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ABSTRACTS BOOK

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ORAL PRESENTATIONS

Lung Cancer: perspectives on screening

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Abstract:

Background & Aim: Lung cancer is the most frequent, has a high mortality rate and represents the main cause of cancer-related death in men and women worldwide. Smoking is associated with 85 to 90% of lung cancer cases. The characteristics of this type of cancer raise the possibility of an effective screening, however, some questions arise in its accomplishment. This research intends to review the available evidence regarding lung cancer screening.

Method: Research on relevant literature was conducted including controlled and randomized clinical trials, meta-analyzes, systematic reviews and national and international clinical guidelines regarding lung cancer screening.

Results: Most of the conclusions of the reviewed studies do not go beyond the highlight of the national lung screen trial witch underscores the value of low-dose helical computed tomography for the screening of lung cancer in risk populations.

Conclusions: Major International Societies and Organizations recommend the use of low-dose helical computed tomography for the screening of lung cancer risk populations. However, in Portugal the screening is not yet a reality.

Early diagnosis and referral are fundamental for the prognosis of this pathology. The promotion of smoking cessation continues to be the most cost-effective measure in the fight against lung cancer. A few other results are discussed and a need for additional empirical studies on this topic are addressed.

Multi-targeted prevention of cardiovascular disease risk factors. Food supplements.

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Abstract:

Background & Aim: In my average GP praxis of approximately 1500 persons there are 65 patients with diabetes type 2 and 376 patients with hypertension. If we could postpone reaching the diabetes diagnostic criteria and/or stroke or IM (cardiac death) without side effects, the patients would be happy to take that chance.

Atherosclerosis is about lipid profile change, but even more about lipoprotein (oxidative) modification and endothelial dysfunction.

In Tartu University we have conducted two studies with a Reg´Active Cholesterol (RAC) in cardiovascular prevention. The complex contains Monacolin K, vitamins Q10, E, B6, B9 and B12, Lactobacillus fermentum ME-3 and L-cysteine.

The tests are registered as ISRCTN55339917.

Method: Our first open-label pilot study showed a complex positive influence of a food supplement RAC on cardiometabolic parameters (CMP).

The second, double-blind study (groups 24+22 persons) tested a) the effect of RAC to CMP in clinically asymptomatic volunteers with borderline-high values of glycosylated hemoglobin (HbA1c%), b) sustainability of the RAC effect on CMP (HbA1c%, homocysteine (Hcy), plasma cholesterol (Chol) and fractions, oxidized LDL (OxLDL), C-Peptide, ferritin, insulin, interleukin-1alfa, interleukin-6, leptin, plasminogen activator inhibitor-1, resistin and tumor necrosis factor alfa) implementing two time-points - 4 weeks and 8 weeks.

Measurement of biochemical parameters.

Statistical analysis

Calculations and graphics were performed using commercially available statistical software packages (Statistics for Windows, Stat Soft Inc. and Graph Pad PRISM Version 2.0, STATA-14.2).

Results: The level of Chol, LDL-cholesterol and oxLDL and HbA1c% decreased significantly and HDL-cholesterol increased significantly only in the study group after 4 and 8 weeks of consumption RAC containing LFME-3: HbA1c% from 6.0 ± 0.38 to 5.7 ± 0.38 ($p^* = 8.042E-09$) in study group vs 5.9 ± 0.2 to 5.9 ± 0.23 in control group ($p = 0.02$ between groups); oxLDL (U7I) from 87 ± 27 to 75 ± 23 ($p^* = 0.00012$ in study group vs 81 ± 22 to 80 ± 23 in control group).

The level of Hcy also decreased significantly in 8 weeks.

Conclusions: We as primary doctors see sometimes patients who do have borderline levels of risk factors or one elevated level of a risk factor without elevated general risk scores. A reduction in OxS and simultaneous cardiovascular risk factor control seems to be an ideal treatment strategy in subjects with borderline levels of CVD risk factors.

General Practice Trainees' Knowledge of Sleep Medicine

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Abstract:

Background: Many studies have shown that quality sleep health is intricately linked to both physical and mental health. According to the National Heart, Lung, and Blood Institute, sleep deficiency is associated a significantly greater risk of heart disease, kidney disease, hypertension, diabetes, stroke and obesity amongst others. A group of fourth-year trainees on the North East GP training scheme are interested in how lifestyle intervention and augmentation may be enhanced in primary care. One such aspect of lifestyle that is easily amenable to intervention is that of sleep health.

Aim: The aim of this survey is to identify current knowledge and attitudes to sleep physiology, sleep health and common sleep disorders amongst GP Trainees.

We aim to conduct a survey on GP Trainee's knowledge, attitudes and current practices of sleep health via an online anonymous questionnaire. The questions are based upon the "ASKME survey" which is a well validated and recognized tool available from the American Academy of Sleep Medicine.

Method: A 30 question online questionnaire will be distributed via email to all GP trainees of the Irish College of General Practitioners. A reminder email, with survey link will be resent in a week's time. The completed questionnaire results will remain anonymous.

Results: Data will be presented on the extent of GP Trainees current knowledge and attitudes to sleep physiology, sleep health and common sleep disorders at the WONCA EUROPEAN FORUM on PREVENTION AND PRIMARY CARE.

Discussion: The data will be discussed with respect to the evolving literature in Irish General Practice and with reference to the international literature.

Conclusions: The results of this study will contribute to a comprehensive assessment of GP Trainees knowledge and perceptions of sleep medicine. This data will help inform the learning needs and assessments of current and future GP Trainees. Further research in this area may help guide future development of sleep medicine into the ICGP curriculum. The potential benefits of lifestyle intervention to improve patient outcomes and reduce the national health burden remain an attractive target in primary care with respect to yield and value.

Prescription of routine blood tests in Family Medicine - A cross-sectional study based on the Portuguese practice.

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Abstract:

Background & Aim: Prevention is one of the main purposes of Family Medicine leading to studies that aim to comprehend which practice is beneficial for patients and which measures can be harmful. In Portugal there is still a belief that every patient even healthy ones should undergo blood tests and other examinations to perform a check-up and diagnose disorders that did not manifest and to which there were no risk factors, namely family history. This practice contributes to overdiagnosis and the related harms. The present study was designed to study the prescription pattern of “routine” blood tests in Family Medicine in Portugal.

Methods: A cross-sectional study was performed having as setting the Portuguese primary healthcare. A questionnaire distributed regionally by email was answered, between January and July of 2017, by physicians working in primary healthcare in Portugal. The physicians were surveyed on their “routine” analyses prescription pattern and their motives for prescribing or not blood tests. The questions were based on the panel of the most prescribed analyses in the group of healthcare centres of Central Lisbon: full blood count, lipid profile, glycemia, renal function, liver function, thyroid function, prostate specific antigen (PSA). The statistical analysis of the collected data was performed using the software IBM® SPSS® Statistics 23.

Results: There were 340 responses of which only 323 were valid. The sample consisted of 68.4% of specialists and 31.6% of interns. The mean age was 38.04 years old. Most of the inquired doctors affirmed to prescribe “routine” blood tests (51.7%) of which 74,7% are specialists. A statistically significant relation between degree and prescribing “routine” analyses was verified ($p=0.013$). The majority of doctors (96.3%) refers that patients request the prescription of blood tests. The most prescribed analyses in adult age are total cholesterol requested by 92.2% of prescribing doctors, blood glucose, triglycerides and creatinine and in paediatric age are blood glucose, total cholesterol and full blood count, respectively. Most of the doctors (79.4%) that prescribe “routine” blood tests do so to perform screening and the physicians that do not prescribe do so, mainly (80.8%), because it does not agree with scientific evidence.

Conclusions: The results obtained reveal that most primary care doctors in Portugal still prescribe blood tests to healthy, asymptomatic or risk-free patients. It was also verified that most doctors have the perception that their patients often request to do a check-up by means of blood examinations. Further studies should be performed to better describe and understand the regional distribution of the prescription pattern and the evaluation of the economic impact of the prescription of unnecessary blood tests. There should be an investment in the promotion of evidence-based medicine as well as health literacy policies to adjust the practice and the expectations of patients.

M-m-rvaxpro accidental vaccination to a pregnant woman in primary care. An opportunity for patient's safety improvement.

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Abstract:

Background and Aim: Immunization is key in disease primary prevention. Well established vaccination programs lead to health care effective routines that ultimately impact patient's quality of life. Disease outbreaks may require change in those procedures especially in what concerns stakeholders interplay.

Analysis of the root cause and development of preventive measures following a sentinel event is one aim of this project. It further aspires to trigger discussion on personal accountability in prevention of harm in healthcare.

Method: Following identification of a sentinel event on a Rubella vaccine administration to a pregnant woman with documented immunity on a primary care unit hazards and risks were characterized. Clinical records were assessed, involved healthcare team contacted and an interview was held with the patient. Case reporting to the institution's global risk management commission was further investigated.

Results: A second dose of Rubella vaccine was administered in a primary care clinic to a 33-year-old woman before a family doctor's unscheduled appointment due to a three-days-onset pruritus. Diagnosed since five years with couple's infertility due to male factor the patient was scheduled for assisted medical procreation later in 2018, having performed diagnostic hysteroscopy one month before this immunization of May 2018. Serum BHCG was routinely assessed following an encounter at the hospital's emergency care unit due to aggravation of the pruritus. Spontaneous pregnancy was diagnosed and the Medical Reproduction Unit's Medical Doctor contacted. Transvaginal ultrasound confirmed pregnancy and the patient was redirected to a high risk pregnancy consultation in hospital setting.

The primary care unit team was reached and cause of errors pinpointed. Immune status of the patient was not verified before vaccine administration and inquiry to possible pregnancy despite of being done did not retrieve data on last menstrual period. It was signalled that 2017's measles outbreak in Portugal led the healthcare professional to proactively suggest to the patient an update on the vaccination scheme.

Institution's global risk management commission had no report of this case to date.

Conclusions: Inadvertent vaccination of M-M-RVAXPRO in pregnant woman is an advert event requiring notification to the adverse event reporting system in place. An immature risk management culture may limit the way professionals deal with errors. Under-reporting of cases is estimated. In a setting of a new outbreak of measles in Portugal, in March 2018, healthcare professionals should be updated on the state-of-the-art for vaccination and reinforced adequate reporting of errors. Personal accountability aims towards an open and non-punitive debate, empowering the stakeholders, including the patient, on making delivery of care a safer practice.

Piloting interactive web-platform for personalized preventive and predictive care

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Abstract:

Background and Aim: Many healthcare systems of 21st century are still very reactive in spite of the fact that prevention and proactive care can save healthcare costs and many lives.

We should do our best to turn the healthcare system from sick-care to preventive and predictive care.

The long-term aim of our project (behealthy.ai) is to develop a system, which can identify patients with undiagnosed diseases with the help of online anamnesis. For the current stage of the project, the system will work through the interaction of human doctors and patients online, but later we plan to automate many parts of the system using AI technologies.

Method: Using the database of predefined questions, human doctors communicate with patients (volunteers), through our online web-platform. Patients answer questions via the web interface. Doctors analyze patients' answers and ask new questions, which are based on previous patients' responses. In addition, the doctors calculate the risks of certain diseases using proven risk scores and recommend patients how to avoid serious negative health consequences.

Results: For now, we have only done a pre-pilot project with only 16 patients. Here are the results of this pre-pilot

- Users' engagement was at a high level, none of the users discontinued using the system.
- We have improved the awareness of their health conditions;
- One of the patients was suspected to have a serious pathology (with high degree of confidence) and was advised to contact a doctor to confirm or refute this assumption;
- We have informed patients about what measures should be done in order to prevent negative consequences of the health problems, which they already have;
- We have informed some patients that they should change certain habits of their lifestyle, which can lead to the development of health problems in future. We also offered them healthy habits as an alternative;
- We have proved that with all of its limitations, the system allows us to obtain a lot of information from the patients in order to suspect some serious pathologies or predict potential health risks.

Conclusions: Preliminary results showed that our system could help patients to take a proactive approach to their health, help to automate care coordination and improve targeting for preventive interventions.

In the process of pre-pilot project, the technical aspects of our system were improved, which will allow us to interact with our patients and information much more efficiently.

We have planned to conduct a bigger pilot project, which will be run in one State hospital, several family practices and one private clinic (these organizations has provided us with preliminary consensus).

To clot or to bleed – Challenges of a clinical case

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Abstract:

Background & Aim: As the modern medical advances permit a successful attack on fatal diseases, the population will be exposed to a higher risk of extreme frailty and disability as disabling diseases accumulate in aging bodies.

This is a case of a 70 years old male that was brought to the emergency room with a suspect of a wake-up stroke, presenting dysarthria, right sided hemiparesis G2 (grade 2) and right eyes shift. Head CT (computed tomography) showed a right PICA (posterior inferior cerebellar artery) stroke and a clot throughout the extension of the basilar artery.

A thrombectomy was performed, with a final TIC1 (thrombolysis in cerebral infarction) of 3.

This is a male with background of hypertension, dyslipidemia, atrial fibrillation and duodenal and rectal ulcers.

The aim of this case is to reflect on the benefits and harms of starting anticoagulation medication on a polimedicated, elderly patient.

Method: To access the harms and benefits of such medication, we applied the CHADS₂-VASc score, to predict the risk of stroke; and the HAS BLED to predict the risk of severe bleeding.

Results: We applied the CHADS₂-VASc, which scored 6 - High Risk, with a yearly risk of stroke of 9.8%, therefore oral anticoagulation is recommended.

The HAS BLED scored 4 – High risk for major bleeding with a 8.9% in one validation study and 8.70 bleeds per 100 patient-years in another validation study, so alternatives to anticoagulation should be considered.

The results were contradictory but it was decided that the patient should start anticoagulation with a NOAC (novel oral anticoagulants). However, still during hospitalization, the patient presented a major rectal bleeding with hemodynamic impact and need for blood transfusion.

Conclusion: When we start a new medication, we must evaluate its harms and benefits, being all the more important this evaluation the greater the risk that the new drug imposes. As the elderly accumulates many risk factors, it is furthermore difficult to discern which will be the best decision.

In this specific case, the high risk of stroke was matched with a high risk of bleeding, which eventually occurred early. As the Hippocratic Oath postulates “First do no harm”, we must judge judiciously that sometimes it may be better to do nothing rather than intervening and potentially cause more harm than good.

It is of paramount importance to evaluate each person as a whole, and each one individually. And for this decision, the general practitioner will be an asset, as he know the patient well as well as his surroundings.

Look-Alike Sound-Alike medication and its association with errors in a healthcare institution

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Abstract:

Background: Look-Alike Sound-Alike (LASA) medication represents an important and well-known problem due to the similarities on visual aspect (look-alike) and pronunciation and writing of the name (sound-alike). These characteristics are the basis for several non-intentional errors. LASA medication represents a major problem in all healthcare institutions where there are prescription and manipulation of the medication.

Methods: The study took place between October 2015 and March 2016 and was based on the Clinical Orientation Guideline 020/2014 by Direção Geral de Saúde. This was developed in departments of a tertiary hospital in Oporto. Data were collected by a survey and a visit was made to hospital departments to observe the conditions of manipulation and storage of the medication.

Results: 209 doctors and 239 nurses answered the survey, which represents a response rate of 56.7%. The proportion of doctors and nurses with knowledge about LASA medication was 30.6% and 51.0%, respectively. The analysis of the stocks in the wards showed several improvement opportunities. It was defined some rules in the organization of the stock. The most frequent way of storage is by alphabetic order although LASA pairs should not be stored near one from the other. There are two main techniques to help to distinguish LASA medication. The first is the use of Tall Man Letter technique that consists on the use of capitals letters to write the part of the name that distinguishes that medication from its LASA pair (i.e. DOBUTamine and DOPamine). This technique was already being used in the informatics system of the hospital although only 30.1% of the professionals knew what the Tall Man Letter technique was used for. Another technique is to identify the LASA medication in the stock with a label saying "identical package". The recognition of having made some medication errors in their careers was 45.9% by doctors and 43.9% by nurses. The majority of the errors in prescription was an inadequate dose (31.0%). In administration, 19.6% of the doctors referred that used the wrong medication. Nurses pointed out the use of a wrong medication during administration as the most frequent error (15.9%). When questioned about the attitudes during their daily activities to promote the safe management of medication, 64.1% of doctors and 38.1% of nurses referred not to take any safety measure consciously. Some safety measures adopted by health professionals were double-check and the Read-back techniques.

