 to June 30, 2016. Exclusion criteria: deceased patients, under the age of 18 and with prescription of eradication therapy for HP outside the FHU under study. A simple descriptive analysis of the data was performed using EXCEL 2013®.

Results: The sample consisted of one hundred patients. The majority were female (n= 60), with a mean age of 56.5 years. Most patients (n= 95) were coded with D87, and 64 of these codifications were diagnosed with gastritis. Seven patients were coded with D70 (due to HP infection) and only two cases were coded with D86. Of the 79 patients with EDA, no biopsy was performed in 31 patients. Of those who underwent biopsy (n= 48), 27 patients tested positive for HP.
Even though 27 patients tested positive for HP in the biopsy, only 25 underwent eradication therapy. Sequential therapy was the most prescribed (n= 22). In 20 of the 25 patients prescribed with eradication therapy, medical exams were used to confirm eradication. Urea breath test was the most requested (n = 14), followed by UDE (n = 5). The results of the eradication confirmation test were recorded in twelve of the twenty patients to whom it was requested and in ten of those cases the eradication was confirmed.
Of the 27 patients which tested positive for HP in the biopsy, seven were coded with D70 and 22 were coded with D87. Of those coded with D87, some were coded simultaneously with D70.

Conclusions: The correct coding of the HP infection, as well as its adequate eradication and confirmation of eradication is essential. The request of UDE with biopsy should follow strict criteria and its results should be interpreted in an individualized way, to avoid excessive and inadequate treatments.

Childhood Obesity - Facts and Numbers of Portuguese Primary Care

Authors name: Joana Gonçalves Vale Gouveia
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Abstract:

Background and Aim: Currently, childhood overweight and obesity represents a serious health problem, which may contribute not only to cardiovascular diseases, diabetes and cancers, but also to a reduction in quality of life and greater risk of bullying and social isolation. Globally, it is estimated that approximately 10% of school-age children (5-17 years) are overweight, with a prevalence above 20% in Europe. Recent studies suggest that over one third of children between 2 to 12 years old in Portugal are overweight, with 16,8% of these being obese. There is no question that this is a severe problem and must be particularly addressed in Primary Care, with a special focus on prevention. Our aim is to determine the prevalence of obesity locally, in three Primary Care facilities in the region of Aveiro – Portugal.

Methods: We selected pediatric patients from the investigators' patients list, in a total of 862, including the ones who had apointments from January 1st 2015 to January 31st 2017, in a total of 591. Data collected included age, weight, weight percentile, Body-Mass-Index (BMI) and BMI percentile. Children aged from birth to 60 months with BMI-for-age above 97th percentile were considered overweight. Children aged from 61 months to 17 years with a BMI-for-age above 85th percentile were considered overweight and above 97th percentile were considered obese. The latest World Health Organization Child Growth Standards BMI for age were apllied.

Results: In our analysis, 4,5% of children aged 0 to 60 months were overweight, in a total of 9. On the other hand, 32,9% of school-age children (5-17 years) were overweight, in a total of 129, with 38% of these being obese. When analysing by sex, 55% of the school-age children overweight were boys and 45% were girls. The age group most representative in the overweight children, were the ones from 10 to 12 years.

Conclusions: Our study reveals even higher numbers than the ones estimated in Europe, with almost one third of school-age children being overweight. There is an urgent need to address this topic in every consult with children, particularly above 5 years old. These children should also be closely monitored to assess their BMI-for-age progress.

A lucky delay – sometimes waiting is the best option

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Abstract:
M.G., is a 13-year-old girl, second daughter of a divorced non-consanguineous couple, with irrelevant past, studying in the 9th grade, dancer in the free-times.

She reported a slight discomfort in the bicipital region of the left arm after some stretching while sitting on the couch. This happened 2 weeks prior to presentation. Following this episode she felt persistent light pain over the bicipital region and she also felt a bump in the area of complaint, near the axilla, so she decided to visit our Family Unit.

The physical examination was noticeable for a mass with a cartilaginous consistency in the anterior side of the left arm, near the insertion of the biceps muscle. There were some infracentimetric cervical lymph nodes but no palpable axillary adenomegalies.

