

ABSTRACTS

THURSDAY

14 MAY 2009

15.30 – 17.00



OP06.1 NURSE PRACTITIONERS SUBSTITUTING FOR GENERAL PRACTITIONERS IN THE CARE FOR PATIENTS WITH COMMON COMPLAINTS; A RANDOMISED CONTROLLED TRIAL

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Background: General practitioners (GPs) are faced with a rising and changing demand of care. The nurse practitioner (NP) was introduced to increase service capacity within limited financial budgets. Studies revealed that substituting GPs for NPs results in higher patient satisfaction and higher quality of care. Evidence on the cost-effectiveness of such substitution remains scarce.

Objective: To evaluate effects on the process and outcomes of care as provided by GPs or specially trained NPs for patients at first point of contact.

Methods: In a RCT 1501 patients were randomized for a consultation by a GP or a NP, working in 15 general practices. Data were collected over a 6-month period in 2006 by means of questionnaires, extracting medical records from the practice computer systems, and recording length of consultations. Cost calculations were based on medical consumption, productivity costs and salary costs.

Results: Patients from both groups highly appreciated the quality of care. No significant differences were found in health status, medical consumption, and compliance with practical guidelines. Patients in the intervention group had more follow-up consultations and their consultations took significantly more time. Costs of NP consultations were significant lower than GP consultations.

Conclusions: NPs provide equivalent quality of care and are likely to generate less costs than GPs. These findings support an increased involvement of specially trained NPs in the Dutch general practices. Their contribution to the accessibility and availability of primary care could also lead to GPs having more time for patients with chronic diseases or multi morbidity.

OP06.2 ARCTIC NURSES IN GREENLAND: TRIAGE AND TREATMENT

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Objectives: Due to coming organizational changes of the primary health care sector in Greenland the aim of this study was to describe the daily tasks among nurses working in the districts and to analyse associations between competences and educational, organizational and structural factors.

Methods: All nurses were invited and 44 from 14 of 16 districts participated in a questionnaire survey and 10 days' registration of all consultations. Registration of activities was completed by ticking off items on a simple APO registration chart comprising reason for encounter, clinical procedures, time consumption, perceived competence and involvement of other healthcare providers. The questionnaire included education, personal competences as well as structural factors.

Results: A total of 1861 contacts were registered comprising all reasons for encounter. Most frequently were ear, nose and thr OPt complaints (16%). A physician was involved directly or by phone in 28% of all cases. Overall, the nurses felt insufficiently competent during every fifth consultation. Educational, organizational and structural factors were not markedly associated with the perceived competence. Some nurses possess known competences which are not utilized.

Conclusions: Nurses working in the districts in Greenland see a br OPd spectrum of patients whom they to a large extent diagnose and treat themselves. Access to medical advice from doctors should, however, not be reduced and continuous medical education is needed.

Keywords: Physician-nurse realtions, organisation and administration, arctic regions, quality improvement.

OP06.3 PATIENTS' USE OF AND PREFERENCES FOR A PRACTICE HOMEPAGE – HOW TO IMPROVE SERVICE AND ACCESS?

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Objectives: General practices have to support patients' access to information, online services and communication with the practice. We performed a quality development project (DUOWAP) concerning improvement of web-based services in general practice examining the present use of the practice homepage and the patients' needs and wishes for such a homepage.

Methods: Data was collected via a questionnaire filled in by 300 consecutive patients in the waiting room of a GP with 11500 patients combined with two focus group interviews with selected patients.

Results: The questionnaire data showed that 65% of the respondents had visited the practice homepage, primarily for the use of basic functions (online schedule, e-mail consultation) but not for health information, which was found elsewhere on the internet. Many (88%) were interested in filling in forms as part of preparation before consultation and equally many (87%) could see themselves use a private archive through the homepage, a "Personal Health Record" (PHR). The focus group interviews revealed a positive feedback on the idea of a PHR with data provided by the patient and data from the record as well. They wanted flexible, flawless basic functions and a "personalized" and profiled homepage.

Conclusions: At the moment the patients use the homepage for basic functions but recognize a greater potential. A PHR could perhaps improve the patient's self-care, improve the communication between doctor and patient and make the preparation to a consultation more thorough yet flexible for both doctor and patient.