Conclusion: There is a wide lack of knowledge among health professionals on this topic, what may be the leading factor in errors involving medication. The strategies already developed by pharmaceutical services have not yet been completely widespread within all departments. Several organisational errors concerning the stocking of medication were identified. All errors should be reported by health professionals, even near miss, in order to identify and improve systems vulnerabilities.

Asymptomatic bacteriuria in low-risk pregnancy - what's the evidence of its treatment?

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Abstract:

Background & Aim: Asymptomatic bacteriuria (ASB) has been associated with an increased risk of maternal pyelonephritis (PN) and preterm birth (PTB). Its screening is recommended in low-risk pregnancy by most clinical guidelines. The Portuguese guidelines recommends urinalysis during the surveillance of pregnancy and urine culture in the first trimester. However, the benefit/risk of screening for and treat ASB is not consensual, and this review intends to analyze the available evidence regarding the influence of ASB treatment on maternal and fetal morbidity and mortality.

Method: Search on MEDLINE database and Evidence-Based Medicine sites of evidence-based reviews, clinical guidelines, meta-analysis, systematic reviews and randomized controlled trials, using the MeSH terms Bacteriuria AND Pregnancy, of articles published from January 2008 to May 2018 in English, French, Spanish and Portuguese. The Strength of Recommendation Taxonomy (SORT) scale of the American Family Physician was used to assess the levels of evidence and assignment of recommendation forces.

Results: We identified 136 articles, of which twelve met the inclusion criteria: seven clinical guidelines, one meta-analysis, two systematic reviews and two clinical trials. Antibiotic treatment of ASB was associated with a reduction in the risk of PN in pregnancy in most clinical trials, mostly pre-1987 (NE2). A clinical trial of 2012 did not show a reduction in the risk of PN or in morbidity/mortality with ASB treatment (NE2). Also ASB seems to have limited value in the prediction of PTB (NE2).

Conclusions: The existing evidence, mostly based on outdated or small and with methodological shortcomings clinical trials, does not allow a clear conclusion as to whether the treatment of ASB positively influences maternal and fetal morbidity and mortality; the most recent data effectively points to a lack of benefit with ASB treatment (SOR B). To address the limitations of the studies found, controlled, randomized, higher quality and larger studies are needed to assess the influence of ASB treatment on maternal and fetal morbidity and mortality.

Cervical cancer screening – a pursuit to improve the screening rate

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Abstract:

Background & Aim: Cervical cancer is the 4th most frequent cancer in women. Because it is a slow-growing cancer, precancerous changes are identified in women around their 20-30s, but the diagnostic only presents itself around mid 50s. The slow progression provides opportunities for prevention, early detection and treatment. In Portugal, screening is done every 3 years, with a Pap smear, a procedure that collect cells from the cervix and spread them on a glass microscope slide. This work aims to improve the screening rate (ScR), in order to reduce morbimortality associated with this disease.

Method: Descriptive, interventional, cross-sectional quality study. The sample were women from 25 to 65 years from a doctor file, with outdated cervical cancer screening. 2 summonings and evaluations were made: the 1st in the end of 2014 and a 2nd mid 2018. Women without email were excluded from this summoning. In 2014 an invitation was sent to attend a previously booked period to do the Pap smear. In 2018 an email was sent with 5 booking schedules options for the women to pick.

Data source: MedicineOne[®], SiiMA[®]; processed in Microsoft Excel[®].

Results: Initially there were 332 women with outdated screening, meaning that only 36,2% of the population had it updated. After assessing each clinical process, 56 were excluded (48 had done the exam outside our practice, and 8 were hysterectomized). From the 276 remaining females, 65 were invited in late July. 32 replied (answer rate 49.2%): 10 have had the pap smear exam done on another healthcare facility and shared the result; and 22 booked a consult (which only 1 missed). According to MedicineOne[®] data, after exclusion and invitation, in 2014 the ScR increased from 55,1% (2013) to 63,2% (2014), corresponding to an 14,5% improvement. In 2018, until august 2018, we observed an improvement of 29.4% (from 47.2% (2017) to 61.1% (august 2018)). On SiiMA[®] platform, the ScR increased from 46.9% to 52.9%, representing a 12,8% improvement.

Conclusion: A setback gathered in the first evaluation, was that in MedicineOne[®] the ScR is overrated, as it only accounts for the percentage of women with a Pap smear test done in the last 3 years, disregarding that some of them had indication to repeat it. So, as a quality improvement measure, we decided to also take into account the SiiMA results.

The results are very positive, with a decreased number of women to be screened from 332 to 245. It appears that inviting women to book an appointment to do the Pap smear increases the ScR, and that it is most effective to give options to the women to choose from, improving their adherence to the appointment.

This was the 1st evaluation with the corrected results. Nevertheless, after only 1 month and about ¼ of the targeted women invited, the ScR went up 12,8%, which is an extremely positive result.

We intend to continue with this work, invite the remaining women, until the end of this year, when we will re-evaluate the results.



POSTERS

The impact of a decision aid on serogroup B meningococcal vaccination – An intervention project protocol

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Abstract:

Background: Meningococcal disease (MD) is a rare (68/10000000) but severe illness, affecting mainly children during the first year of life. MD can present as meningitis, bacteremia or septicemia, conditions associated with high mortality (5-14%) and high frequency of severe sequelae (11-19%). The vaccine against serogroup B meningococci is not part of the Portuguese national immunization program. Therefore, this vaccination must be an individual decision from children legal responsables. Patient decision aids are tools to help people make informed choices about healthcare, taking into account their personal values and preferences. These are part of a shared decision making process, encouraging active participation by patients in healthcare decisions.

Aim: To assess the impact of a decision aid on serogroup B meningococcal vaccination, systematically given at the first visits of the newborn to family doctor, considering the socio-demographic characteristics of the communities covered by two health family units (HFU) in Minho region.

Methods: Experimental, non-randomized, uncontrolled study. Data collected from 2017 (before intervention) and from 2019 (after), using the vaccination records from the health database 'PDS'. Population: Before intervention - children born between 1st of January and 31th December 2017, with the first dose of serogroup B meningococcal vaccine until the end of 2018. After intervention - children born between 1st of January and 31th December 2019, with the first dose of this vaccine until the end of 2020. Exclusion criteria: children with high risk of developing MD (asplenia, hyposplenism, congenital deficiency of complement or under therapy with Eculizumab) and children without regular follow-up at the HFU. Variables: sociodemographic characteristics of children legal responsables (education, occupation, family type and Graffar index). The studied variables will be collected in both moments of analysis. The intervention consists of systematic application of a decision aid, by the family physician or nurse, at the first visits of the newborn to the HFU, starting in January 2019. We will compare vaccination before and after the intervention, and between the two HFU after the intervention. Data processing will use Excel 2016®/SPSS25® software's.

Discussion: Health Literacy which determine the ability of individuals to understand and use information to promote and maintain good health, is of concern to everyone involved in health promotion and disease prevention, particularly in Primary Care. By improving people's access to health information and their capacity to use it effectively, health literacy is critical to empowerment. This intervention project aims to assess the impact of a different education strategy focused on persons and their needs. If it proves to be functional, this strategy could be extended to other areas of preventive medicine, in order to facilitate individuals' informed and shared decisions about their health.

Report of the project "CONFIA"

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Abstract:

Introduction: Family Medicine extends far beyond the doctor's office. It is up to the Family Doctor to follow up on their patients from infancy to the third age. In adolescence, a stage of alterations at various levels, many young people lose their follow-up in a surveillance visit, because if on the one hand they do not move by means to the Health Center, on the other hand they do not seek health care because of shyness or fear of lack of privacy.

Goals: The adolescent care office designated "CONFIA" was created with the objective of strengthening the competencies in the adolescent health self-management; providing care and clarification of requested issues in the context of adolescence, sexuality, physical and psychological health, and interpersonal relationship; provide information and support to prevent risky behavior; facilitating young people's contact with community health services; to help them reflect on the situations in which they are involved, about the alternatives and the consequences of their options.

Relevance: To extend the offer of health care to the adolescents of one of the Schools in the area of influence of the USF.

Description: Creation of an Office at the Elias Garcia School to provide assistance, support and counseling to adolescents, whenever they need it, free of charge and confidential. During the 2016/2017 school year, a team from USF Sobreda, made up of a doctor and a nurse, went to the school on Tuesdays from 2:00 pm to 3:00 p.m. to perform this closest follow-up of the adolescents. Twenty adolescents between 11 and 16 years old were followed, 5 boys and 15 girls, in a total of 26 visits.

Discussion: The adolescents came voluntarily and posed several questions about sexuality, contraceptive methods, health problems. Also included aspects related to addictions, use of new technologies, sleep problems. Four adolescents, due to their personal and family problems interfering with their social and school development, were referred more directly to their family physicians. Almost all the teenagers did not know the name of the family doctor and most of them did not know which Health Center they belonged to.

Conclusions: "CONFIA" allowed a closer proximity to the adolescents by the team of USF Sobreda, greater perception of the school problems of some adolescents and a more rapid articulation between the School and Primary Health Care.

The importance of anamnesis in a clinical case: Bird fancier's lung

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Abstract:

Introduction: Bird fancier's lung is a preventable subtype of hypersensitivity pneumonitis caused by a continued exposure to bird antigens. It's relatively frequent and has great impact on lung function, the most severe cases may lead to irreversible pulmonary fibrosis. Diagnostic suspicion is critical, and the family physician should extensively explore occupational and recreational history in cases of unexplained dyspnea. The treatment of choice is corticosteroid therapy, being essential the removal of the antigen.

Case Report: Woman, 65 years old, Caucasian, married, domestic, no allergies. She has arterial hypertension, type II diabetes mellitus, obesity, dyslipidemia and is medicated with telmisartan+hctz, simvastatin and metformin.

She comes to the primary health care center complaining about a 6-month dyspnea (at rest, progressive, vespertine, without relief factors), accompanied by weight loss and fatigue, with no other complaints. The objective examination shows 4% weight loss, discrete bibasal crackles (pulmonary auscultation) and 95% O₂ sat. Exams were requested. After 3 weeks, the patient returns with the exam results: decreased debits at low volumes and decreased diffusion (respiratory function tests), strengthening of the perihilar and basal bronchovascular reticulum (chest x-ray). She also reported worsening dyspnea in the past 2 days, with cough and purulent sputum. She had 87% O₂ sat.; the auscultation was the same. She was referred to the emergency service, where an angio-CT was made (inflammation with involvement of the small pathways); without d-dimers, pro-BNP or inflammatory parameters modification. Due to maintained hypoxemia, she's hospitalized in Pneumology department, where it is found that, 7 months ago, she had collected a wounded pigeon from the street, which she took care of and was at home in a cage. Admitting pulmonary interstitial pathology, she underwent bronchofibroscopy (inflammation of the bronchial mucosa) with bronchoalveolar lavage (immunophenotyping compatible with bird fancier's lung). The analysis showed heavily positive pigeon precipitins. After clinical stabilization, she was discharged with budesonide+formoterol and weaning from the oral corticoid, with indication for removal of the pigeon. Since then, she is followed in Pneumology and Primary Health Care, presenting periods of aggravation, which respond to the oral corticoid.

Conclusion: Bird fancier's lung, although more common in poultry breeders, may be present in people with less noticeable contacts. The disease may be acute or subacute, and episodes usually resolve with discontinuation of the antigen exposure. Chronic cases may progress to irreversible lung disease. As a preventable disease, an adequate health education, surveillance, and a decreased exposure to bird antigens is essential. In addition to sensitizing the population and the medical community, strategies in Public Health can minimize the incidence of this pathology.

Family Physician's perspective on SClínico's smoking program at four Family Health Units – does it really help?

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Abstract:

Background & Aim: Currently in Portugal, family physicians (FPs) use electronic medical records on a daily basis. In the SClínico® software a recent tool was developed, called the “smoking program”, which provides the FP with a series of resources for helping patients to quit tobacco smoking – smoking units calculator, previous attempts to quit smoking, reasons to smoke, questionnaires on the “willingness to quit” and “addiction to nicotine” and handouts for patients to read at home. This program is expected to help FP in preventive activities towards smoking cessation. But, does it really help?

This study main aim is to evaluate the use of the “smoking program” on the consultation by GP's and their perspective on this program.

Method: Cross-sectional study, approved by the Ethics Committee. Population of the study: all the FPs working at 4 Family Health Units (FHUs) in Northern Portugal. No sampling method and randomization was applied, as studying the whole population.

A questionnaire was designed to address the following topics: use of smoking program in consultation, time consumption, benefits of use for the GP and benefits on patient-doctor relationship, benefits in smoking cessation and potential risks. It was given to all FPs, who answered anonymously.

Descriptive statistical analysis was performed using Microsoft Excel®.

Results: In total, 36 out of 40 FPs answered the questionnaire. Only one FP wasn't aware of the smoking program.

When attending a smoking patient the majority of the FPs use the smoking program (58%). Also the majority of FPs consider the program to time-consuming (56%), despite spending on average between 2 to 5 minutes (31%) of the consultation with it (a normal consultation usually lasts 15 to 20 minutes, depending on the FHU).

Regarding the use of the program's impact on patient-doctor relationship and help on smoking cessation by the patient, the results varied: 31% and 28%, respectively, consider the use of the program to be beneficial and 25% and 33%, respectively, consider it to be indifferent.

Finally, nearly half the FP's (47%) can identify some potential risk in the use of the smoking program (time-consumption was the most named risk).

Conclusions: This study shows that the smoking program is commonly used by FPs, when appropriate for the consultation. We cannot conclude if they find it useful. However, efforts should be made towards making the program more user-friendly and less time consuming.

Early identification of insomnia in diabetic patients in family doctor practice

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Abstract:

Background: Many of the chronic illnesses are accompanied by sleep disturbances, depression or anxiety. Early identification of this psychiatric pathology allows the establishment of appropriate therapeutic behaviours. Improving the quality of our patients' lives is an important professional motivation because a low number of accrual / decompensation of chronic pathology means time gained for personalized prophylaxis, monitoring, and counselling on lifestyle optimization. The existence of screening tools and their use in current practice is based on extensive psychiatric training for family doctors.

Aim: The main objective of the research is to study the usefulness of the TRIPS (Training for Interactive Psychiatric Screening) tester for the early diagnosis of sleep disorders in patients with diabetes from the family physician's list.

The secondary goals are identifying new cases of anxiety and / or depression and estimating the time needed to apply the questionnaire - the variant for the patient under standard consultation.

Method: We conducted an observational, descriptive study on a number of 74 patients in their own patients' list of diabetes mellitus. Patients who were diagnosed with psychiatric disorders were excluded from the study. In order to detect the aforementioned disorders we applied the TRIPS - 2 questionnaire, the patient version.

Results: Out of the 74 patients included in the study, 61% (N = 45) were female.

With the help of the questionnaire, we identified the presence of insomnia in more than a third - 37.84% (N = 28) of patients. Among the insomnia patients, nine were diagnosed with anxiety, eight with depression, and three with depression and anxiety.

No patient reported having an excellent health status while 10% (N = 8) of patients considered their health to be bad.

The patient completes the questionnaire in the waiting room. The average time required for dialogue with the patient and interpretation of the results was 10 minutes.

Conclusions: Insomnia is a common symptom among patients with DZ, but underdiagnosed in family doctor practice, with long-term effects on patient health.