We prescribed an ultrasound, that detected a hypoechoic mass with lobulated contours which measured 39 x 20 x 36 mm, findings that were thought to be related to an adenopathic conglomerate, even though a neoplasm arising from the muscular plans could not be excluded. A complementary biopsy was advised.

We referenced M.G. with urgency to a pediatric consultation and she had an appointment scheduled two weeks later at São João Hospital. After the consultation they decided to proceed with cytology of the lesion that turned out to be inconclusive. A Magnetic Resonance Imaging was the next step and suggested a sarcomatous neoplasm in the dependence of the short head of the bicipital muscle with approximately 50 x 28 mm.

The case was discussed with the pediatric surgeons that opted to do a histological (“core”) biopsy that showed aggressive characteristics, compatible with a sarcoma. Meanwhile other complementary studies were made, such as scintigraphy, computed tomography staging and genetic studies.

Two days after the biopsy M.G. developed signs of inflammation at the site of puncture and an ultrasound was requested to rule out an abscess. Newly formed calcifications were detected and because of that, conventional radiography and computed tomography were done. The pattern of calcifications, located in the periphery of the lesion, was now strongly suggestive of heterotopic ossification (myositis ossificans), the final diagnosis, a classic “don’t touch lesion”.

We wanted to bring this case report of a rare, but completely benign condition to show that sometimes and somehow, an expectant attitude can turn into an act of quaternary prevention.

Sleeping with the Enemy

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Abstract:

Background & Aim: Benzodiazepines (BZD) have been used for several therapeutic purposes, particularly anxiety and insomnia, making it one of the most prescribed classes in the world. The aim of this case report is to demonstrate that this widespread consumption is not only because clinical reasons, but also due to inappropriate use.

Method: Patient Evaluation, clinical process consulting and wife´s patient interview.

Results: Male, 71 years old, caucasian, married, retired. Personal antecedents: bipolar disease type I, renal cronic disease – stage IV, hypertension, dyslipidemia, obesity, hypothyroidism, benigne prostate hypertrophy. He applied to emergency department for psychomotor agitation, disorientation, marked depressed mood with emotional lability and initial and intermediate insomnia, in the context of reintroduction of lithium one month before. At examination, he was hemodynamically stable, agitated, with depressed mood and irritability. He was medicated with: valproic acid, lithium, quetiapine, gabapentin, bisoprolol, fenofibrate, calcitriol, levothyroxine, finasteride and pantoprazole. The patient was admitted to the psychiatry department, stabilized with quetiapine, valproic acid, and lithium removal. At the fourth day of hospitalization the patient started an extreme anxiety, with sensation of imminent death, irritability and psychomotor agitation. The psychotropic drugs were in therapeutic dose, making the interpretation difficult. However, after an interview with his wife and the insistence on outpatient medication, we found that clonazepam was given daily and chronically by her, whenever the patient was more agitated. Thus, the hypothesis of diagnosis was a BZD withdrawal syndrome, easily reversed with the administration of BZD.

Conclusions: This case report reforces the importance of knowing all patient medication, including the occult one, inadequately provided by family members. As a strategy of quaternary prevention, the prescription of BZD should be rational, using clinical criteria, in order to prevent the abuse and dependency. Patients should be informed of medication´s duration as well its short- and long-term effects and withdraw. It should also be explained that BZD have clear indications and should not be given to other people indiscriminately.

Quaternary Prevention in Prostate

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Abstract:

Background & Aim: The goal of quaternary prevention is to avoid excessive medical intervention, alerting to the rational prescription of diagnostic and therapeutic methods. This fosters users' autonomy through active decision, after being duly informed, as well as the right not to be confronted with «screenings» unrelated to the reason that led them to see the doctor. This level of prevention is particularly important in the elderly. Various entities engaged in assessing scientific evidence on preventive activities, e.g. the United States Preventive Services Task Force and the European Association of Urology, advise against testing the prostate-specific antigen (PSA) as populational screening. Its determination is even more discouraged, based on reasonable quality evidence (D) against the recommendation, in men aged 75 or older. Therefore, the risks outweigh the benefits. This test is only advised for post-treatment monitoring of prostate carcinoma, and as opportunistic screening in high-risk men after the benefits and risks have been explained. <4ng/mL results are considered normal, while with values of 4-10ng/mL measuring the percentage of free PSA is recommended. PSA >10ng/mL and PSA 4-10ng/mL with free PSA <25% should be referenced for urology appointment.