Keywords: Medical informatics, medical records, appointments and schedules.

OP06.4 DEVELOPMENT OF A HOMEPAGE IN GENERAL PRACTICE BASED ON PATIENT FEEDBACK

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Objectives: Homepages in Danish general practices generally follow the same simple model. The idea was to challenge this template and expand the possible functionality of this kind of homepage with the aid of patient feedback.

Methods: Data were collected via a questionnaire filled in by 300 consecutive patients in the waiting room of a practice with 11500 patients listed combined with two focus group interviews with selected patients. A software model with interactive screenshots of how a homepage for the practice could function was developed. The model was modified again after feedback from patients in a third focus group interview.

Results: Screenshots showing possible expansions for a general practitioner's homepage were developed. The site was divided in a general part with access to more common functionalities like email consultation, online ordering of medicine and information for both doctors and patients. The other part was the personal part with the possibility of a personal health record with i.e. registration of symptoms and interactions with the doctor.

Conclusions: There is considerable potential for developing general practice homepages in Denmark and patients welcome these developments and are eager to contribute.

OP07.1 INCREASING SALES OF SELECTIVE SEROTONIN REUPTAKE INHIBITORS IS CLOSELY RELATED TO INCREASING NUMBER OF PRODUCTS ON THE MARKET

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Background: During the last 20 years, usage of selective serotonin reuptake inhibitors (SSRIs) has increased dramatically. Objective: Our primary aim was to compare usage of benzodiazepines and SSRIs within the primary care sector in Denmark, and to relate changes in usage to number of indications and number of products.

Methods: We used data from a number of sources to get an overview of usage of psych OPctive drugs in the period 1970 to 2007. The data were based on the anatomic therapeutic classification (ATC) system and defined daily doses (DDD).

Results: The sales and usage of psych OPctive drugs fluctuated over time in a way that cannot be explained by disease prevalence. The fluctuations were mainly caused by changes in usage of benzodiazepines and SSRIs. We found a decline in the usage of benzodiazepines after a peak in 1986, likely because of the recognition that they cause serious dependency. From a low level of usage in 1992, we found that the usage of SSRIs increased almost linearly, and by a factor of 18, up to 44 DDD per 1000 inhabitants, closely related to a similar increase in the number of products on the market (a factor of 16 in the same period). In 2007, the sales of psychoactive drugs were so large that almost a fifth of the population could be treated continuously.

Conclusions: Sales of antidepressant drug are mainly determined by marketing pressures. The current level of use may not be evidence based.

Keywords: Drug utilization, psychotropic drugs, serotonin uptake inhibitors.

OP07.2 BENZODIAZEPINE REDUCTION IN GENERAL PRACTICE – IT'S EASY!

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Objectives: The global consumption of benzodiazepines (BD) and cyclopyrrolones (CP) is generally excessive. The hypnotic and anxiolytic effects of these agents typically diminish after a period of weeks or months. Although considerable resources have been expended on reducing this consumption, no effective method to reduce use has yet been identified.

Methods: Two general practice clinics in Thyborøn, Denmark attempted to reduce the consumption of BD and CP. The intervention, which complied with recently introduced legislation, subsequently involved 10 medical practices with a patient base of approximately 18.500 patients. The practitioners' intervention consisted of:

- The elimination of telephone prescriptions for BD and CP drugs.
- The issue of single prescriptions only, following consultation.
- The issue of medicine sufficient for a single months use only.
- A discussion at each consultation regarding future treatment requirements as well as a possible phased reduction of treatments.

Results: In Thyborøn the result of this initiative was a reduction in the use of CP by 90 % and BD by 75 %, within a period of 2½ years. Fifteen months after the introduction of the intervention in 10 medical practices, the use of CP was reduced by 50,3 %. BD-hypnotics were reduced by 46,5 % and BD-anxiolytics were reduced by 41,7 %.

Conclusions: The project was a major success, demonstrating that this simple, effective intervention can be implemented in all medical practices with a minimum of supplementary training. The described intervention was subsequently introduced as the official regional policy in this area.