The TRIPS 2 - Patient Choice Questionnaire is a useful tool in family doctor practice.

It can be easily applied, identifying sleep disorders, as well as disorders that can lead to diagnosis of anxiety or depression.

Interpretation of results requires about 10 minutes.

Oseltamivir in the treatment of influenza in the elderly: what evidence?

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Abstract:

Background & Aim: Influenza is an acute respiratory disease caused by the influenza virus. The severity of the disease is variable, from mild symptoms and signs to severe cases.

Across the world, Influenza virus infection is associated with debilitating complications that often lead to hospitalization and death of infected individuals. Among the particularly susceptible groups are the elderly.

According to the General Directorate of Health Policy, antiviral therapy with Oseltamivir (Tamiflu®) should be considered in certain risk groups, among which is the population over 65 years old.

Treatment should be started as early as possible, and should not rely on laboratory confirmation. In Portugal, and unlike annual vaccination where practice is common, treatment with Oseltamivir is not frequent.

Therefore, this study aims to evaluate the effect on the improvement of morbidity and mortality associated with influenza virus infection with antiviral therapy with Oseltamivir in the elderly population.

Method: Clinical guidelines standards research (NOC), systematic reviews (RS), meta-analyzes (MA), randomized controlled trials (RCTs), original studies in MedLine, Cochrane Library, NGC, NIHCE, DARE and Bandolier in Portuguese, English, French and Spanish, published in the last 10 years, using the terms Mesh: "Oseltamivir" and "Human Influenza." For the assignment of the levels of evidence and recommendation forces the American Family Physician's Strength of Recommendation Taxonomy scale was applied.

Results: A total of 232 articles were found but only 18 articles were selected: 12 RS / MA, 4 EO and 2 NOC. Level 2 was assigned to the RS / MA / EO and level 3 to the NOC. A positive cost-benefit ratio, with improvement in morbidity and mortality, was demonstrated in 8 articles through the use of Oseltamivir in the treatment of Influenza. Of these, only three provided detailed data on the elderly population. In the remaining 10 articles, no benefit was demonstrated in this risk group, with emphasis on the side effects of medication, reinforcing the need for a larger number of studies with a more homogeneous sample, and the need to adopt an individualized and weighted decision.

Conclusions: According to the evidence found, treatment with Oseltamivir in patient's ≥ 65 years old has been shown to have poor efficacy in reducing infection time and reducing associated complications – Pneumonia, Otitis Media and hospitalizations (Strength of Recommendation B). Side effects (nausea, vomiting and psychiatric events) are not undervalued along with the possible increase in the number of antiviral resistant strains. However, there are few targeted and homogenized studies for this risk group.

The decision should always be individualized, and the treatment proves to be more beneficial if started within 48 hours after symptom begin. It should be noted that vaccination should be maintained as the main measure of seasonal influenza prevention.

Factors influencing adherence to medication: a case study of patients with hypertension and uncontrolled blood pressure

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Abstract:

Background & Aim: The rate of blood pressure control in adult hypertensive patients remains a global problem. Medication adherence is a complex multidimensional phenomenon involving various personal, social, economic and cultural factors which are not clearly understood. It is important that health care practitioners understand the factors that affect compliance in their own context in order to manage the disease effectively.

The study aim was to assess and understand individual factors that influence compliance to hypertension medication in order to be able to offer individualized counseling to increase patient adherence to treatment and maintain blood pressure values within normal limits.

Method: A quantitative, descriptive exploratory study was carried out in five primary care units from Romania, on hypertensive patients. A self-administered questionnaire was applied to assess their knowledge about hypertension and the reasons for drug non-adherence. Data were analyzed using SPSS (version 16) analytical package. The chi-square test was used to compare proportions between compliant and noncompliant patients.

Results: A total of 117 patients were enrolled. Of them, 56 (47.9%) were women. The mean (SD) age of the participants was 61.81 (11.14) years (range: 37–87 years). Less than one-quarter (n = 26, 22.2%) of the participants were taking one antihypertensive medication. Approximately one-third (27.4%) of the participants were adherent to medication. The study revealed that patients had relatively fair knowledge of hypertension disease. The chi-square test showed that the chance of developing stroke and dying due to hypertension are highly related with the treatment compliance. The alcohol, cigarettes and salt intake are significant correlated with noncompliance to treatment, the same as the feeling of wellbeing, the fear of adverse effects and dependence to medication.

Conclusions: Medication adherence is a complex multidimensional phenomenon. Understanding the way this factors influence the patient's decision is an important tool when general practitioners adopt educational strategies in order to increase patient compliance. Individualized health education brings satisfactory results in controlling blood pressure and promoting good practices for a high treatment compliance level.

The prevalence of cardio-metabolic risk factors among medical staff as compared to the general population

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Abstract:

Background & Aim: According to the World Health Organization, cardiovascular illnesses are responsible for approximately 30% of deaths around the world. The etiology of these diseases involves multiple factors, deriving from inadequate habits and lifestyles, such as smoking, alcohol intake, physical and mental stress, obesity and sedentariness. Cardiometabolic risk assessment in the family doctor's cabinet is very important as it allows the identification of individual risk factors. Knowing the individual risk we can advise and educate the patient in order to reduce/eliminate the risk factors and prevent the onset of cardiovascular diseases.

The purpose of this study was to evaluate the perception of cardiometabolic risk, according to the degree of medical education and knowledge of each individual.

Method: A quantitative, descriptive exploratory study was carried out. The risk perception was evaluated using a questionnaire. We question 200 patients, divided in two groups a group of subjects having medical studies (medical group) (N=100) and a group with of non-medical studies (non-medical group). (N=100). The questionnaire used for this study was adapted from the one used for the Framingham heart study and included relevant information on age, gender, weight and height, smoking habit, alcohol use, stress, exercise, family medical history, diet, personal medical history and cholesterol and glycemic count, and regular blood pressure assessment. We excluded patients with high blood pressure (over 140/90 mmHg), past history of cardiovascular disease, diabetes or dyslipidemia. The statistical analysis of the data was done using the Microsoft Office Excel 2016 and IBM SPSS V20 software. Statistical significance was considered at $p < 0.05$.

Results: The age range was between 18 and 39 years for both groups. We noticed that there were no statistically significant differences between the mean ages of the two studied groups. The chi-square test showed that medical group eat regularly, consume more fruits and vegetables, but have higher salt intake, and eat frequently fat and fast food. Alcohol consumption is higher among people in the medical group. Percentage of smokers in the two groups does not differ, but people in the medical group smoke on average fewer cigarettes/day. The medical group monitors their cholesterol and blood glucose levels more frequently but not their blood pressure.

Conclusions: Cardiometabolic risk factors perception is a complex multidimensional phenomenon. Even if healthcare professionals have far more extensive knowledge of cardiovascular disease and the risk factors that can lead to these conditions, the perception of risk does not differ from the general population.

Managing polymorbidity – about a clinical case

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Abstract:

Background & Aim: Chronic diseases are defined by the Centers of Disease Control and Prevention broadly as conditions that last 1 year or longer and require ongoing medical attention or limit activities of daily living or both. They may be of various etiologies and some of them are preventable, being caused by risk behaviors. Madelung's disease is a rare disorder, characterized by massive deposition of lipomas located symmetrically around the neck, shoulders, upper arms and upper chest, which may grow rapidly over the course of months or gradually over a period of years. It is a benign condition and may not impair functioning, however it can affect patient's appearance significantly. Alcohol abuse affects millions of individuals worldwide, being directly associated with liver disease mortality. Liver cirrhosis is associated with marked morbidity, mortality and life expectancy shortening. This case report aims to highlight the importance of follow up on patients and their families with chronic diseases, with no perspective of cure.

Case Description: Male, 66 years old, with Madelung disease, liver cirrhosis of alcoholic etiology. Since 2013 with multiple appointments (programmed and acute presentation), several times requiring referral to emergency department for diagnostic and therapeutic paracentesis for symptomatic relief. In the course of the years, the patient has shown progressive deterioration of general status, due to complications of his chronic diseases, decrease of self-esteem, related to disfiguration, and consequent impact on quality of life. Familial relationships have also been compromised, with wife taking part as caregiver and difficulties of family members dealing with patient's incapacity.

Conclusions: This case is inserted on tertiary and quaternary levels of prevention. Dealing with chronic diseases, and in this case, polymorbidity is a part of our daily activities as family doctors, as well as providing support for the patients and their families/carers. It is important an integrated approach all of the problems of our patients, assisting with coping mechanisms for the conditions and its consequences, preventing complications of chronic diseases, managing acute events, always considering interactions between diseases and its therapies. Also, when the diseases take its natural course and there is no more benefit for the patient, there is the need to prevent potential harm from overmedication and excessive medical intervention.

Anticoagulation in the Very Elderly - About a clinical case

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Abstract:

Background & Aim: The evolution of demographic characteristics in Western societies has led to an increase in the number of elderly people with health care needs;

Atrial fibrillation (FA) in the elderly is a complex condition associated with a high number of comorbidities, geriatric syndromes, polymedication and clinical fragility.

I present the case of a patient, who was diagnosed with FA at 91 years old, after having been admitted to the emergency service due to a fall with traumatic brain injury and consequent subarachnoid hemorrhage. No history of thromboembolic disease. History of repetitive falls at home.

It has as active problems the following pathologies: HTA; Total hip prosthesis Left; Osteoarthritis Right knee; Cataract left eye (does not want to be operated); chronic renal failure.

The objective of the study is to evaluate if this patient has indication and safety for anticoagulation.

Method: Application of the CHADS2-VASc Score for stratification of stroke risk in patients with FA and concomitantly apply the HAS BLED score , developed to assess the annual risk of severe bleeding in patients taking oral anticoagulant (ACO).

Results: CHADS2-VASc = 4: The risk of stroke is 4.8% / year in > 90,000 patients (Swedish Atrial Fibrillation Cohort Study) and a 6.7% risk of stroke / systemic embolism. The score ≥ 2 is "moderate to high" risk and the patient benefits from anticoagulation.

HAS BLED = 3: The risk is 5.8% in a validated study and 3.72 bleeds per 100 patient-years in another study. Alternatives to anticoagulation should be considered: the patient presents with an elevated hemorrhagic risk.

Conclusion: The introduction of anticoagulation should be careful, especially in the elderly, taking into account the risks and benefits of therapy;

The elderly patient is not the target of many clinical studies, which makes evidence-based therapy a real challenge;

Due to the high hemorrhagic risk presented by the patient and associated comorbidities, we chose, after discussing the case with colleagues and relatives, not to anticoagulate the patient.

Often the individual patient does not fit the parameters defined by the guidelines and therefore the weighting between risk vs. benefit of the best therapeutic option for each patient is up to their physician, who is in the privileged position to know the specific context of each of their users.

Preventive measures in COPD patients in a Portuguese Family Health Unit

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Abstract:

Introduction: Chronic Obstructive Pulmonary Disease (COPD) has a high prevalence in Portugal affecting 14,2% of the population over 40. It is a disease with high morbidity and significant loss of quality of life. COPD is responsible for an elevated number of medical consultations, trips to the emergency room, hospital stays and use of medications, oxygen and ventilation therapies. There are several preventive measures that may help slow the progression of COPD including smoking cessation and vaccination.

Objectives: To identify patients with COPD diagnosis at our Family Health Unit (FHU) and to determine their vaccination status and smoking cessation intervention according to age and gender.

Methods: Cross-sectional study including every patient registered in our FHU with ICPC-2 codes R95 (COPD) and/or R79 (chronic bronchitis) with unequivocal spirometric criteria for COPD. All data was collected in June of 2018 using the MIM@UF database and individual medical electronic records - SClínico. Software for statistical analysis: Microsoft Office Excel® and SPSS® v22. Tests: Chi-square; Student t test; Mann-Whitney U (α 5%).

Results: 152 patients met the criteria for COPD, corresponding to 2,3% of patients over 40. Most were male (63%) with ages from 40 to 95, (mean 68, sd 11). 50 individuals (33%) were smokers and 26 (52%) of these were subjected to a brief intervention for smoking cessation with no significant differences according to age ($p = 0,180$) or gender ($p = 0,419$). 89 (59%) had an influenza vaccine and 40 (26%) had a pneumococcal vaccine. The influenza vaccine was more frequent in older patients ($p < 0,001$) but there was no difference according to gender ($p = 0,673$). The pneumococcal vaccine was also more frequent in older patients ($p < 0,001$) but again there was no difference between genders ($p = 0,263$).

Discussion: We found a low prevalence of patients with COPD compared to the national study (2,3% versus 14,2%). We admit subdiagnosis and codification errors. On the other hand, in Portugal, Primary Healthcare units do not have a specific consultation for COPD as they do for Hypertension and Diabetes and there is poor access to quality spirometries. We need to make an effort towards smoking cessation in all smoking COPD patients. The influenza vaccine was found to be more frequent in older patients probably due to the fact that it is administered for free to everyone with 65 or more years. Nevertheless, we need to educate our patients about the importance of this vaccine, especially in COPD. For these patients, it would make sense for the vaccine to be free regardless of their age. The pneumococcal vaccine has to be purchased at the patient's expense. A considerable number of patients, mainly the younger ones, have these vaccines administered at the pharmacy, bypassing health records. In our FHU we are going to organize a specialized clinic for COPD patients hoping to improve the quality of care provided to them.

Aspirin, villain or heroine in primary prevention of Diabetes?

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Abstract:

Background: Patients with diabetes have an increased risk of developing cardiovascular diseases. The glucotriad, composed of hemoglobin A1c, fasting blood glucose and postprandial blood glucose, is independently related to increased morbimortality. In order to reduce ischemic risk, inhibition of platelet activation and aggregation used to be considered as a therapeutic cornerstone. Notwithstanding, the use of aspirin as primary prevention in diabetic patients has been subject of study, due to its unknown true efficacy in reducing cardiovascular events.

Objective: This systematic review aimed to investigate the efficacy and indications of aspirin in primary prevention of cardiovascular disease in diabetic patients.

Methods: We searched Canadian Medical Association Practice Guidelines Infobase, National Institute for Health and Care Excellence, Cochrane Library, Scottish Intercollegiate Guideline Network, BMJ Evidence-Based Medicine, PubMed, European Society of Cardiology Clinical Practice Guidelines and Portuguese guidelines databases up to August 2018 in the last 5 years of publication. This search identified guidelines, systematic reviews and meta-analysis, which assessed the efficacy of aspirin in primary prevention of cardiovascular disease in diabetic patients.

Results: 3 guidelines and 3 systematic reviews met the inclusion criteria. Two guidelines and one meta-analysis do not recommend antiplatelet therapy with aspirin in diabetes patient without cardiovascular disease. Nevertheless, one guideline and one systematic review recommend that it may be considered in patients with high cardiovascular risk on an individual basis.

Conclusion: According to this analysis, antiplatelet therapy with aspirin is not globally recommended as a form of primary prevention in diabetic patients. However, individual cardiovascular risk evaluation should be considered.

Intervention Project on Child Obesity at the Santa Luzia Family Health Unit

Authors name: Adriana Coelho; Ana Paula Cruz; Eduardo Jubran; Filipa Santos Jorge; Luana Lima; Rogério Fernandes

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Abstract:

Background: Obesity is the most prevalent pediatric disease worldwide. In 2013, the prevalence in Portugal between the ages of 6 and 8 was 13.9%. In 2017, in schoolchildren under surveillance at Santa Luzia Family Health Unit was 7.32%. The most problematic ages were the 7, 8, 9 and 10 years.

Aim: To provide selected parents and children with basic foundations that promote the adoption of healthy lifestyles. The weight loss of 5% in 30% of the children in 6 months. Improvement in knowledge about healthy lifestyles: 70% of "Good" quality ratings on parents and children.