Method: Observational, descriptive and retrospective study based on a random sample of the over-75 male age group from a Family Health Unit. It was found that the PSA test was prescribed to these patients after completing 75 years of age. The values of PSA and the existence of associated prostatic pathology were also registered.

Results: From the total number of male users aged 75 years or older (126 users), the requisition for PSA test was found in (68 users) 53% of the sample. The value of PSA <4 ng/mL was registered in 93 users, 4-10ng/mL in 11 users, and >10ng/mL in 2 users. From all the users, 30 displayed benign prostatic hyperplasia, 3 users evidenced prostatic neoplasia under treatment, and 1 user prostatitis.

Conclusions: The need to alert and inform both physicians and users of the risks, benefits and uncertainties associated with this screening remains. This warning is even more important when the average life expectancy is under 10 years, be it due to the patient's age or to comorbidities, as in these situations prostate cancer related mortality is not the more relevant.

At last, first do no harm – clinical case about quaternary prevention

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Abstract:

Background & Aim: Health activities can produce damages on their own, but also by the consequent clinical "cascades". In the elderly, because it is more frequent the coexistence of several diseases, the risk of 'Unintended harmful responses' by adding medical interventions is bigger. (1)
During an internship at a secondary care service, it was presented to a Family Physician trainee a clinical case whose publication aims to show the path of overmedicalization and the terms of quaternary prevention.

Method: 85 years old male patient, followed at endocrinology since 2010 because of multinodular goiter found on thyroid ultra sound which was asked in the context of hypothyroidism that was diagnosed during hospitalization due to a stroke.
Patient background:
Ischemic stroke with sequelaar hemi paresis; Ischemic heart disease with class II-III NYHA heart failure; Diabetes mellitus type 2 since 2007; Arterial hypertension; Dyslipidemia; Benign hyperplasia of the prostate undergone transurethral resection; Trigeminal neuralgia; Renal neoplasm of indeterminate nature.
At annual endocrinology appointment, thyroid ultrasonography report describes and enhances the presence of an 8 mm nodule highly hypoechoic and hypervascular, considered suspicious. There is no cervical adenopathy. Thyroid hormones were normal.
After reviewing previous reports it was noticed that the same nodule was described with identical dimensions and features since 3 years ago.
The endocrinologist considers the need of fine needle aspiration to exclude malignant disease, although not being perfectly comfortable and sure of its true benefit for patient's health.
Therefore, the doctor decides to debate the case and share the decision with other colleagues at the service meeting.

Results: It was decided not to do the fine needle aspiration and just do ultrasonographic reevaluation instead.

Conclusions: Inappropriate or unweighted exams requests carry a risk of iatrogeny and often lead to a chain of events that can be difficult to stop.
Taking patients background into account is crucial to primum non nocere.
Elderly people need to be especially protected from medicalization, to avoid the addition of unnecessary and / or doubtful activities to the very necessary demanded by its multimorbilidad.(1)

1. Gérvas J. Prevención cuaternaria en ancianos. Revi Esp Geriatr y Gerontol. 2012;47(6):266-9.

Xylitol for prevention of caries in children – evidence based review

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Abstract:
Early childhood caries is the most common chronic disease in young children. It is an infectous bacterial disease of the teeth. Risk factors are: inadequate home dental care and poor oral hygiene, a mother with high number of cavities, a high sugar intake, enamel defects, premature birth, special healthcare needs and low socioeconomic status. Despite its high prevalence, early childhood caries are a preventable disease. The use of topical and systemic fluoride and adequate oral hygiene can help reduce caries. Oral health is essential to general health and quality of life. The existence of an active anti-caries role of xylitol per se remains controversial. This review examines the evidence for the effectiveness of xylitol in preventing caries in children.

Data sources: The MEDLINE database and evidence based medical sites (National Guideline Clearinghouse, Canadian Medical Association Practice Guidelines InfoBase, Guidelines Finder, DARE – Centre for Reviews and Dissemination, The Cochrane Library). Clinical guidelines, systematic reviews and meta-analyses published between January 2007 and January 2017 in English or Portuguese were collected using the MeSH terms: xylitol, dental caries and children. The SORT scale of the AAFP was used for assessing levels of evidence and the strength of recommendation.