OP07.3 CLINICAL TRIALS SPONSORED BY THE PHARMACEUTICAL INDUSTRY IN NORWEGIAN GENERAL PRACTICE

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Background: General practitioners are frequently involved in clinical trials sponsored by pharmaceutical companies but systematic knowledge about this research is lacking. Objective: To describe and analyse pharmaceutical industry initiated /-driven studies in Norwegian general practice for the past 10 years.

Methods: All protocols submitted to The Norwegian Medicines Agency during 1998 to 2007 were manually searched to identify studies undertaken in general practice. For studies involving general practice, we recorded data regarding study objectives, design, medication(s) used, drug company involvement, and participating doctors.

Results: For the 10-year period, 2027 protocols were received, 195 (9.6%) of the studies involved general practice and 189 (96.9%) of them were pharmaceutical industry trials involving 29 different companies. Five companies had each more than ten studies. All sponsored trials were multi-centre and/or multi-national with an average of 13 participating centers. Trials involving drugs in ATC-classes A (alimentary tract and metabolism), and C (cardiovascular system) made up 96 (50.8%) of all studies. Only 18% of the sponsored studies were limited only to a general practice setting, the remaining also involved private specialists, or hospitals. On an average, 10 GPs (from 2 to 331, none affiliated to academic general practice) participated in each study. The studies varied in clinical relevance and several were judged to be obvious 'seeding trials'.

Conclusions: Almost 20 new drug trials are launched annually involving Norwegian GPs. Almost all are run by pharmaceutical companies and include no collaboration with academic general practice. The clinical relevance of the trials is variable.

Keywords: General Practice, pharmaceutical industry, clinical trials.

OP08.1 HEALTH CARE AND OTHER THREATS AGAINST SUBJECTIVE HEALTH

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The suspicion that health care might jeopardise subjective health was first worded in the late 80-ies by Arthur Barsky. Self-rated health (SRH) is an important single-item subjective health variable. It is a predictor for later mortality, morbidity and health service attendance. Analyses were based on 4-year longitudinal data from the Young-HUNT studies in Norway among adolescents aged 13–19 years. A total of 2800 students (81%) participated in the follow-up study, and 2399 of these were eligible for data analysis. Cross-tables for SRH at the start of the study (between 1995 and 1997) and 4 years later were used to estimate the stability over the period. Ordinal logistic regression analyses of SRH during 2000–01 were carried out, controlling for initial SRH, independent variables at the start of the study and changes in the same independent variables over 4 years as covariates. In 59% of the respondents, SRH remained unchanged through the 4-year observation period during adolescence. The self-assessed general well-being, health behaviour variables, being disabled in any way, and body dissatisfaction at the start of the study and the change of these predictors influenced SRH significantly during the 4-year observation. Adolescents with more health service contacts at the start of the study, or who increase their attendance rate during the 4 years, report deterioration of SRH. SRH is a relatively stable construct, and deteriorates consistently with a lack of general well-being, disability, healthcare attendance and health-compromising behaviour. Barsky's health paradox hypothesis has empirical support.

Keywords: Adolescence, self-rated health.

OP08.2 “COULDN'T YOU HAVE DONE JUST AS WELL WITHOUT THE SCREENING?” QUALITATIVE STUDY OF BENEFITS FROM A HEALTH-SCREENING

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Objective: To explore how individuals with a low cardiovascular risk score interpret and respond to score results.

Design: Qualitative semi-structured interviews with interviewees selected among participants with a low cardiovascular risk score in a Danish health-screening project (the Ebeltoft project). Seven men and 15 women aged 36-50 years.

Results: Before the screening, the participants had considered themselves healthy. The screening confirmed their own judgement that nothing was wrong. Nevertheless, they appeared almost hurt when asked whether they could not have done just as well without the screening. Their reactions were prompt and sharp. Participants used the results to eliminate worries and to confirm their lifestyle up to now, but were aware that the results gave no guarantee that there was nothing the matter elsewhere. The participants described how it “sinks in more when an expert gives his opinion”.

Conclusions: Confirmation of the participant's own sense of being healthy can be considered a positive screening outcome. However, when relatively young people who consider themselves healthy dare not rely on their own judgement and choose to participate in a health screening, the possibility of having a screening may, in itself, add an element of insecurity. Thus a health screening requires adequate follow-up, in which lay knowledge and illness experiences are included and the participant's perception of the screening results as well as his or her worries and self-assessed health resources should be considered.