Methodology: Type of study: Intervention project. Target population: Parents and children with 7,8,9 and 10 years of age with obesity in the last consultation of 2017. The project includes 6 health education sessions: 4 for children and 3 for parents: "Unhealthy lifestyles"; "One day shopping: labels and food groups"; "Healthy eating"; "Physical exercise"; "What can happen to your obese child?"; "Lifestyles adopted: what has changed?"

To evaluate the effectiveness will be applied a knowledge assessment in the 1st, 2nd and 6th session, monitoring the weight/height of children in the 1st and 6th session. A swot analysis of the project was carried out, requesting authorization from the ethics committee and consent to the parents. At the end, general practitioner will be informed about the surveillance of the children.

Results: 76 children and their parents were invited. The project is in the 8th phase, with 3 sessions already done. It aims to present the results at the conference.

Conclusion: The solution to this problem passes through those with responsibility in the educational process of the child. It is intended to bring together families, health, nutrition and sports professionals to enable these children to grow up in a healthy way.

Primum non nocere

Authors name: Antonietta Denaro; Marta Penberthy Barbeitos de Noronha Bragança; Rute Araújo Ordiales Millan

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Abstract:

Background & Aim: The number of acute kidney injury cases has been increasing for the last years. The current incidence is 2-3 cases per 1000 persons. Seventy percent of community-acquired cases of acute kidney injury are attributed to prerenal causes, most of which have iatrogenic origins. These cases are mostly related to elderly with comorbidities, such as diabetes, hypertension or rheumatoid arthritis, submitted to nephrotoxic treatments. Through the presentation of the following clinical case, we claim to highlight that exposure to risk situations such as the abuse of nonsteroidal anti-inflammatory, antibiotics or other drugs can precipitate the precarious balance of these subjects.

Method: The patient (female, 70 years old) was clinically interviewed. Previous hospital reports of this patient were carefully analysed. These were available on the Portuguese national health digital platform (Plataforma de dados de saude – Portal do profissional).

Results: The patient revealed a personal history of rheumatoid arthritis, diabetes mellitus, recurrent urinary tract infections, social isolation and no family support. Her usual medication was deflazacort, methotrexate, metformin, gliclazide, pantoprazole. Because of pain exacerbation related to rheumatoid arthritis, she began to self-medicate with Diclofenac daily. A few days later, due to symptoms of dysuria, she went to the emergency service. Although the urinalysis was normal and urine cultures were negative, she was medicated empirically with ciprofloxacin. A week later, she returned to the emergency department for malaise and oliguria. Diagnostic investigations showed onset hypercreatinemia (8.25 mg/dL) and hyperuricemia (165 mg/dL); abdominal ultrasound and tomography scan excluded parenchymal and obstructive causes of renal failure. Gasometry was compatible with compensated metabolic acidosis. The patient was admitted for prerenal acute kidney injury AKIN III due to nonsteroidal anti-inflammatory and/or ciprofloxacin abuse, and secondary metformin-associated lactic acidosis. Hospital stay lasted eleven days and three subsequent office visits took place until the renal function normalized.

Conclusions: A reduction in the use of symptomatic treatments, reversing the tendency of overestimating the benefits and underestimating the harms of medical interventions, could decrease the number of hospitalizations and morbidity. Quaternary prevention is a task of General Practitioners, its role is fundamental to protect patients from unnecessary medical care.

Anxiolytics, sedatives and hypnotics in the elderly: the role of the Primary Health Care organization

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Abstract:

Background & Aim: Portugal is one of the European Union countries with the highest consumption of anxiolytics, sedatives and hypnotics. Elderly patients are particularly vulnerable. Family doctors are the main prescribers of these psychotropic drugs, and little is known about the impact of the Primary Health Care (CSP) organization in Portugal. Our aim is to examine the relationship between the level of organization and geographic location of a family health unit with the prolonged prescription of these drugs on the aged population. In Portugal the CSP is delivered by different units: Personalized Health Care Units (UCSP) and Family Health Units (USF) model A or B.

Method: Cross-sectional study. 885 health units in Portugal with informatic national data available online were included. The data collected refers to 2017. The indicator which corresponds to proportion of elderly patients without chronic prescription of anxiolytics, sedatives and hypnotics and also geographical region were analyzed. We included patients with at least 65 years and with a prescribed daily dose of these medications equal or less than 53, during the study period.

Results: Of the 885 health units, 490 (56,6%) correspond to USF and 375 (43,4%) to UCSP. Within USF, 258 (52,7%) were model A of organization and 232 (47,3%) model B. The average of the indicator at national level is $77,09 \pm 5,80$. Comparing the performance of UCSP and USF, both have no statistically significant difference ($p=0,646$). When it comes to measure the differences between organizational models of USF, we found that the model A has a better performance, scoring an average of $78,20 \pm 6,50$, while model B scores $75,85 \pm 5,28$ ($p < 0,001$). As for geographic regions, when comparing the means of the indicator in the different Regional Health Administration (ARS), we concluded that ARS Algarve has the best outcome ($85,69 \pm 3,16$), followed by Lisboa Vale do Tejo ($81,10 \pm 5,15$), being the ARS Norte at the bottom of the list ($74,12 \pm 4,58$).

Conclusions: Regarding organization, it is concluded that there is no statistically significant difference between types of health units. Also, the model of USF with greater organizational maturity and better financial incentives does not present better results. There was a significant difference between regions, with the ARS Algarve achieving the best results nationwide.

Cancer biomarkers at diagnosis: a case-report

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Abstract:

Background & Aim: Cancer biomarkers are biochemical indicators of presence of a tumor. They have been assuming a growing role in cancer care and this is clear in staging, prognostication or prediction of response to therapy. However, there is not a recommendation for the use of cancer biomarkers as the primary modality for cancer diagnosis.

The aim of this paper is to present a case of wrongly use of cancer biomarkers.

Method: Description of a case managed in primary care supported by bibliographic search of publications regarding the role of cancer biomarkers.

Results: Caucasian female, 81 years-old, non-disabled in daily activities, with previous records of hypertension, obesity, dyslipidemia and diabetes mellitus type 2. Presented to our primary care setting with weight loss and fatigue for over 3 months. In order to investigate these symptoms multiple laboratory tests were requested such as hemogram, blood urea nitrogen, serum creatinine, ferritin, iron, total iron binding capacity, alpha-fetoprotein and carcinoembryonic antigen (CEA). After the results came in, a diagnosis of mild macrocytic anemia was made and it was detected an increase in CEA level. Consequently, an electrocardiogram, chest x-ray, abdominal ultrasound, upper and lower gastrointestinal endoscopy were requested. The colonoscopy demonstrated a large ulcerated rectal mass consistent with colorectal cancer that led to an urgent referral to secondary care.

Conclusions: Cancer biomarkers lack high specificity and sensitivity. There are transient nonmalignant elevations, absence of elevation in early-stage of disease, some degree of hook effect and even ectopic tumor markers. Thus, a single test is unreliable itself and an aggressive secondary investigation should be differed. In this case and according to the new concept of quaternary prevention, most of the diagnostic approach was unbalanced and harmful. Besides, CEA level can peak at numerous situations including thyroid, colorectal, breast, lung, pancreatic, liver, prostate, gastric cancers and in smokers.

Diabetes Mellitus type 2 and Non-alcoholic Fatty Liver Disease: should we screen?

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Abstract:

Background & Aim: Nonalcoholic fatty liver disease may be present in up to 70% of patients with diabetes mellitus type 2 (DMT2). Asymptomatic type 2 diabetics with normal liver function tests can show biopsy proven nonalcoholic steatohepatitis (NASH) in 20% of cases and almost 5 to 7% can have advanced fibrosis. This relationship is reciprocal as NASH increases the risk of DMT2 complications and DMT2 may enhance the risk of NASH progression.

The aim of this paper is to review the benefit of a screening for NASH in patients with diabetes mellitus type 2.

Method: Narrative review of publications on the screening of NASH in type 2 diabetics. Pubmed, The Cochrane Library, University of York Centre for Reviews and Dissemination databases were searched for guidelines, narrative and systematic reviews and meta-analysis using a combination of keywords: "diabetes mellitus type 2", "nonalcoholic steatohepatitis" and "screening". The search included English, Spanish and Portuguese papers published between January 1, 2000 and June 30, 2018.

Results: The screening of NASH in type 2 diabetics is still debatable. It allows a decrease by 12.9% in cirrhosis development and 11.9 % decrease in liver-related deaths, using pioglitazone as treatment modality. Although type 2 diabetics remain as a high-risk population for NASH, this strategy resulted in fewer 0.02 quality-adjusted life year and showed not cost-effectiveness. There are concerns relating to high direct and indirect costs, low predictive value of non-invasive tests, liver biopsy risks and lack of effective treatments.

Conclusions: NASH is the most common chronic liver disease in Western countries and predicted as the first indication for liver transplantation in 2030. There's a need for diagnostic tools carrying less health expenditures and new treatment options that induce changes in liver phenotype. Future research should focus on the definition of the causative mechanism that drives NASH progression in DMT2 and on the therapeutical role of gut hormones and bile acids.

Teddy Bear Medical Centre - A Playground Approach

Authors name: Beatriz Abreu Cruz; Raquel F. Castro; Filipa Granado; Joana Franco; Carla Cardoso; Rui Queiroz Valério

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Abstract:

Background & Aim: The impact that children's health surveillance has had on Portuguese Health should not be denied in the context of Health Promotion and Disease Prevention. Thus, the appropriate assessment of children and young people is essential to ensure the quality of the current National Child and Juvenile Health Program. This is sometimes hampered by children's lack of collaboration during the consultation. We intended to familiarize children with Primary Healthcare professionals by mimicking an appointment at a Primary Health Centre inspired by Teddy Bear Hospital Project.

Method: Teddy Bear Medical Centre took place at a kindergarten on 19th and 20th April 2018 in a suburb of Lisbon, Portugal. 77 children between the ages of 3 and 5 took part of it. We created an ambulatory Medical Centre setting with a reception desk, nursing station and medical office. We used real medical equipment and decorated the space with cartoon characters. Each child brought a toy that was supposedly ill and in need of medical care. Firstly, with the teacher's help, the child registered for the consultation by filling a registration form with the personal data of their toy. After that, they were called to the nursing station where a nursing student and nurses from the Medical Centre evaluated the biometric parameters and performed the necessary care according to the toy's "healthcare needs" such as vaccination or dressings and always with the collaboration of the child. Lastly, the family medicine residents at the medical office observed the toy. We evaluated the complaints, performed physical examination and administered medication with the child's cooperation. This was also an opportunity to implement some Health Education measures.

Results: Fears and prejudices of children regarding health services were acknowledged during this activity. This was also a moment to demystify these fears, namely through the use of real medical devices and involvement of children in the activities carried out. Children could express their feelings through their toys. This was also an opportunity for the healthcare professionals to improve their communication techniques with children. Skills acquired and improved will be useful in the future. Both teachers and parents had a positive impression of the activity. Some of the children that already had a real appointment at the Medical Centre after participating in this activity remembered those days and showed their appreciation.

Conclusions: This was a very positive and rewarding experience for both children and healthcare professionals. This approach to healthcare should serve as a way to interact with children in future contacts at the Medical Centre reducing the stress associated with the medical appointment, improving provided care as well as the overall Health System. This project ought to be repeated and perfected in the coming years.

A drink every day makes your doctor to stay! - A framework to tackle alcohol consume in primary care and beyond

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Abstract:

Introduction & Aim: Globally, alcohol drinking is the seventh leading risk factor for premature death and disability, and the second leading cause of preventable morbidity and mortality. It is responsible for approximately 2% of all deaths in women, 7% of all deaths in men, specially between 15 and 49 years. According to a recent study the level of consumption that minimizes health loss is zero, but beneficial effects remain controversial according to previous studies. Different drinking patterns should be considered, particularly chronic, regular and binge drinking. This is an individual and social behavior with high prevention potential, which should be adapted to different settings, including primary care. The aim of this study is to summarize main strategies used to reduce and prevent excessive alcohol consume worldwide.

Methods: For this umbrella review a literature search was undertaken in Pubmed database for English written reviews, systematic reviews, meta-analysis and government publications published between 2008 and 2018. Search topics included MeSH terms “alcohol drinking” or “alcoholism” and “education”, “prevention and control”, “diagnosis” or “legislation”. Five reviewers independently performed literature screening from 741 selected publications through three levels of relevance: title, abstract and full article. An inventory of available preventive interventions towards alcohol consume was created and organized by setting and addressed prevention type.

Results: There are extensive prevention interventions to tackle alcohol consumption in different settings and most of these are cost-effective. Different settings demand different approaches. In primary care, screening questionnaires and brief interventions targeting adults and adolescents are the most common ways to prevent and reduce alcohol consume. In college, several interventions are reported, health professionals delivering formative sessions, motivation-based programs, peer-to-peer education programs, zero tolerance laws, banning alcohol advertising and limitations in alcohol availability. Family may play a complementary role while monitoring child and involving with their activities. Workplace specific measures are related with informal and formal referral for treatment. Community interventions and broader health policies include blood alcohol concentration limit for drivers, restricting availability, increasing prices, limiting hours/days of alcohol sales and media campaigns.

Conclusions: A preventive approach to alcohol consumption focused exclusively in primary care might be insufficient to address this health problem. Health professionals can also have a relevant role in other settings like schools and local community. However, despite the established effectiveness of these approaches, alcohol consumption remains a public health problem with profound consequences for individual and collective health.

Screening for cervical cancer - a prevalence study

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Abstract:

Background & Aim: Screening for cervical cancer is the best way to detect this cancer early. In Portugal, screening is performed on women between 25 and 60 years of age. In Castelo Branco, the screening is opportunistic, that is, the test is performed within a consultation and has no defined periodicity. Screening is performed using a conventional Papanicolaou smear, so each woman should perform cytology every 3 years.

The objective of this study is to characterize the population of women between 25 and 60 years of age for screening of a file from UCSP S. Miguel.

Method: All the women in a file from the UCSP S. Miguel aged between 25 and 60 years of age were included in this cross-sectional descriptive study. Data were collected through SClinico® dated June 30, 2018. Data processing was performed using Microsoft Office Excel®.

Results: A total of 484 women between 25 and 60 years of age were selected. The most representative age range was [45-49] (19.21%) and the least representative was [30-34] (9.50%). Of the 484 women selected, 314 women (64.88%) are monitored at UCSP S. Miguel, while 115 women (23.76%) do not have any registry at this health center, so it is not known if they are followed, and 55 women (11.36%) were excluded from the screening. Out of these 55 women excluded, 8 women (14.55%) are hysterectomized and 47 women (85.45%) are followed at other institutions.

Of the 314 women (64.88%) surveyed, 220 women (70.06%) have valid cytology, 92 women (29.30%) doesn't have valid cytology and 2 women (0.64%) refuse to perform the screening.

Considering all the selected women, only 267 women (55.17%) are screened in contrast to the other 217 women (44.83%) who are not.

Conclusion: The majority of women monitored are screened (55.17%), but there is a high percentage of women who are not. Opportunistic screening involves contact with the woman that may not happen for several reasons. This may explain the considerable percentage of women who are not screened. To increase the number of women screened, one should not miss the opportunity to show the importance of cervical cancer screening and to motivate women to do the screening. This study shows the work done in the sense that all women are screened. However, there is still a long way to go.

Low back pain: overview on preventive interventions

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Abstract:

Background & Aim: Low back pain (LBP) is the leading cause of years lost to disability, both worldwide and in many countries including Portugal. Its burden is increasing due to population growth and ongoing aging. Adding to the loss of quality of life, are societal costs namely on already burdened disability payment systems. Current guidelines focus mainly on treatment options but offer little advice on prevention. The aim of this paper is to review the most recent development on preventive interventions for LBP.

Methods: We performed a narrative review of publications related to preventive interventions on back pain. Pubmed, The Cochrane Library and Bandolier were searched for clinical guidelines, narrative reviews, systematic reviews, using the search words “back pain” and “prevention”. The search was limited to English, Spanish and Portuguese papers published in the last 10 years.