Results: Of the 60 articles found, only 20 fulfilled the inclusion criteria. The analysis focused on 6 clinical guidelines, 2 meta-analysis and 1 systematic review. The guidelines consider that the use of xylitol as sugar substitute can be a protective factor against caries. It is recommended to use xylitol chewing gum as intervention in children older than 5 years old who are at a high risk of caries (SOR B). One of the meta-analyses found some evidence suggesting that that fluoride toothpaste containing xylitol may be more effective than fluoride-only toothpaste for preventing caries (SOR B). The other mentions that xylitol containing chewing gums reduce dental caries (SOR A). A systematic review concluded that there is insufficient evidence to support the use of xylitol for early childhood caries prevention (SOR B).

Some current evidence points to the efficacy of xylitol in preventing dental caries in children. There are still unsolved questions remain regarding the best mode of delivery, dosage, frequency, target population, duration of treatment and long-term benefits effects of xylitol. In addition, there are also lacking cost-effective studies.

The application of the aphorism primum non nocere in the elaboration of injury reports

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Abstract:

Background & Aim: Is it possible to contravene the principle primum non nocere when making a medical-legal document in Primary Care? The etical and legal aspects related to the medical profession are often avoided. This usually happens with the so-called "Medical-Legal Documents", for example, the Injury Reports. These notifications generate legal responsibilities that oblige the physician to complete them, but at the same time various ethical dilemmas, mainly focused on issues related to the protection of health data, as a fundamental right articulated through legal norms at the community level, by means of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016, and at the national level, through the internal legal order of the Spanish State, all aimed at ensuring and protecting the patient's right to privacy. One of many conflicts that can be set out is: Can physicians take photos of the lesions?

Method: Review that analyzes the need of knowing the current legislation to avoid damages in the right to privacy of the patients, using as an example the taking of photographs, explaining why they could suppose a type of iatrogenic.

Results: In order to be able to photograph the lesions, the patient must be previously informed about the making of such photographs. The patient or his legal representative must give written authorization. If the patient refuses the making of the photographs, the physician must record it on the medical record, as in any other medical care.

Conclusions: In Spain, has been recently sanctioned the Criminal Code Reform, where this legal issue is defined. The images are personal data and their violation is considered as an offense against privacy, the right to own image and the inviolability of the home (article 197.7). Between the Family Doctor and his patients a relationship of mutual trust is established, but we should not fall into medical paternalism and photograph our patients without their consent, although our sole objective is to assist him in our role as Family Physicians. We must make sure beforehand that we are not damaging their right to data protection. It is very important to avoid iatrogenic not only at the drug level, but also at the legal level.

The correct completion of injury reports as benchmark of medico-legal quality for primary care practitioners

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Abstract:

Background & Aim: The completion of the Injury Report is essential for several criteria: medico-legal, epidemiological, health management, judicial and even quality of care. Considering that its "correct completion" represents a quality criteria, it is necessary to determine what elements should appear on it. This is specially important for the Primary Care Practitioners, as it is the person who do the first assistance of the injured patient.

Method: A review so as to analyze and explain how a part of injuries must be correctly fulfilled, in order to meet the quality requirements legally established.

Results: The most common mistakes made by practitioners when they fill in an injury report are the followings:

- Incomplete details of the doctor or the injured perso; incomplete diagnosis, without making descriptive specifications.

Use of non-medical terminology to describe certain injuries.

- Do not state the location or the number of injuries, the diagnostic methods used in the care process. the prescribed treatment, the recommendations to follow after the care process. the date and do not sign the document.