Conflicts of interest: No conflicts of interest.

Keywords: Qualitative research, family practice, mass screening, lifestyle.

OP08.3 BODY SIZE PERCEPTION AMONG INUIT WOMEN IN GREENLAND: DO OBESE WOMEN CONSIDER THEMSELVES OBESE?

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Background: A recent survey revealed 57% of Inuit women in Greenland to be overweight. In Greenland overweight is common also among the well-educated population. The ideal body image in affluent populations is generally slim, while corpulence is more well-regarded in populations where food can be, or has been, scarce. Obesity problems should therefore also been addressed in a cultural context. This paper examines body-size perception among women and its relation to socio-demographic factors.

Methods: Involving 1,248 Inuit women, age ≥ 18 years, from West Greenland, this is a cross-sectional study which consists of para-clinical examinations, interviews including socio-demographic conditions, and a questionnaire containing 9 drawings on female figures ranging from very thin to very obese (0-10). The participants were asked to identify their actual and ideal body figure, and state their subjective perception of own body size. We examined the bivariate relation between BMI and body-size perception, and investigated whether or not the relation depended on age, education and place of residence.

Results: The bivariate analyses showed that the identified body figure rose with increasing BMI levels: normal-weight, pre-obese ($25 \leq \text{BMI} < 30$), and obese ($\text{BMI} \geq 30$) chose figures 3.5, 4.9, and 5.9 respectively. A similar association was found for ideal body figure and BMI. The multivariate analyses revealed that socio-demographic factors were not associated with the ideal body image; only BMI was crucial. Many pre-obese (37%) and obese (20%) women appreciated their body-size.

Conclusion: Women's preference for an ideal body figure that reflects their BMI may indicate that obesity is not seen as unattractive.

OP08.4 PAIN AS PREDICTOR FOR OSTEOARTHRITIS IN HAND, HIP AND KNEE. A 10-YEAR PROSPECTIVE POPULATION STUDY

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Osteoarthritis (OP) is a common and important disease in general practice. Pain in a joint region might be an early symptom of OP in that joint. However, even among the elderly in a population most pain in a joint region is not related to the presence of OP. Little is known about pain as predictor for different types of OP. In this study we investigated pain as predictor of OP in hand, hip and knee in a 10-year follow-up population study. All persons in Ullensaker, Norway belonging to six birth cohorts were sent postal questionnaires in 1994 and 2004. 1854 persons participated in both surveys. 122 persons with OP in 1994 were excluded, leaving a final study group of 1732 free of OP at baseline. In an age and gender adjusted analysis people with hip pain in 1994 had Odds Ratio (OR) 3.5 (95% CI 2.2-5.5) for hip OP in 2004. Corresponding figures for knee pain and knee OP was 3.1 (2.1-4.5) and for hand pain and hand OP 2.2 (1.4-3.6). Results from multivariate models based on data splitting procedures confirmed these results. High BMI and reduced sleep quality in 1994 were additional predictors for knee OP in 2004. Poor sleep also predicted future hip OP, while physical leisure activity and physical fitness did not predict any of the three types of OP. Possible mechanisms for pain predicting OP and consequences for prevention of OP will be discussed.

Keywords: Osteoarthritis, risk factors.

S08 EPIDEMIOLOGY IN GENERAL PRACTICE – THE NORDIC PARADISE

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Background: The Nordic countries are the lands of milk and honey for epidemiologists. By using the unique personal identification number, we can link numerous national registries and databases and establish large population-based cohorts that can be followed for decades with virtually no loss to follow-up. These registries have been used successfully by Nordic researchers during the past years with several important publications in high ranking journals. However, only a few studies have used this treasure chest to study the risk and prognosis of conditions treated by the general practitioner. The aim of this symposium is to present the opportunities and discuss the challenges of using pre-existing registries and databases to conduct epidemiological studies within the field of general practice by using Danish data as an example.