Results: Evidence about primary prevention of LBP is scarce. Only one systematic review on adults was identified on primary prevention: exercise, alone or in combination with education, is likely to reduce the risk of LBP; the evidence for education alone, back belts, shoe insoles and ergonomic programs is of poor quality and suggests that these measures are ineffective. On the other hand, the effectiveness of exercise for secondary prevention of recurring non-specific LBP is well established, especially for persistent LBP (>12 weeks duration). Most recommended physical treatments include a graded activity or exercise programme seeking improvements in function and prevention of worsening disability, although current evidence cannot support one type of exercise over another, so individual preferences, needs, capabilities and availability should be considered when proposing this kind of treatment.

Conclusions: The growing burden of LBP should raise concern and spring us to action in finding new and more effective, strategies of prevention and care. Both physicians and policymakers must take action to address this increasing burden. The results of this review may be limited by the fact that the evidence found originates mostly from high-income countries, making its generalizability debatable in developing countries or low-income settings.

Prevention - caring for people not diseases

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Abstract:

Background & Aim: Cardiovascular diseases (CVD) are the leading cause of death and morbidity in Europe. Diabetes mellitus is associated with a high risk of premature atherosclerotic cardiovascular disease. LDL cholesterol (LDL-C) is the main target of antidiabetic therapy, with reduction of cardiovascular events with the use of statins. The European Society of Cardiology (ESC) argue that target LDL values in patients with DM should be < 100 mg/dl without other cardiovascular risk factors and no evidence of damage of the target organ (TOD) or <70 mg/dl if there is CVD or chronic kidney disease. If this is not achieved with the administration of statins at the maximum tolerated dose, the combination of drugs, namely with ezetimibe, is recommended. With this work, the authors intend to evaluate the lipid control of a population of diabetic patients.

Methods: A cross-sectional and descriptive observational study, authorized by the ARS Ethics Committee, was performed in a random sample of 283 individuals, representatives of the diabetic population of USF Faria Guimarães. Patients diagnosed with DM in SClinico (ICPC-2 T89 or T90) were identified using the MIM@UF application. The sample size was calculated on RAOSOFT website and random sampling was performed with Microsoft Excel software. Information on LDL-C, among others, was collected, cardiovascular risk was calculated and the LDL-C target value was determined according to 2016 ESC guideline. Patients aged >85 years, with no LDL-C value recorded in the last year and those that were not monitored at the USF were excluded. Statistical processing was performed using the IBM SPSS Statistics Version 25 software.

Results: Results for Age, sex, BMI, hypertension and its control, presence of TOD, cardiovascular risk, LDL value, statins use and HbA1c value were evaluated. HbA1c is <8.0% in 83% of the sample and <6.5% in 45% of the sample. 75% are overweight/obese. 63% had hypertension, of which 71% had no tension control. 26% have TOD, particularly ischemic heart disease, retinopathy and stroke. Almost 50% of the population does not reach the LDL-C target, even with 75% with a prescribed statin. A statistically significant association was observed between the existence of TOD and the absence of LDL-C values at the therapeutic target. These results show that we reasonably treat diabetes, but we neglect the diabetic, since glycemic control is not accompanied by tension and lipid control, even in individuals with established treatment. This represents a double punishment for the healthcare unit, since the increase of the costs with the pharmacological prescription is not reflected in a better performance in chronic disease the management.

Conclusion: We can and must do better, probably at similar costs. The team must stop, look at what has been done so far and think of the best strategy or strategies to correct what is less good. Above all, suppose we take care of people, not diseases.

Beliefs of healthy overweight and obese individuals on weight loss facilitators

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Abstract:

Background: Motivating clinically healthy overweight and obese individuals to bring lifestyle behavioural changes prior to an apparent disease is still a challenge in primary care. Additional tests to reveal metabolically unhealthy individuals, who would most benefit from weight loss, are often supported by both physicians and patients in primary health care in Latvia. Metabolically healthy obesity often turns into metabolically unhealthy obesity with time. Tests are, however, related to additional costs, probable overdiagnosis and anxiety.

Objective: To find out opinion of clinically healthy overweight/obese individuals, if abnormal tests, visual/physical discomfort and/or encouragement by health care providers/friends and relatives would promote weight reduction

Methods: We performed a survey of 123 clinically healthy overweight and obese individuals at age 30 to 45 involved in an RCT prior to tests and intervention. We used a questionnaire with answers in Likert scale (1=definitely not, 5=definitely yes). We offered several options on what could motivate participants to reduce weight: visual self-discomfort, physical self-discomfort, abnormal test results, a diagnosed diabetes (D) or cardiovascular disease (CVD), information on negative aspects of overweight/obesity provided by health care professional, encouragement from friends and relatives. We used Wilcoxon signed-rank test to compare mean scores between the questions, and Mann-Whitney U test to compare results by gender (men n=58 and women n=65), age and BMI groups (overweight n=46 and obese n=77).

Results Answers to all questions varied from 1 (definitely not) and (definitely yes). The highest scores were attributed to supposedly abnormal tests related to both D (4.0 ± 1.0) and CVDs risk (4.3 ± 0.9), slightly favoring CVDs ($Z = -2.855$, $p = 0.004$). Scores for supposedly established disease were similar for both D (3.9 ± 1.5) and CVDs (3.9 ± 1.5), and slightly lower when compared to abnormal tests in case of CVDs ($Z = -2.675$, $p = 0.007$). Physical self-discomfort (3.9 ± 1.3) seemed to be more important than visual self-discomfort (3.1 ± 1.5), ($Z = -4.672$, $p < 0.001$). Information from health care professional (3.5 ± 1.3) was scored higher in men ($U = 1427$, $p = 0.15$). Role of encouragement of friends and relatives (2.8 ± 1.3) had the lowest score and was least supported by overweight rather than obese respondents (2.4 ± 1.3 vs 3.0 ± 1.4 ; $U = 1328$, $p = 0.016$). We did not find any age or BMI related differences.

Conclusions: The study implies that majority of clinically healthy overweight and obese individuals residing in Riga, Latvia, believe that abnormal test results and physical discomfort are important factors to facilitate weight loss.

Are there risks in supplementing low-risk pregnancies with daily doses of folic acid greater than 400 µg?

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Abstract:

Background & Aim: Folic acid (FA) supplementation decreases the occurrence of neural tube defects (NTD). In Portugal, despite the recommendations to start daily 400 µg of AF during the 2 preconception months and 1st trimester in low-risk pregnancies (LRP) for NTD, only the 5 mg formulations are reimbursed. Potential risks of this supplementation include atopy / asthma, neurodevelopmental / autism disorders, carcinogenic effects, among others. This review aims to analyze the available evidence on harms associated with daily supplementation of AF above 400 µg in LRP.

Method: Research of meta-analysis (MA), systematic reviews (SR) and clinical guidance (CG) at MedLine/Pubmed, DARE, Evidence Based Medicine, Clinical Evidence, Canadian Medical Association Practice Guidelines, National Guidelines Clearing House, Guidelines Finder da National Electronic Library for Health e Cochrane Library, published between 2008 and 2018 in English, with the MeSh terms (folate OR folic acid) AND (maternal OR pregnancy OR pregnant OR gestation OR gestational OR prenatal OR antenatal OR periconceptual OR preconceptional) AND (assessment, risk OR pregnancy outcome OR asthma OR allergy OR cancer OR autism spectrum disorder OR child development). The Strength of Recommendation Taxonomy (SORT) scale was used to assign levels of evidence and recommendation forces.

Results: A total of 582 articles were analyzed and 9 were included: 7 SR, 4 MA and 2 CG. Regarding the neurodevelopmental / autism alteration, the studies are conflicting: some report that AF at the recommended doses has a beneficial effect, others that high doses have a negative one. Most studies do not suggest a relationship between exposure to FA and the development of childhood asthma / atopy, but one study shows that high doses are associated with increased risk of developing these diseases. CG recommend daily doses of 400-800 µg AF at least 1 month before conception and in the first trimester of pregnancy, adding that there is no significant evidence of the risk of atopy / allergic reactions, carcinogenic effects or neurodevelopmental alterations.

Conclusions: From the analysis of the studies it is concluded that there is no evidence of risk of supplementing LRP with doses of AF > 400 µg /daily (Strength of Recommendation B). However, the conflicting results and their impact on clinical practice make further research a priority.

Impact of caretaking: conceptual framework for informal caregiver burnout and the role of family physician to prevent it

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Abstract:

Background & Aim: The aging of population in industrialized countries leads to an increasing prevalence of chronic diseases, morbidity and dependence of the elderly. Family Physicians (FP) domiciliary consultations brings him closer to this context, both as a physician for the elderly and their informal caregiver (IC), enabling them to recognize that the act of caring entails a physical, emotional and social impact that must be regarded. This work intends to characterize IC profile, the positive/negative impact of the act of caring for dependent elderly patient (DEP) and the role that FP should perform in this scope.

Method: Review of articles, in English or Portuguese, published in last 10 years, in PubMed and UpToDate using the terms “caregivers”, “dependency”, “aged”, “positive aspects” and “burden”.

Results: IC are elements within DEP social network (mainly spouses or daughter(s), professionally active and cohabiting with the elderly or living in their vicinity) who provide them with regular unpaid care, in the absence of a formal or statutory bond. The act of caring can be associated positively with: maintaining the dignity; perceiving the improvement of the quality of life and physical state of the DEP; strengthening the pre-existing relationship; sense of usefulness, improvement of self-esteem, self-efficacy, skill development, personal fulfillment/growth, sense of duty; and reduced chronic institutionalization. On the other hand, a negative impact on the caregiver is identified when there is: overload related to the basic and instrumental activities of the daily life of the elderly; mental health issues (depression, anxiety, stress, burnout) or physical health (chronic fatigue, increased risk of illness); incompatibility with professional activity; changes/disorganization in family structure; social isolation; anticipation of mourning/ fear of death and economic charges. In this context, it can be understood that there are certain predictors of good prognosis (finding meaning in caring; existence of marital or consanguinity relationship; good prior relationship; continued care; caring personality; high competence and dedication) and of bad prognosis (cohabitation; dementia; high dependency; negative self-perception of health status; decreased social contact of IC; sense of “imprisonment” of IC). Along the continued care of IC, the FP should be able to: acknowledge their role and their vulnerabilities; identify the positive/negative impact of caring; follow him actively; train or mobilize/recruit existing support (health, humanitarian and economic care in the family and community); detect early signs of dysfunction and burnout, promoting coping strategies, self-care and problem solving in a multidisciplinary approach.

Conclusions: In this setting, FP have the opportunity to prevent burnout and dysfunction on IC due to his relationship along time with all intervening members, recognize risk factors and provide help to overcome problems.

Vitamin D and Dementia - a review of published evidence

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Abstract:

Background & Aim: Since its discovery in early 20th century, the growing interest in Vitamin D function in human organism it's a reality. There is enough evidence that supports its major function in almost every organ and system in the human organism, more specifically in neuronal development in the early stages of development and in cognition. Vitamin D levels vary in the European countries, being lower in Southern countries compared to Northern countries. Some authors suggest that the variation might be associated with skin pigmentation and behaviors. Other authors suggest that different levels might be associated with food supplementation. As there is a growing interest in Vitamin D, there is more pressure to prescribe Vitamin D supplements. This evidence-based review aims to evaluate the strength and validity of the available literature about vitamin D in the neuronal development in the adult and the effects of supplementation on cognition and dementia prevention.

Method: A research was conducted using the MEDLINE/PubMed and Google scholar databases and the MeSH terms "vitamin D", "dementia", "supplementation". Selected observational studies, randomized clinical trials, meta-analysis, systematic reviews and guidelines published in English and Portuguese published since 1970.

Results: Vitamin D is a neurosteroid hormone, acting by stimulating the expression of growth factors, neurotransmitters and regulating oxidative damage in neuronal cells. Also, it regulates the cytosolic calcium levels by acting on voltage-controlled channels, thus inhibiting apoptosis. Evidence suggests that 70 to 90% of patients with mild cognitive impairment present low vitamin D, although 70 to 90% of elderly population have Vitamin D deficit. Animal models proved the association between vitamin D receptor impairment and minor cortex development but in humans, there is no association between vitamin D deficit and cerebral volume and hippocampal development. It is known that Vitamin D stimulates the phagocytosis of Amyloid peptides and its eliminations through the Blood-Brain Barrier, but there is no evidence suggesting that Vitamin D deficit might impair Amyloid metabolism. Brodum-Jacobsen et al. suggested that patient with Vitamin D deficit (serum concentration < 25 nmol/L) had 1,36 times more risk of developing ischemic stroke compared to patients with higher levels (serum concentration > 75 nmol/L). A meta-analysis from 2017 reviewed a total of 20750 patients (in 29 studies) and suggested that lower levels of vitamin D were associated with worse cognitive function and with more cognitive impairment, although supplementation with Vitamin D was not associated with cognition improvement.

Conclusions: Evidence suggests that Vitamin D deficit might have a role in Alzheimer and all cause of dementia in elderly. There is no evidence that supports the systematic supplementation with vitamin D in outpatient regiments.

DoctorToMove: A quality improvement program of exercise prescription

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Abstract:

Background & Aim: According to the World Health Organization insufficient physical activity is one of leading risk factors for death worldwide and for non communicable diseases (cardiovascular diseases, cancer and diabetes). Family Physicians (FPs) have an important role on patients' physical activity levels and motivation by a well prescribed exercise plan. However, in FPs' curriculum there are scarce opportunities to improve exercise prescription' skills, and many FPs may consider themselves not able to prescribe exercises adequately. Recently, in Portugal, FPs have some tools to improve exercise prescription (for example, in digital platforms of prescription). Thus, the main questions are: "Are the Portuguese FPs able to prescribe correctly exercise? Are they comfortable in prescribing exercise? Can a structured formation program improve the FPs' skills in exercise prescribing?"

The aim of this work is to develop a quality improvement program in physical activity prescription in 6 Primary Care Health Family Units (HFUs) in Portugal, hoping to empower FPs with adequate skills for exercise prescription.

Method: FPs of 6 HFUs will be invited. The program will start with application of 2 forms in order to evaluate FPs self-evaluation and their knowledge in exercise prescription. Then, we will analyze the results and design a structured formation program directed to main needs identified. We expect to plan and develop formation sessions of 30 minutes with theory and practice of exercise prescription in adults and in particular groups (diabetes, hypertension, pregnancy,..). All sessions will be held in 6 HFUs.

Expected Results and Conclusions: At the end of this project we will evaluate the impact of intervention on main outcomes (knowledge and FPs confidence in prescribing exercise) through reapplication of the 2 first evaluation questionnaires. We expect that all participants feel more confident to prescribe exercise and, at the end, that all of them have a final score > 50% in knowledge questionnaire.

In order to consolidate the acquired skills in clinical practice, we will schedule extra sessions for clarification of any doubts (with periodicity established according to identified needs). Furthermore, will be send at start of the project and monthly by email to all participants some support material about exercise prescription.

At the end of this project is expected that all FP are able and confident to prescribe correctly exercise.

Exercise during pregnancy - an evidence based review

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Abstract:

Background & Aim: Exercise is associated with health benefits in all stages of life and, in particular, in pregnancy and postpartum. Pregnancy is an optimal phase for behavior modification, in which women are more motivated for adopting a healthier lifestyle. The risks of exercise during pregnancy have been overestimated in clinical practice and most pregnant women should be encouraged to continue or to initiate safe physical activity.

This evidence based review aims to evaluate the strength and validity of the available literature about exercise during pregnancy.

Method: A research was conducted in August 2018 using the MEDLINE/PubMed database and the MeSH terms “exercise” and “pregnancy”, selecting randomized clinical trials, meta-analysis, systematic reviews and guidelines published in English, Portuguese and Spanish in the last 5 years and applying the SORT evidence scale.