Conclusions: Knowing how a part of injuries must be completed according to the established quality criteria is essential for the daily work of the Family Doctor, because if errors are made in the completion of this document, it will harm the patient afterwards. The goal is to avoid iatrogenic at the legal level that a poorly filled report of an injury can cause to the patient. Therefore, we establish the elements that the Family Doctor must write in an Injury Report in order to meet the quality criteria:

1. Specification of the type of violence in question.
2. Data of affiliation of the victim and personal details of the attending physician.
3. Data regarding the date and time of the traumatic event: The date and time when the violent action occurs and not the time of the victim's attendance.
4. Description of the type, number and anatomical location of the lesions.
5. Therapeutic approach: It is essential to describe the treatment applied since it will legally serve to qualify the injuries according to the Criminal Code.
6. Follow-up of the injuries: Establishing different possibilities: hospital admission, referral to another health center, follow-up by the Primary Care Physician...
7. Date and signature of the document by the attending doctor.

The importance of the communication between the hospital and the health center in order to avoid iatrogenic procedures

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Abstract:

Background & Aim: A doctor aims to restore the patient to optimal health, functioning and well-being, but sometimes a medical performance can become in iatrogenesis. In order to avoid iatrogenesis, the maintenance of a good relationship between primary healthcare and hospitalary professionals is essential, specially in the case of patients who need long-term hospital care.

Method: The authors present a case of metastatic pancreas cancer and a review of the literature focused on the based on the requirements of establish communication between general practitioners and hospital specialists in any medical discipline in order to reach a consensus on the treatment in the event of a terminal illness. The goal is to combine their knowledge about the patient in order to correlate his prior quality of life with the hospital care and avoid iatrogenesis.

Results: A 80-year-old man with a history of hemiparesis arrives to the Internal Medicine Department at the hospital, where a pancreatic cancer with unresectable liver metastases is found. After a few days, the level of bilirubin in blood started to rise and his overall condition got worse. A fine needle punction-aspiration was programmed to warrant a more accurate categorization of the type of liver tumor. The internist phoned to the family doctor, who told him that the quality of life of the patient before the hospital admission was not very good. They decided not to do the liver punction, because it could have more complications than benefits for the patient. It was considered an iatrogenic procedure. Finally, ERCP-x-ray was programmed in order to unblock the bile ducts.

Conclusions: The reviews consulted about the therapy coordination between Primary and Specialist Care support the creation of commitees. The relationship between them should be continuous and focused on the patient's knowledge of the patient that both types of professionals have. The goal is to take advantage of this knowledge in order to avoid unnecessary invasive procedures. Thus, taking into account the quality of life of the patients before entering the hospital, their family support and their life expectancy when leaving the hospital, it is possible to decide the therapeutic attitude indicated to avoid iatrogenic.

Why does the patient need information at the beginning of isotretinoin treatment for acne vulgaris?

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Abstract:
Background & Aim: Spontaneous resolution of acne is common in middle-aged adults, but sometimes waiting can lead to severe cosmetic consequences with an important psychosocial impact.
In this communication, the authors explain when a patient should be referred for possible treatment with oral retinoids and the role of family doctor in the patients' follow-up in order to avoid and mitigate the harmful side effects.

Method: The authors present a case of acne vulgaris and an overview carried out after conducting a literature search in MEDLINE (restricted to the years 2010-2016, using the keywords "acne vulgaris", "retinoids" and "isotretinoin") and books (published between 2013 and 2016).

Results: A 16-year-old woman with inflammatory acne vulgaris (weight: 53 kg), had been treated with systemic tetracycline and several topical medications without obtaining good results. She was referred to a dermatologist who prescribed her 40 milligrams of isotretinoin. One day next week her family doctor prescribed her oral contraceptives. After four months of treatment, the patient was much better and asked if it was possible to stop the treatment because she felt beautiful and had been suffering from frequent nosebleeds and xerosis. What is the better decision in this case?
In severe acne (without response to the combination of systemic tetracycline and topical antibiotic or retinoid), isotretinoin can be used. This drug is also indicated for the treatment of scarring, nodulocystic and recalcitrant acne.
With a cumulative dose of 150 mg/kg the risk of relapse is minimum.
Side effects include xerosis, nosebleeds, liver toxicity and pseudotumor cerebri (this last one is the reason why tetracyclines are contraindicated during the treatment).
The drug can lead to teratogenous injury for the fetus so the family doctor should monitor pregnancy avoidance measures and confirming non-pregnant status via HCG testing.
The physician also should control lipid and liver enzymes levels in order to prevent liver injury and pancreatitis.