Participants and content nationwide registries: Mogens Vestergaard, GP, PhD

The danish general practice database: Henrik Schroll, GP, PhD

Drugs and registers: Morten Andersen, Clinical Pharmacologist, PhD

Population-based cohorts: Carsten Obel, GP, PhD.

THE DIFFERENT FACES OF TYPE 2 DIABETES. SHIFTING ATTENTION IN DIAGNOSIS AND TREATMENT

- Niels de Fine Olivarius** (1), AK Jenum (2), A Thi Tran (2), K Winell (3), PE Wändell (4), S Jansson (5), PE Heldgaard (6), LJ Hansen (1), H Lohmann (7), T Drivsholm (1), V Siersma (1)
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Background: In the natural history of type 2 diabetes (T2DM) subjects start out with normal glucose tolerance, move through a period of increasing glucose intolerance to reach glucose levels diagnostic of T2DM, but remaining undiagnosed for some years. After diagnosis, glucose intolerance and other indicators of disease severity may continue to deteriorate dependant upon lifestyle changes and pharmacological treatment. During the last 20 years screening for T2DM has increased markedly, and guidelines with ever stricter treatment targets for risk factors for complications in patients with known T2DM have been endorsed.

Objective: To present results from primary care in the Nordic countries to support two hypotheses concerning the last 20 years of development: 1) patients with T2DM are diagnosed ever earlier in the natural history of T2DM and, therefore, present with fewer symptoms and complications; 2) the quality of the treatment of patients with known diabetes has improved considerably.

Methods: Data are from population-based 1) screening studies and 2) intervention or observational studies including patients with T2DM. Results will include data from these populations and 1) an outline of the diagnostic procedure and 2) a summary of interventions and how the population of patients with known T2DM was identified.

Perspectives: The results can evidence-base a discussion of how to improve the quality of screening for and treatment of T2DM in primary care. Patients' treatment probably should be tailored to where they are in the natural history of T2DM.

Keywords: Diabetes mellitus, type 2, diagnosis, treatment.

S10 ORGANIZATION AND CHANGE IN GENERAL PRACTICE

Thorkil Thorsen (1), M Kousgaard (1), AD Guassora (1), L Borgquist (2), R Dalsted (1), JS Andersen (1), D Gannik (1)

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General practice is under pressure to assume new tasks, adopt technologies and engage in new organizational structures. In a field of multiple actors and concerns such visions are rarely straightforward to realize. This symposium explores the significance of various organizational, cultural and regulative features of general practice in relation to proposals for changes.

Presentations: Thorkil Thorsen, Marius Kousgaard. Introducing new technologies for quality improvement in general practice – a case study. This presentation explores an attempt to standardize, monitor, and improve the quality of diabetes care in general practice. The presentation focus on how the GPs' have perceived and received the new model. Rikke Dalsted, Ann Dorrit Guassora. Providing coherent care: Case-managers and other modes of coordination. A case-manager is often understood as a person coordinating health care services. It has been suggested that GPs should carry out this function for several types of diseases. The question addressed is whether the challenge of ensuring coherent cancer treatment can be handled by a case manager or if other modes should also be considered. Lars Borgquist. A new model for General Practice in Sweden- consequences for quality of care and economics. Many Swedish county councils will introduce new models for organizing primary care. One purpose is to give more freedom to the patients to choose care-givers. Another is to create a more competitive health care system. These reforms will be evaluated in a research project to be presented. Chairman: John Sahl Andersen.

Keywords: Health care reform, family practice.

S11 HOW STORIES CAN DEVELOP GENERAL PRACTICE

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Aim of the symposium: To explore the many meanings of stories in doctors lives and in the development of general practice.

Background: We all use stories in our perception of the world. All doctors are depending on a story to be told, no matter if they work clinically as GPs with their patients, educationally with their trainees or trainers, or as researchers with their questions about general practice and GPs. Without stories we could not share and develop our experiences with colleagues and students, we could not understand the life worlds of our patients or even our own role in the contemporary society. Our work suggests that stories can be healing for patients as well as for doctors; that telling a story can describe and at the same time redefine practice being a starting point for change.

Methods: Inspired by narrative theories, illustrated by empirical research and quality assurance projects about stories and narratives, this symposium will present examples of how stories can contribute to the understanding of and development of general practice.