Results: Benefits of exercise for maternal and fetal health comprehend decreased prevalence of gestacional diabetes, hypertension and preeclampsia, low-back pain, weight gain, cesarean delivery, postpartum recovery time and postpartum depression.

Physicians should recognised contraindications and carefully evaluate medical or obstetric problems before making recommendations on exercise during pregnancy. Even when contraindicated, bed rest is rarely indicated and, in most cases, ambulation should be allowed.

Some specificities must be taken into account because of anatomic and physiologic changes in pregnancy. Safe physical activities include walking, swimming, stationary cycling and low-impact aerobics. Examples of unsafe activities involve contact sports and those with high risk of falling.

Conclusions: The main evidence has showed that exercise during pregnancy has minimal risks (SORT A) and healthy pregnant women should be encouraged to practice moderate-intensity aerobic exercise for at least 20 to 30 minutes per day on most or all days of the week (SORT A). Nonetheless, prescription of exercise during pregnancy should consider its particularities and some activities should be avoided (SORT A). Pregnant women should also be advised about warning signs to discontinue exercise and that exercise prescription could be adjusted over time (SORT A).

The importance of hpv vaccination in primary care male patients: disease prevention

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Abstract:

Introduction: Human papillomavirus (HPV) is a sexually transmitted pathogen that causes anogenital and oropharyngeal diseases in males and females. HPV causes nearly 90% of anal and penile cancer and approximately 90% of anogenital warts in males. Vaccines have been developed to protect against acquisition of HPV infection and development of subsequent HPV-associated disease. However, despite the vaccine providing positive effects in both sexes, this has been more targeted to females, especially in primary health care. HPV vaccination provides a direct benefit to male recipients by safely protecting against cancers that can result from persistent HPV infection. Therefore, it is important to describe primary care physician's knowledge and attitudes about human papillomavirus -related disease and the vaccine; recommendation and administration practices regarding HPV vaccine in males compared to females, perceived barriers to HPV vaccine administration in males, and personal and practice characteristics associated with recommending HPV vaccine to males.

Objective: Relevance of the primary care physician in presenting the HPV vaccine to males.

Methodology: Search the National Guideline Clearinghouse (NGC), Pubmed and Uptodate databases under the terms MeSH "hpv vaccines", "male" and "primary health care". Articles were included in Portuguese, Spanish and English, published in the last 5 years and free of charge.

Results: Many physicians are presenting HPV vaccine as optional rather than routine and are missing opportunities to communicate with males about the vaccine. Most physicians reported that they routinely recommend the HPV vaccine for females, while a minority reported that they routinely recommend HPV vaccine for males. Future interventions should be done to improve physicians' HPV vaccine communication and, ultimately, increase the use of this cancer-preventing vaccine. The possible advantages of discussing HPV vaccination with other recommended vaccines, and concerns about waning immunity could lead to increased vaccination rates.

Discussion: Physician education and evidence-based tools are needed to improve implementation of a vaccination program for males in primary care settings.

Pre-Exposure Prophylaxis for HIV: The Role of Primary Care

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Abstract:

Background & Aim: HIV infection disproportionately afflicts the MSM population (men who have sex with men) in higher income countries and this population has been at higher risk of acquiring HIV infection since the beginning of the epidemic. Oral pre-exposure prophylaxis for HIV infection (PrEP) is the use of the antiretroviral drugs (tenofovir disoproxil fumarate and emtricitabine: Truvada®) by HIV negative individuals at higher risk for HIV acquisition in order to prevent HIV-1 infection. Food and Drug Administration (FDA) has approved the use of Truvada® for PrEP in 2012 and later, in 2016, European Medicines Agency (EMA) approved it. This paper aims to highlight the role of primary care in this new strategy for preventing HIV infection.

Method: The authors searched database Pubmed and consulted WHO and guidelines to identify relevant English language publications from May 2012 to August 2018. The MeSH terms used were “HIV”, “PrEP” and “primary care”. Publications that assessed intervention regarding pre-exposure prophylaxis of HIV infection were included.

Results: PrEP should be offered as an additional prevention tool for people at higher risk for HIV infection. High-quality evidence strongly supports the use of PrEP and it works preventing the infection when taking as prescribed. It can be taken daily or on demand, before and after high-risk behaviours. PrEP has a good safety profile, the risk of drug resistance is low and there has been no evidence for risk compensation in sexual practices, such as decreased condom use or more sexual partners. Before starting PrEP candidates must test negative for HIV and should periodically repeat HIV testing and Sexually Transmitted Infections (STI) screening as well as renal function tests. In Portugal, as well in other European countries, it is already possible to be referred for PrEP to some of the state run hospitals.

Conclusion: General practitioners should identify individuals at higher risk for HIV infection. These patients should be educated about safer sexual behaviour, offered HIV and other STI screening and when appropriate inquired about the possibility of starting PrEP.

Prevention and early diagnosis of HIV infection: The role of Primary Care

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Abstract:

Background & Aim: HIV/AIDS remains one of the world's most significant public health challenges, especially in low- and middle-income countries whereas in Europe, MSM (men who have sex with men) are disproportionately affected. Although HIV infection is preventable, significant HIV transmission continues. It is estimated that in 2017, 36.9 M people were living with HIV, 1.8 M became newly infected and 940000 died from AIDS-related illness worldwide. According to WHO, 160.453 people were diagnosed with HIV infection in Europe in 2016 (18.2 per 100.000) and half were diagnosed late, especially for those having heterosexual contact, injecting drugs and people over age 50. The aim of this poster is to show the role of primary care health in preventing HIV, promoting early diagnosis and providing optimal clinical care to HIV infected patients.

Method: The authors searched database Pubmed and consulted WHO, UNAIDS, and NICE Guidelines to identify relevant English-language publications from September 2017 to August 2018. The MeSH terms used were "HIV", "prevention" and "primary care". Publications that assessed intervention regarding prevention and early diagnosis of HIV were included.

Results: HIV infection has progressed over the years from a deadly disease to a manageable condition and early diagnosis plays a key role in preserving immune function as well as decreasing the risk of transmission to others. Therefore, all efforts should be made for prevention of new infections and early HIV infection diagnosis. General Practitioners are the closest to patients having a unique opportunity to educate patients and make them feel at ease to address life circumstances that might signal higher risk of acquiring HIV infection: sexual behaviours, sexual preferences and drugs consumption. Offering HIV testing and regular testing for people with ongoing higher risk behaviour. It is also important to be able to recognise symptoms of acute HIV infection or conditions that might signal undiagnosed HIV, as oral candidiasis or herpes zoster. Discussing the possibility of starting PrEP (Pre-exposure prophylaxis) for those at high risk for infection (inconsistent condom use, multiple partners or diagnosis of a STI).

Conclusion: As primary care providers, we have access to a high number of individuals, for that reason it is important to be aware how to identify and promote testing of those at higher risk for HIV infection. Early diagnosis plays a key role in limiting new infections and preserving immune function. We should work to eliminate the stigma around the HIV/AIDS and educate about this disease in order to promote testing. Nowadays people with HIV infection have long life expectancy, so they will be likely to present with conditions usually associated with an ageing population, such as diabetes and hypertension. For that reason, it is paramount for a family doctor to be aware of possible drugs interactions with ART.

Cervical Cancer Screening and Vaccination Against Human Papillomavirus - Analysis of a primary care medical record.

Authors name: Isabel Abreu; Yuliya Kuzmyn; Rebeca Rodrigues; Inês Albano; Carolina Camacho

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Abstract:

Background & Aim: Cervical cancer (CC) is a highly preventable disease and, according to the World Health Organization, is the fourth leading cause of cancer in women worldwide, and the second cause in Portugal, constituting an important public health issue. Vaccination against Human Papillomavirus (HPV) is a cost-effective prevention measure and there are 3 vaccines available in Portugal. This vaccination was introduced in the Nacional Vaccination Program in 2008.

In addition, cervical screening cytology (CSC) is one of the methods of choice for screening and early detection of CC, allowing the detection of malignant cells and precursor lesions.

This 2 measures could eventually contribute to the decrease of morbidity and mortality from this type of cancer.

The aim of this study was to analyse the CSC on the studied population by characterizing the abnormal results, HPV vaccination coverage and the adherence rate.

Method: Transversal and observational study. Population: group of women, followed by one family physician from the Health Unit of Caniço (HUC), who underwent CSC, age between 25-65 years, from May 1st, 2017 to May 31st, 2018. The cervical screening liquid based cytology was performed by doctors.

We collected data concerning socio-demographic characteristics, results from the CSCs, vaccination against HPV and referral to the Gynecology Department (GD).

Data type: Clinical process. Data source: Clinical process; paper database from all the CSCs, performed at the HUC. Data collection: August 2018.

Data obtained were recorded and the statistical analyses were made with the Excel® 2016 software.

Results: Of the 336 eligible women, CSC was performed in 133 women (39.6%). In 3 cases, the CSC had to be repeated. 51.1% of patients were married, 25.6% had completed a 12th grade of high school and with mean age of 41 years. From a total of 136 CSCs performed, there were cytological abnormalities in about 10.3%: Atypical Squamous or Glandular Cells of Undetermined Significance- 5.9%; Low Grade Squamous Intraepithelial Lesion-3.7% and High Grade Squamous Intraepithelial Lesion- 0.7%. Infection was detected in 10.3%: bacterial vaginosis-6.6%, candidiasis-2.9% and Trichomonas vaginosis-0.7%. The vaccination rate against HPV was 3% and the rate of referral to the GD was of 2.9%.

Conclusions: The family medicine physician plays a key role in promoting and implementing screening programs, through the educational programs and the improvement of accessibility. In addition, it is critical to raise awareness about the importance of vaccination and encourage it to the eligible women. This study was a first step into the knowledge regarding the prevalence of vaccination and abnormalities of CSC from the population of Caniço and there is a need to extend this study to the rest of eligible women of HUC and, eventually to all Health Units from Madeira Island.

Routine screening of postpartum depression in primary care

Authors name: Rita Lopes da Silva Reis; Inês Osório Bernardo; Cristina Pinto de Sousa; Joana Matos Branco

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Abstract:

Background & Aim: A birth of a child is usually a time of joy for the mother and the entire family but sometimes there are negative consequences when the mother becomes depressed. Postpartum depression (PPD) is a common condition and it is defined as an episode of non-psychotic depression according to standardized diagnostic criteria with onset within 1 year of childbirth. In DSM-IV, a “postpartum onset” specifier could be applied to an episode of major or minor depression if symptoms began within four weeks of giving birth. In DSM-5, the specifier has been changed to “peripartum onset” to include pregnancy. The aim of this review is to identify the instruments used over recent years to screen and diagnose PPD and define the optimal timing of PPD screen.

Method: The research was made in August 2018, using UpToDate, PubMed database and the MeSH terms “postpartum depression screening”, “perinatal depression screening” and “primary care”. Systematic reviews, meta-analysis and guidelines published in English and Portuguese within the last 5 years and exclusively related to screening were selected.

Results: The most commonly used screening tools for PPD are the Edinburgh Postnatal Depression Scale (EPDS), Patient Health Questionnaire (PHQ-2 or PHQ-9) and Beck Depression Inventory (BDI-II). The EPDS was the most frequently explored instrument across the reviews. In terms of test performance, postnatally the EPDS performed sensitivities around 0.80 and specificities of 0.87 in largest studies applicable to the US health care. There were intrinsic differences: PHQ-2 and EPDS limited questions to feelings of sadness or anxiety while BDI-II and PHQ-9 screened for physical symptoms such as fatigue, energy loss and sleep changes. The US Preventive Services Task Force drafted a recommendation for routine depression screening in pregnant and postpartum women as evidence suggests that screening may reduce depressive symptoms and the prevalence of depression. However, further evaluation is needed. NICE guidelines recommend that all primary care practitioners ask about possible depression and anxiety on the first contact in pregnancy and at all subsequent perinatal contacts. The American College of Obstetricians and Gynecologists recommends screening patients at least once during the perinatal period for depression and anxiety symptoms using a standardized validated tool. The timing of screening was different among the studies analyzed, ranging from the initial prenatal visit to 14 months postpartum.

Conclusions: PPD is prevalent and remains largely undetected. It is important to identify postpartum women with depression as it can have devastating effects on women, infants and families. Although several screening instruments have been validated for use during pregnancy and the postpartum, there is no consensus regarding which tool is most accurate nor the time interval to screen patients. Further research should aim to identify the optimal strategy.

Fragmentation of care and iatrogenesis

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Abstract:

Background & Aim: As the average life expectancy is rising, the number of patients suffering multiple diseases is increasing. In this context, the integrated treatment of the multimorbidities is essential in order to improve patient care. The clinical case here presented illustrates the importance of information sharing across medical care institutions as a form of quaternary prevention.

Method: The patient (male, 75 years old) was clinically interviewed. His clinical history available on the Portuguese national health digital platform (Registo de saúde eletrónico – Portal do profissional) was surveyed.

Results: The patient has hypertension, auricular fibrillation, type 2 diabetes mellitus, ulcerative colitis, hypothyroidism, obesity, dyslipidaemia and chronic kidney injury. He also suffered an acute myocardial infarction 36 years ago and a stroke 23 years ago. In addition to the family doctor, he is currently being followed by a cardiologist, an endocrinologist, an ophthalmologist, a nephrologist and a gastroenterologist. His current medications are azilsartan, chlortalidone, mebeverine, spironolactone, nebivolol, sitagliptin, insulin, amiodarone, pitavastatin, dabigatran, pantoprazole, rilmenidine.

The patient consulted his family doctor for bilateral lower limb oedema with 15 days of evolution. In the anamnesis, it was revealed that he started taking amlodipine, which was recently prescribed by his endocrinologist due to poorly controlled hypertension. After analysing his clinical history, it was noticed that the patient had previously reported the same symptoms to the cardiologist; these were diagnosed as being a side effect of the prescribed calcium channel antagonist. With the suspension of the medication, the oedema disappeared.

Conclusions: The side effect of the amlodipine, prescribed by the endocrinologist, had already occurred before and was recorded by the cardiologist. The fragmentation of care is a reality today, especially for patients with multimorbidities. Sharing information is an essential quaternary prevention measure in these cases. Despite the limited time of the medical appointments, consulting previous medical records in an integrated system should be of the utmost importance in order to avoid repeated interurrences that would affect the quality of our patients' lives.

Deprescribing in the elderly – less can be more!

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Abstract:

Background & Aim: In developed countries, approximately 30% of the elderly are prescribed 5 or more drugs. Although in some cases this polypharmacy may be beneficial, it is known that around 1 in 5 drugs prescribed to this population may be inappropriate. Polypharmacy is associated to several negative outcomes, including adverse drug events, disability, hospitalization and even death; therefore, deprescribing is an important quaternary prevention measure in this age group. This revision aims to overview the main evidence regarding its efficacy, its indications, the steps included in the process and tools available to support deprescribing.

Methods: Research in Pubmed and Google Scholar for results in English and Portuguese, published in the last 10 years, including the keywords “elderly”, “deprescribing”, “criteria” and the equivalent descriptors in Portuguese.

Results: Deprescribing is the process of tapering or stopping drugs, aimed at minimizing polypharmacy and improving patient outcomes. It is particularly important in elders, where polypharmacy is more frequent and associated to negative outcomes. Polypharmacy can arise from the combination of multiple factors, namely the presence of multiple comorbidities, the use of over the counter drugs and resorting to multiple health professionals. On the other hand, the physiological features of this age group differ from younger individuals, which constitute the majority of subjects in clinical trials, increasing the iatrogenic risk.

This action should be considered in patients under 5 or more drugs, in the presence of drug adverse events, questionable drug efficacy, change of therapeutic targets, and in patients with prescriptions to treat adverse effects of other drugs.