Conclusions: The best answer for the patient is: "The aim of the treatment is to cure the disease, without posterior relapse. If you stop taking isotretinoin, every effort that you have done could be in vain because you don't have yet achieved the cumulative dose of 150 mg/kg. You may control your actual symptoms with petroleum jelly".

Why does the patient need information at the beginning of the androgenic alopecia treatment?

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Abstract:
Background & Aim: Androgenic alopecia (AA) can cause psychological distress, especially if it affects an extensive scalp surface or occurs at early age.
The lack of information can lead the patient to stop the treatment and to lose trust in his physician.
The drugs used in AA need months until they show their benefits, moreover, side effects may appear during the treatment.
In this communication, the authors explain the considerations for avoiding the therapeutic discontinuation in AA.

Method: The authors present a case of AA and an overview carried out after conducting a literature search in MEDLINE (restricted to the years 2012-2016, using the keywords "erectile dysfunction" and "finasteride") and books (published between 2013 and 2016).

Results: A healthy young man visited the health centre for hair loss and was then diagnosed with AA. After an unsuccesful first attempt to treat it with topical minoxidil, his physician prescribed him one milligram of finasteride. The patient was informed about the side effects of this drug. In order to avoid the treatment discontinuation, the physician told him that the therapeutical benefits should be assessed after three or four months. After three months of treatment, hair loss had decreased and he had not suffered any sexuality changes, but his hair had not regained its density, so he asked about the option of increasing the dose because he knew his mother was taking two milligrams.
What is the better answer?
Topical minoxidil 2% or 5% is the first therapeutic choice. Side effects are rare.
The second therapeutic choice is finasteride. Hair loss before three or four months of treatment may be normal.
This treatment is contraindicated in women of child-bearing age because it can lead to feminization of the embryo. Nevertheless, this drug can be used in postmenopausal women, even in higher doses than one milligram per day.
Although numerous side effects are described, male sexuality changes are one of the most important constraints in the therapeutic compliance.

Conclusions: The best answer for the patient was: "The aim of the treatment is to keep the current hair density, not to increase it. If you stop taking finasteride, hair loss will increase as was the case before, in pretreatment level. Doses higher than one milligram of finasteride per day are not recommended in men because of side effects risk.

Difficult task: prevent unnecessary surgery.

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Abstract:
Javier is a 92 years old man, our patient since 1980. He visited our consulting room because he felt difficulties a few days ago during the urination. Besides that, he was worried about a "big lump" in the right scrotum that has grown a little bit more since roughly four months, with no pain and no bowel disturbances.

He has worked as football coach for all of his life. He was active smoker, hypertension, dyslipidemia, overweight, left heart failure, ischemic heart diseases, chronic atrial fibrillation and tricuspid regurgitation. In summary, Javier is a patient with multiple health problems and cardiovascular risk factors who has required frequent hospital admission.

The physical exam of the testicular “mass” showed the presence of bowel sounds. We decided to perform a testicular ultrasound in our Primary Care Center; it showed a large echogenic contents (it seems like fat and bowels) in the right testicle and left testicle average. We confirm this with a Radiology ultrasound; this indicated that the “mass” could be an inguinal hernia.

Next week, Javier came to received the test results. He continued with the problems during the urination. With the results of the ultrasound and the likely prognosis of the hernia (without signs of complications), even at his age, we decided an expectant attitude, offering incontinence diapers because of the leaks. Next two weeks, we offered again a conservative attitude, due to his several risk factors, the probable diagnosis and its noninterference with life expectancy, offering alternatives such as diapers, vesical tube or simple maneuver to retract the penis when he urinated, such as quaternary prevention in this patient with multimorbidity. The other alternative was proposed: a consultation with the General Surgery Department, to confirm us, or not, that the conservative attitude would be the most appropriate in this case.

The family requested a consultation with the General Surgery Department, which did not consider an expectant attitude, and advised a surgical intervention. The anesthetic study was given as suitable, and the patient was operated (Lichtenstein tension-free mesh repair) under spinal anesthesia. Postoperatively, he began with dyspnea and desaturation. It was objectifying a bilateral pleural effusion, oligoanuria and decompensated heart failure, being the cause of exitus.

THANK YOU

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