Keywords: Narratives, professional development.

W09 OUCH, MY BACK HURTS – THIS IS HOW YOU CAN MANAGE IT!

Peter Silbye (1), P Holck (1), A Gravesen (1)

(1) The Danish Society of Musculoskeletal Medicine, Denmark

In general practice, several patients complain about pain in the muscles, tendons, joints etc. On average, 30 to 50 percent of all patient cases involve problems related, directly or indirectly, to the musculoskeletal system. Everyone knows acute low back pain, pain due to overuse in the shoulder and arm, and also the facet joint syndrome in the thoracic column, that might look like a heart attack. Furthermore sympathetic related symptoms, like colon irritabile, might be caused by dysfunctions in the column. How do you differentiate in your clinic? Is there a cure? How do you treat the patient? The Danish Society of Musculoskeletal Medicine (DSMM) is a scientific society of specialists with approximately 700 members, mostly General Practitioners with special interests and competences in musculoskeletal medicine. Rheumatologists and Orthopaedic surgeons are also among the members. As a scientific society DSMM is, also involved in education of colleagues in various manual medical techniques – examinations, diagnosis and treatments. At the Nordic Congress in Common Medicine, we offer hosting a workshop entitled: Ouch, my back hurts – This is how you can manage it! We will present examination techniques, diagnoses and treatment modalities in connection with the patients story We will make a clinical demonstration from a neurophysiologic perspective. In addition, we will discuss the most recent version of the MTV report on the musculoskeletal system.

W10 QUALITY IMPROVEMENT OF MANAGING COPD IN GENERAL PRACTICE – HOW TO MAKE YOUR OWN QUALITY IMPROVEMENT PROGRAMME – HOW TO IMPLEMENT GUIDELINES

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According to International guidelines on COPD, managing the disease implies regular monitoring. Data capture programmes may support the standardised disease management, but even without fancy IT systems general practice can provide qualified and structured integrated care for the COPD patients. The Danish Quality Unit (DAK-E) has defined a set of COPD quality indicators, by which the content of the annual COPD control in general practice has been defined. One of the indicators is assessing the severity of dyspnoea by the Medical Research Council scale and using this as a guide for referral to rehabilitation. In this workshop we will discuss:

- the content of the annual COPD control and the background for the chosen indicators
- the tools we need to diagnose and monitor the disease.
- the skills of the well prepared practice team and the organisation in general practice. Presenting our partners in the multidisciplinary integrated care system, we will guide you to stratify the COPD patient to the optimal treatment for the actual level of the disease.

Participants will be encouraged to discuss other models of integrated care including examples from the other Nordic countries – how do we implement guidelines?

Keywords: COPD, management, GP.

W11 SHARING DECISIONS AND EXPLAINING RISK REDUCTIONS; SHOULD GPs USE NUMBERS?

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Objectives: Managing risk conditions, e.g. hypertension, is an everyday task of general practice. For shared decision-making (SDM) between patient and doctor, patients need to have an understanding of the benefits and harms of potential interventions. We aim to provide insight into how doctors can provide patients with risk information and where this fits into SDM.

Method: We present theories of decision making under uncertainty, research from the Odense Risk Group and studies into SDM. The place of risk communication within SDM will be discussed, sharing experience from the Cardiff University 'decision laboratory' (<http://www.decisionlaboratory.com/>). Using a clinical vignette as our starting point, we invite participants to share experiences and opinions.

Results: Benefits of risk reducing drug therapies may be presented in terms relative risk reduction (RRR), absolute risk reduction (ARR), number needed to treat (NNT) or prolongation of life (POL). Evidence suggests that when interpreting these effect measures, lay people are prone to biases or rely on heuristics; i.e. mental short cuts, to simplify complex decisions. An intriguing finding is that when risk reductions are explained in terms of NNT or RRR, lay people are insensitive to effect size in their decisions. GPs may be sensitive to the magnitude of NNT, but the majority avoid using numerical terms when explaining risk reductions to patients.

Conclusions: When informing patients about risk reductions, no single effect measure is clearly superior. Many patients have difficulties with understanding numerical information. NNT should be used with caution, especially for long term interventions.

Keywords: Decision making, risk.