The process of deprescribing comprises several steps. Approaching the subject with the patient and clarifying the possible lack of clinical benefit of certain drugs is crucial; all drugs currently taken, their clinical benefit and patient adherence to the therapy regimen must be ascertained. Next, it is important to consider overall risk of drug-induced harm in individual patients, in order to determine the intensity of deprescribing intervention. Drugs should be prioritized for discontinuation, considering the lowest benefit-harm ratio and lowest likelihood of adverse withdrawal reactions or disease rebound syndromes; lastly occurs the implementation of a discontinuation regimen and close supervision for improvement in outcomes or onset of adverse effects. Beers and STOPP/START criteria are crucial to identify drugs that can be safely prescribed or, on the other hand, may be inappropriate in this age group.

Conclusions: Quaternary prevention should be a concern for every doctor; in Family Medicine, this issue is even more relevant, considering its role of advocate of patient care. Deprescribing must be a priority for patients at risk of overmedicalisation, in order to promote their well-being and fulfil our oath of doing no harm.

Prostate Cancer Screening: Clinical Practice Tools

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Abstract:

Background: Despite the controversy around prostate cancer screening, it is recommended that the risks and benefits of such an approach should be discussed with the patient. Patient decision aids (PDA) are tools designed to help patients choose between several management and treatment options, in the most informed and structured manner. PDA have shown to reduce health costs and improve specific outcomes, besides improving communication with the patients resulting in more conscientious decision making and more realistic expectations.

Aim: To develop an evidence-based patient decision aid that enables an improved shared decision-making process for the screening of prostate cancer.

Methods: A review of the literature was performed in order to find the rational for the prostate cancer screening options. We searched the most recent guidelines among evidence-based medicine sites, published in the last 5 years, concerning prostate cancer screening. The development of the PDA was based on The International Patient Decision Aids Standards (IPDAS) and the Ottawa Decision Support Framework (ODSF). We performed a pilot experiment in 20 male subjects, aged above 50 years, prior to the PDA implementation, making adjustments in terms of language and comprehension.

Results: We developed a PDA for male patients to help decision-making concerning prostate cancer screening, consisting of a leaflet with a step-by-step tool, starting with information regarding prostate cancer, screening methods and potential harms and benefits of this approach. Following the infographic, we built a worksheet to help male subjects to clarify their values towards a decision. The last step is a free-text field to list their questions, concerns and other points of discussion with their physician. Additionally, we created a guide in prostate cancer screening recommendations for the health professional. This included, besides information on the matter, statistics and frequently asked questions, in order to perform the best medical practice and assist on shared decision-making.

Conclusions: Prostate cancer screening may result in a conflict for the patient to decide whether or not to be screened for. The information is vast but sometimes confusing and contradictory, leading to many questions that may influence a decision. Informed decision-making for prostate cancer screening is crucial, particularly if a definitive recommendation either for or against screening does not emerge from trials. Cancer-related decision aids may increase knowledge without adverse impact on decisional conflict or anxiety. Our PDA is a valuable tool in primary care daily practice, promoting shared decision-making.

Ultrasonography Screening for Abdominal Aortic Aneurysms - an evidence based review

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Abstract:

Background & Aim: An abdominal aortic aneurysm (AAA) results from a weakening in a section of the aortic wall in the abdomen. As the condition is often asymptomatic, a ruptured AAA is usually its first sign and it has an 80% mortality rate. To this date, no systematic screening of the population has been conducted in Portugal. In 2012, an opportunistic screening revealed a prevalence of 2.4% within the Portuguese population. Screening provides an opportunity to identify, monitor and treat the condition to prevent rupture. This research looks into the screening of AAA within an adult asymptomatic population, and whether it has an impact in AAA-related mortality and global patient mortality.

Methods: We conducted an evidence-based review with the MeSH terms “aortic aneurysm, abdominal” and “mass screening” in the following databases: National Guideline Clearinghouse, NICE, Canadian Medical Association, Cochrane Library, DARE, Evidence based Medicine online, and Pubmed. From these, we filtered for meta-analysis (MA), systematic reviews (SR) and guidelines published between 01/01/2003 and 07/08/2018. Strength-of-Recommendation Taxonomy (SORT) was used to assess quality of evidence and to grade key recommendations.

Results: 3 MA, 1 SR, and 8 guidelines were selected from the 134 studies. Four randomized, controlled, population-based trials (RCT) involving 137.214 participants provided most of the data on AAA screening. All screened patients in the aforementioned RCTs were 65 years and older, as age is a major risk factor for AAA. Ultrasonography was used as it is non-invasive, cheap, and features both high sensitivity and high specificity. All studies consistently showed significant reductions in AAA-related long-term mortality with an absolute risk reduction of 3,2 AAA-related deaths per 1000 men screened. The number needed to screen (NNS), to prevent one AAA-related death, was 311 at a long-term follow-up. The effect on all-cause mortality was marginally significant. Given the lower prevalence of AAA in women, there was no evidence that screening had a positive impact on their health.

Conclusions: One-time ultrasound screening for AAA is recommended for all asymptomatic men aged 65 years and older (SORT B). Recent population-based screening studies of men in the 65+ demography show declining rates of AAA, lowering confidence on whether screening is able to achieve meaningful benefits in this population. Screening women for AAA is not recommended (SORT C). Opportunistic screening of patients with tobacco use, peripheral arterial disease or family history of AAA should be considered, but further work is required to assess the impact on health outcomes. The reported NNS is lower than that of established screening programs, such as fecal occult blood testing in colorectal cancer, and mammography in breast cancer. Nevertheless, the morbimortality of AAA-related surgical procedures must be taken into account in a shared-decision manner.

Team building exercise in a Family Care unit

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Abstract:

Background & Aim: Governance in health is founded on the idea that the professionals linked to health sector are responsible for the quality of care that they practice, being obligated to change the systems they are integrated in a way that they can contribute to increase the safety and quality of the acts they provide. For this to be possible it is necessary a motivated, safe and cooperative team. Burnout is a dysfunctional reaction to cumulative and prolonged professional stress levels which leads to emotional exhaustion, depersonalization and decreased professional realization compromising the quality of the work performed and the care provided.

One of the ways to increase the synergies and interactions of the team members while doing burnout prevention is done by doing team building exercises. These are dedicated to reinforce and develop the interaction and cooperation of the team members.

Method: Two teams of 21 elements in total played a one hour session of laser tag, where communication and cooperation were essential for the outcomes intended. Increase the personalization levels of the team.

Goals: Decrease the stress levels.
Increase communication and team work

Results: Results of the feedback inquiry performed a week after the event happened where a total of 19 out 21 answers were obtained. Team Members in percentage of participants: Nurse: 11.8%, Resident: 41.2, Consultant 29.4; Technical staff 11.8, others 5.3%. Participants where asked to answer the following questions on scale of one to ten: Did the activity meet your expectations? 5.9% - 8; 35.3% - 9; 158.8% - 10; What were the levels of your satisfaction? 11.8% - 8; 23.5% - 9; 64.7% - 10; Would you repeat this activity? 11.8 - 8; 5.9 - 9; 82.4 - 10.

Conclusions: The USFO team believes that happy, balanced and achieved professionals practice better quality care increasing the patient's satisfaction levels. The team feels that the objectives for the activity were achieved. In the end, they are left with the will for new team building activities in a way not to miss out on the benefits that were achieved with this activity.

Statins in primary prevention in the elderly: is there a place for them?

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Abstract:

Background & Aims: Cardiovascular diseases are a major problem in the family doctor daily practice. In this scenario, statins' benefits are well established for secondary prevention. However, its role in primary prevention is still controversial, especially regarding the older adults, with guidelines highlighting the lack of evidence for its use. Due to the increasing life-expectancy and population aging, this is an extremely relevant issue in the primary care setting. The aim of this review is to assess recent evidence about the benefits of starting or maintaining statin therapy in patients older than 75 years for primary prevention of cardiovascular fatal and nonfatal events, as well as, all-cause mortality.

Methods: For this evidence-based review, we searched for meta-analysis (MA), systematic reviews (SR), randomized controlled trials (RCT) and observational studies in the following databases: National Institute for Health and Care Excellence, EMBASE/The Cochrane Library, MEDLINE/Pubmed and Trip Database, published in English, Spanish and Portuguese, between January 2013 and August 2018, using the MeSH terms: [statins], [cardiovascular diseases], [primary prevention] and [aged]. We also performed a manual bibliographic search of included studies for additional inclusion of relevant references.

Results: In the final analysis, five articles were included: one SR, one RCT, one post hoc RCT analysis and two prospective cohort studies of fair to good quality. All of the studies evaluated the benefits of statin therapy in the occurrence of fatal or nonfatal cardiovascular events and all-cause mortality, in adults older than 75 years, without known cardiovascular diseases, with a follow-up time ranging from 1.9 to 9 years. Although the majority of the evidence shows a decreased risk for all-cause mortality, one of the included studies suggests the opposite. Regarding cardiovascular mortality, the results were even more contradictory about statin benefits, however, concerning non-fatal cardiovascular events a benefit related to statin use seems to exist.

Conclusions: In primary prevention, starting or maintaining a statin therapy is not always an easy decision for the family doctor. Similarly to current guidelines, the recent primary evidence included in our review is not consensual about the gold standard intervention in this specific population. Furthermore, none of these works explored the occurrence of adverse effects. Although statins could have some benefits, a complete risk/benefit analysis should be performed to personalized treatment. Thereby, available evidence is not strong enough to recommend the prescription of statins to all individuals older than 75 years for primary prevention of cardiovascular diseases. More studies are needed addressing this specific population, with longer follow-up, and taking into account the impact of adverse effects and cost-effectiveness outcomes.

Are we ready for the return of measles? - The portrait of a medical record

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Abstract:

Background & Aim: The family medicine physician intervenes in the community based on knowledge regarding the population's health and diseases. In August 2018, the first confirmed case of measles was recorded on Madeira Island. The Directorate-General for Health (DGH) affirmed that there were no reasons for the existence of an epidemic since most people were vaccinated or had previously had the disease. The verification of the electronic vaccine report during the consultations at the Health Unit alerted to the lack of records regarding compliance with the National Vaccination Program (NVP), namely vaccination against measles. A cross-sectional study of the population of the patients' list was carried out with the objective of evaluating compliance with the NVP for measles vaccination and subsequently improving the vaccination coverage of our patients and preventing measles.

Methods: A data collection was performed on August 1, 2018, consulting the clinical process of the patients and the electronic vaccine record individually. The patients included in the list of a single family medicine physician, aged between 12 months and 53 years, who live in Funchal, Madeira Island, were included. Exclusion criteria: patients without computerized registry of NVP and patients born before 1970 since, because about 99% of the population born before 1970 has protection against measles, according to the National Serological Survey 2015/2016. Measurement of compliance with vaccination was carried out based on the guidance of the DGH entitled "Measles: Procedures in health units - National Measles Elimination Program", considering the number of recommended doses of MMR, according to age. The statistical treatment was done with the Excel® for Windows.

Results: 849 electronic vaccination reports were checked and 62 patients were excluded because they did not have computerized NVP. The mean age was 27.6 years (SD = 13.8), of which 53.7% were female. In the group of patients aged 1 to 4 years (66 patients), 98.5% had 1 dose of MMR and 1.5% refused the measles vaccine. Of the 165 patients aged 5 to 17 years, most had 2 doses of MMR vaccine (98.2%), 1.21% had 1 dose of MMR, 0.6% had no dose of MMR and 0.6% refused vaccination with MMR. The 556 patients aged between 18 and 48 years, 49.3% had 2 doses of MMR, 17.8% had 1 dose of MMR in pediatric age, 3.6% had 1 dose of MMR in adult, 0.9% had a measurable history of measles, 0.8% refused vaccination with MMR, and 28.2% had no record of any dose of MMR.

Conclusion: We can consider that 26.3% of the total population studied does not have 1 dose of MMR, thus identifying the patients probably more vulnerable to the disease. As a family medicine physicians, we must as public health endorsers promote a prevention of outbreaks of previously low prevalence infection diseases. Subsequently, it is therefore important to convoke patients to the consultation in order to update the computerized NVP and reinforce the prevention of Measles.

Deprescription of anxiolytics, sedatives and hypnotics in the elderly - a quality assessment and improvement protocol

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Abstract:

Introduction: The use of anxiolytics, sedatives and hypnotics (ASH) in Portuguese population is high. In low dose and for short periods, ASH are indicated for treatment of symptomatic anxiety and insomnia. Prolonged use provokes physical and psychic dependence, and important adverse effects, such as somnolence, memory disfunction, confusion, depression, discoordination, falls and accidents, which are particularly severe in the elderly, so they should be avoided or reduced in this population. Deprescription, consisting in inadequate medication stopping, dose reduction or substitution, is an essential tool to that end. A quality assessment and improvement protocol was developed aiming to improve deprescription of ASH in the elderly.

Objectives: To improve deprescription of ASH to elderly patients for whom the prescription doesn't justify and improve physicians and patient awareness to the problem.

Methods: A quality assessment and improvement protocol was developed after learning with experts and appropriate literature research, and was reviewed by an expert.

Results: The protocol consists of the following.

A quaternary prevention intervention, consisting of a practice quality assessment and improvement process, is to be implemented in four primary care practices in center Portugal, focusing on technical and scientific quality and safety, by a group of family medicine residents.

The target population are people older than 65 years, treated with ASH. Exclusion criteria include major psychiatric diagnosis, other than anxiety disorder or insomnia.

An initial assessment was performed by retrospectively studying a randomized sample of 100 subjects (25 from each practice) in respect to diagnosis that justify the prescription, the dose and duration of treatment, and its discontinuation. Adequate treatment was considered if the lowest dose was prescribed for a maximum period of 12 weeks for treatment of anxiety and 4 weeks for the treatment of insomnia, including discontinuation tapering. Also, discontinuation of prolonged treatment was assessed.

A first intervention was done in early July 2018, consisting of a presentation to the family physicians of each practice, and the development and distribution of documents to assist the practitioners and educate patients.

An intermediate assessment, with similar method will be done in six months, followed by a second intervention, adequate to the findings of that assessment. A final assessment will be done in one year from start, and future cycles will be considered.

Data was and will be collected from clinical registries. Ethical requirements were and are to be respected, and all data will remain confidential.

Discussion and Conclusion: The initial assessment revealed a high number of patients without adequate diagnosis and prolonged treatment with ASH, with little discontinuation undertaken. We expect to benefit our elderly patients' health through the improvement of prescription quality in our practices.

Team Building activities to prevent Burnout Syndrome within healthcare teams – a case report

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Abstract:

Background & Aim: Burnout syndrome has long been recognized as a major problem within the professional sphere of modern life and has become much more prevalent in the last decade, being highly prevalent among healthcare professionals due to the intense and continuous nature of contact with individuals receiving care.

Burnout prevention among healthcare professionals is a major concern and it can lead to emotional exhaustion, depersonalization and reduced professional achievement.

Activity Report: In order to prevent Burnout within our healthcare team and to keep all professionals motivated and feeling comfortable and valued in our workplace, we decided to organize periodic teambuilding activities.

The authors report first activity performed within the healthcare team of USF Oriente, which ranged from administrative personnel, to nurses, doctors and some relatives.

An after working hours session of lasertag followed by a dinner was scheduled on a week day, and was attended by 19 members of our team and 2 professional's relatives. After the activity an inquiry was performed.

Results: The participants in the activity were as follows: 6 doctors (29%); 9 resident doctors (44%); 2 nurses (9%); 2 clinical secretaries (9%); 2 relatives (9%). Nineteen of the total twenty-one participants have answered to the inquiry.

To the question: "Did the activity met my expectations" we got values that ranged from 8 to 10, being "10" the most given answer with 63,2%, followed by "9" with 31,6% and lastly "8" with 5,3%. "What was your overall level of satisfaction with the activity" was graded from 8 to 10 as well with 63,2% feeling the highest grade of satisfaction, 26% rating it a 9 out 10, and only 10% giving it an 8. "Would you repeat the activity" had 84% of people giving it a 10.

When enquired about which aspects of the activity were more valuable, all participants mentioned either team building, improving team morale and spirit and bonding between members of the team. "What could have been done differently" was mostly positively approached, but some things that were more mentioned as having room to be changed were having more clinical secretaries and nurses and the late hour of the activity.

Conclusions: Overall the activity was very successful and led to diminished levels of emotional exhaustion and depersonalization in our team's professionals as was felt in the following weeks, as it was often brought up in conversations during lunch time and coffee breaks giving room to lots of laughter and joking among the healthcare professionals.

We feel that on the future it's mandatory that we can convince more nurses and clinical secretaries to participate in the teambuildings, as we fell short of that goal on this occasion. Other factor we want to improve is to engage more relatives into the activities as it is described it contributes to a better balancing between the worklife and the personal life which enhances overall satisfaction at work.

Cancer screening in people with mental illness: what do we know so far?

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Abstract:

Background & Aim: People with mental illness have higher cancer mortality than the general population although incidence appears to be similar. Two cancers which can be targeted with screening tests for which this is particularly evident are colorectal and breast cancers. There might be several contributing factors to the high morbidity and all-cause mortality in this group such as lifestyle choices, lack of compliance to medical interventions, social problems and use of psychiatric medication.

Despite high rates of physician consultation in this group, there is evidence of inequities on the access to healthcare and prevention activities described in the literature. The authors reviewed the available evidence for disparities in cancer screening (breast, colorectal and cervical cancers) in psychiatric patients compared to the general population and strategies to improve adherence.

Methods: The authors researched and analyzed the existing literature on Pubmed dated between 29-08-2008 and 29-08-2018 using the MeSH terms: “cancer screening” and “mental illness”.

Results: Of the 125 articles obtained, 37 were selected based on the type of cancer screening (breast, cervical and colorectal), population (diagnosis of mental illness), availability and relevance. These included 6 reviews; 16 cross-sectional studies design; 8 retrospective cohort studies; 6 qualitative studies and 1 descriptive study.

Conclusions: The analyzed studies suggest suboptimal cancer screening rates in this population. Most studies show inequity of access when compared to the general population. Limitations found in some prevalence studies were: use of self-report data of cancer screening and/or mental health status; lack of knowledge about the severity of disease; use of data mostly from mental health institutions; lack of appropriate control group; lack of information about health literacy, lifestyle or economic status. Apart a Danish study which analyzed different psychiatric diseases separately, the other studies considered a single disease or mental illness as a whole. There is a need for developing effective methods to increase participation of mental health patients on screening tests and the health care professionals awareness towards prevention in this high-risk group. Learning about perceived barriers and facilitators for cancer screening in this population might be of use when establishing approaches to face these challenge. No specific approach can be recommended because there are no randomized clinical trial evidence on encouraging cancer screening in people with mental illness.

New Hypertension Guidelines: implications of a threshold shift in a general practitioner's list of patients

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Abstract:

Background & Aim: Hypertension is one of the most common conditions seen in primary care and a major risk factor for stroke, myocardial infarction, vascular disease and chronic kidney disease. It remains one of the most important preventable causes of death. Simultaneously, anti-hypertensive drugs are some of the most prescribed drugs in the world and represent significant costs for the health systems worldwide.

On November 2017, the American College of Cardiology (ACC) and the American Heart Association (AHA) published new clinical guidelines for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults. These guidelines define new pressure thresholds to diagnose hypertension (systolic blood pressure [SBP]>130 mmHg and/or diastolic blood pressure [DBP]>80 mmHg) and to initiate medication, a controversial decision that divided the medical community. More recently, the European Society of Cardiology (ESC) issued its new Clinical Practice Guidelines for the Management of Arterial Hypertension with some slight differences from its last document, maintaining the same diagnostic thresholds.

This study aims to apply these new criteria to the list of patients of one senior doctor, in a portuguese family health care unit, to identify patients that until now were considered pre-hypertensive/high normal blood pressure and that will hypothetically, pending on the adoption of these guidelines, be included in the national hypertension vigilance program, and eventually be treated.

Method: Cross-sectional, observational and descriptive study based on data collected from healthcare software. From a list of 1766 patients (1513 adults), a sample of non-hypertensive patients who had blood pressure measurements that met the new diagnostic criteria and thresholds of treatment was selected, and information was gathered regarding their cardiovascular risk factors.

Results: Preliminary results identify a sample of 210 of non-hypertensive patients with SBD>130mmHg and/or DBP>80mmHg. More specific data analysis is still in progress and the results will be presented at the conference.

Conclusions: This study aimed to evaluate the potential impact of the likely adoption of some of the newest guideline recommendations regarding the thresholds for the treatment of arterial hypertension in adults, in a general practitioners' perspective. Focus was put on the potential growth of the percentage of adults included in the national hypertension vigilance program, and therefore eligible for pharmacological treatment. The impact of the new recommendations may pose significant challenges regarding the number of mandatory consultations and overall anti-hypertensive drug prescription. Potential clinical benefits will need to be measured and weighed against potential harmful effects, both for the patient and for the national health organization, from a quaternary prevention point-of-view.

Breast Cancer screening in women in their 40s - is there a reduction in mortality?

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Abstract:

Background & Aim: Breast cancer is the most common type of non-cutaneous cancer and the most frequent cause of cancer death in women worldwide. Early detection of breast cancer through screening can lower breast cancer mortality rates and reduce the burden of this disease in the population. However, there is debate about whether breast cancer screening should be extended to younger women, once the breast cancer disease burden among women aged 40 to 49 is substantial. In Portugal, is recommended the screening for breast cancer by mammography every 2 years in the 50-69 age group. The decision to screen women aged 40-49 years should be individualized and shared with the patient. This review aims to provide an overview of the available evidence on the reduction of mortality associated with breast cancer screening mammography in women aged 40 to 49 years.

Method: We searched Pubmed, The Cochrane Library, National Guideline Clearinghouse, Canadian Medical Association Practice Guidelines Infobase, Guidelines Finder, Bandolier, DARE e TRIP database for systematic reviews, meta-analyzes, guidelines, randomized clinical trials (RCT) and observational studies published after January 1, 2013. Included studies (8 guidelines, 4 systematic reviews, 2 RCTs and 1 meta-analysis) provided evidence on the association between screening mammography in women aged 40-49 years and reduction on mortality for breast cancer. The quality of the evidence was appraised using the Streght of Recommendation Taxonomy approach, from American Academy of Family Physicians.

Results: The differences found in recommendations for screening women in their 40s are mostly related to the magnitude of benefit, the lower costeffectiveness, and the higher false-positive biopsy rates compared with those in older women. The American Cancer Society, the National Comprehensive Cancer Network and the American College of Radiology are the strongest supporters of anual mammography screening beginning at age 40 years. However, the current evidence from randomised trials reveals that breast cancer mortality reduction is not statistically significant in this age group. These findings and the related uncertainty should be considered when making recommendations based on judgments about the balance of benefits and harms of breast cancer screening.

Conclusions: Given the available evidence, this review allowed us to conclude that screening mammography from the age of 40 has limited evidence (Strength Recommendation B). There are still fews studies specifically designed to assess the effect on mortality with breast cancer screening in women younger than 50 years. Additional research on the effectiveness of mammography screening with morbidity and mortality outcomes using current imaging technology and breast cancer treatments would provide further understanding of the implications of routine screening in this age group.

HIIT and diabetes - is this a good weapon as tertiary prevention for nowadays lack of time for physical activity?

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Abstract:

Introduction: Despite the benefits already known of physical activity for our health, many people still find difficult to maintain a regular and structured plan of physical activity. Physical activity takes on particular importance in people with diabetes as a weapon in glycaemic control and overall cardiometabolic health, reducing cardiovascular risk factors and improving well-being. High intensity interval training (HIIT) consists in a cardiovascular exercise strategy with alternating short periods of intense anaerobic exercise with less-intense recovery periods. It is aimed to review the major benefits of HIIT in glycaemic control and other cardiovascular risk factors in people with diabetes.

Methods: Systematic reviews (SR), meta-analysis (MA), reviews (RV) guidelines (GD) and randomized controlled clinical trials (RCT) and clinical trials (CT) published between 2015 and 2018 were searched in English. The MeSH words used were "high-intensity interval training" and "diabetes".

Results: From the 18 articles found, 8 had eligible criteria for this review (1 SR, 1 MA, 2 RCT, 1 RV, 2 CT and 1 GD). The majority states that HIIT has benefits in increasing de VO₂max comparing with moderate intensity continuous training (MICT) and thus improving cardiorespiratory fitness in patients with diabetes. Positive impact in blood pressure control, BMI, lipid profile and glycaemic control seems similar to the ones obtained with MICT but most of the RCTs included in SR e MA have small samples and low quality.

Conclusion: This review provides evidence to an alternative type of training to people with diabetes with no contraindications for exercise that requires less time spent weekly with benefits at least similar to those obtained with MICT.

How is musculoskeletal pain managed? – A quality improvement cycle

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Abstract:

Background & AimS: Intramuscular diclofenac and thicolchicoside prescription for acute musculoskeletal pain (AMP) relief is a common practice in primary health care, although scientific evidence does not support its use. In order to understand the causes of this prescription pattern and to improve it, in the family health units (FHU) where the investigators work, a quality improvement cycle was developed.

Methods: This is a quasi-experimental, pre and post-intervention, without a control group study, for technical-scientific quality evaluation of prescription pattern of intramuscular diclofenac and thicolchicoside for AMP. This quality improvement cycle took place in two FHU in Oeiras, Portugal (S. Julião and Conde de Oeiras). The authors analysed all prescriptions, administered in these units, in patients aged ≥ 18 years, made by family doctors/residents of FHU under study who consented to participate. It was considered as a cause of AMP the registration of problems/codes from de ICPC-2 "L" chapter in the electronic patient record. Due to the inclusion of all prescriptions, a sample calculation was not performed. The causes for this prescription pattern were determined through an open-ended questionnaire survey, and the strategies to be implemented were assessed through focus groups discussion. In our pre and post-intervention analysis, we compared the mean number of prescriptions per doctor and the proportion of doctors without any prescription. This study occurred between January 2016 and December 2017.

Results: The strategies to improve prescription pattern, implemented after discussion in focus group, where: an update presentation about AMP, clinical-cases discussion and an educational leaflet for patients.

During the pre-intervention period, from 1st January to 31st December 2016, intramuscular diclofenac and thicolchicoside were prescribed 219 times, from this only 129 were eligible for analysis, the mean number of prescriptions per doctor was of 4.8, and the proportion of doctors without any prescription was of 30%. The first intervention took place in December 2016. In the post-intervention period, from 1st January to 31st December 2017, there were 79 prescriptions, from which only 13 were eligible (main reason for exclusion was the prescription by external doctors). Regarding the mean number of prescriptions per doctor, this was of 0.4, and the proportion of doctors without any prescription was of 70%.

Conclusions: After the implementation of defined strategies, there was a reduction in the total number of prescriptions, just as it reduced the mean number of prescriptions per doctor. Moreover, the proportion of doctors without any prescription of the drugs under study went from 30% to 70%. When considering only the fixed population of FHU doctors, the results seems to be similar. Our results point to the efficacy of the implemented interventions, although, their statistical significance needs to be tested.

Management of gallbladder polyps – an evidence-based review

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Abstract:

Background & Aim: The prevalence of gallbladder polyps (GBPs) is estimated on 5%. Their prevalence increased in pair with the development of US (Ultrasound) scanning quality and use. Although most frequently benign, some of them might evolve into malignant lesions. Stratifying which require follow-up, excision or no action is of vital importance in order to prevent neoplasms and at the same time avoid unnecessary exams. This systematic review examines current evidence on management of GBPs.

Methods: A search was performed in the following databases: Pubmed, The Cochrane Library, National Guidelines Clearinghouse, Guidelines Finder, Canadian Medical Association Infobase, DARE, Bandolier and Evidence Medicine online databases between January 2010 and January 2018 using keywords “gallbladder” and “polyps”. We excluded publications written on languages other than English or Portuguese. Only studies involving adult patients were selected. The American Taxonomy Recommendation scale (SORT) of the American Family Physician was considered for the assignment of the recommendation force.

Results: The database search returned 152 publications. 4 were duplicates and 143 were deemed not relevant after screening of title/review of the abstract. In the end, we selected 5 publications: 2 guidelines and 3 systematic reviews.

Discussion: There is a consensus regarding cholecystectomy guidelines in patients with symptomatic GBP and in asymptomatic patients with GBP ≥ 1 cm (SR B). In asymptomatic patients with GBP < 1 cm, the risk of cancer development should be stratified according to polyp size and risk factors inherent to the patient (SR C). However, there is no consensus regarding the follow-up of these patients.

Current evidence on the use of aspirin in preeclampsia prevention

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Abstract:

Background & Aim: Aspirin is a widely prescribed treatment in the prevention of cardiovascular complications. However, indications and dosage for its use in pregnancy are subject of controversy. With this work we intend to review current evidence on its use for primary and secondary prevention of preeclampsia, according to dosage and gestational age.

Method: Systematic reviews, meta-analyses (MA), randomized controlled trials (RCT) and clinical guidelines (CG), published between 2015 and 2018. The MeSH words used were 'preeclampsia' and 'aspirin'. Ten of the articles found met the eligible criteria: two MA, three RS, three CG and two ECAC.

Results: Overall, RS and MA demonstrate the benefit of ASA in the prevention of preeclampsia, especially in high-risk women. Aspirin efficacy for the prevention of preeclampsia is dose-dependent, but the optimum dosage, 75 mg/day to 150 mg/day, needs to be determined. Safety data at 150 mg/day are still limited. Data from RCT do not support greater benefits of low dose aspirin when started before 17 weeks`gestation. The clinical guidelines recommend the use of aspirin in the prevention of preeclampsia in high-risk women, discouraging its use in low-risk women.

Conclusions: Available evidence indicates that aspirin has benefit when used as a preventive medication in women at risk for preeclampsia with clear evidence of its benefit in high-risk women. Yet, the efficacy of aspirin in patients at high risk of preeclampsia, but without previous hypertensive disorder of pregnancy, is controversial. There is still a need for more high-quality studies that support the evidence to better evaluate the dose and gestational age at which it should be used.

Lipid profile and statins prescription in diabetic patients

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Abstract:

Introduction: Diabetes Mellitus prevalence in Portugal is about 13%. Cardiovascular risk factors' (CVRF) control is essential to decrease the impact on quality of life and average life span of our patients. For diabetic patients, lipid profile control, especially low density cholesterol (LDL), has positive prognostic value in global mortality.

Aim: Assess LDL levels on diabetic patients type 2, according to cardiovascular risk – high and very high, in accordance with 2016 ESC/EAS Guidelines for the Management of Dyslipidaemias. Relate lipid profile with chronic medication.

Methods: Study: observational, descriptive; Population: diabetic patients (T90 code on ICPC-2) with follow-up on primary health care unit, with at least two appointments between July 2016 and June 2017; Sample: random representative of diabetic patients; Data source: electronic clinical process; Data analysis: Excel2010 and GraphPad Prism6.

Results: 181 patients included, average of age: 70 years; 50,8% of female gender. 52 patients with installed cardiovascular disease; 65 patients with target-organ damage and 166 with CVRF. 28% (51) of patients achieve aim LDL values, and 51% of these are medicated with a statin. Of the rest 72% of patients (130), 47% have no statin as chronic medication.

Discussion: The co-morbidities mostly justifying statin prescription are Arterial Hypertension; obesity and target-organ disease. Aim LDL value is achieved by 58% of high risk and 26% of very high risk patients. We should be more alert for tertiary prevention amongst these patients and it is necessary to intensify pharmacological and non-pharmacological treatment of diabetic patients.

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