ABSTRACTS

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OP09.1 GENERAL PRACTICE AS A VIABLE MODEL FOR HEALTHCARE DIRECTED AT SEVERELY MARGINALISED SUBSTANCE-USING HOMELESS

Henrik Thiesen (1, 2, 3, 4, 5)
(1) Copenhagen Community
(2) Copenhagen University
(3) Freedom House (In-patient drug treatment center)
(4) FEANTSA, Health and Homelessness workgroup
(5) Street Medicine Institute (USA), Board member

HealthTeam Copenhagen Community has, since 2005, delivered healthcare to people who are for different reasons, not able to receive systematic treatment for chronic diseases in mainstream health service. The team is organised as a general practice with a GP and 4 nurses but with the significant difference that clinical work is always done where the patient can be met and if possible in close cooperation with the patients network. The team is committed to deliver its service as any other general practice which means that the team is functioning as gate-keeper in relation to the secondary health-system and social care system but also committed to long-term patient relations until the mainstream service can accommodate treatment to the patient. HealthTeam has served as general practice for more than 400 patients until now. The team has created a detailed overview of the general health- and social status of Copenhagen homeless in connection with biomedical data as well as data on housing, access to health service and substance use. HealthTeam addresses several problematic issues in mainstream health-service regarding patients with complex problems covering more than one domain (e.g. somatic and psychiatric health, substance use and social problems) and at the same time it demonstrates the strength that lies within the general practice model in controlling complex interactions between different health- and social domains, if the model is allowed to fulfil it potential.

OP09.2 COUNSELLING YOUNG IMMIGRANT WOMEN WORRIED ABOUT PROBLEMS RELATED TO THE "PROTECTION OF FAMILY HONOUR" – THE PERSPECTIVE OF SCHOOL NURSES / COUNSELORS

Venus Alizadeh (1), L Törnkvist (1), I Hylander (1)
(1) Karolinska Institutet, Center for family medicine (CeFAM),Stockholm, Sweden

About 1500 young immigrant women living in Sweden sought help from the different public organizations during the year 2004 as a result of problems related to Protection of Family Honour (PFH). The young immigrant women often apply for help from school nurses and counsellors. The knowledge about how the school nurses and counsellors handle this complex phenomenon of honour related problems is limited in Sweden.

Aim: This article is the first to describe the experiences of the counsellors handling young immigrant women worry about problems related to family honour.

Methods: Data were collected by individual interviews of the school care personnel. The study population included the school care personnel of six high schools consisting, 4 nurses and 6 counsellors.

Data Analysis: Grounded Theory (GTM) method was used to generate new knowledge as this is a new field of research and phenomenon.

Results: Providing the best support and help for the young women was of great importance for the personnel. They wanted to be able to work as usual and in the same line with their ethical and professional roles and values which they were trained for and had the required experiences. It was difficult because some girls used different strategies to prevent for the personnel to notify the Family or the social services. The personnel were frustrated in many ways and some times they felt restraint and limited in the process of offering the help because they couldn't offer the best help they believed in.

Keywords: Nurses, counsellors, honour.

OP09.3 NUMBER OF MUSCULOSKELETAL PAIN SITES IS AN IMPORTANT DIMENSION. RESULTS FROM THE ULLENSAKER STUDY I

Dag Bruusgaard (1), B Natvig (1), C Ihlebæk (2), Y Kamaleri (3)
(1) University of Oslo, Norway
(2) University of Environment and Biology, Norway
(3) SINTEF Health Research, Norway

Background: Population studies indicate that pain is a frequent phenomenon, and seldom localized. "The question is not "have you got it" but how much of it have you got" according to an editorial in Pain. In the end of a continuum 'some people have it all', that is widespread pain together with a lot of other symptoms, often named complex health problems or unexplained physical symptoms; conditions often seen in general practice.

Objectives: To study number of pain sites (NPS) reported in a population, prevalence, association with demographic and lifestyle factors and stability over a 14 year period.

Methods: In 1990, 1994 and 2004 we sent postal questionnaires about musculoskeletal pain to inhabitants in Ullensaker, Norway, belonging to 6 birth cohorts. We have used data from 2004 (n=3325), and the panel of those participating in 1990 and 2004 (n=1644). Pain was registered by the Standardised Nordic Questionnaire (SNQ) and NPS was calculated by simple addition of pain sites (0-10) with self-reported pain.

Results: Musculoskeletal pain is frequent in the population, and 39% reported at least 5 pain sites, women reporting higher NPS than men. Pain reporting patterns are quite stable over a 14 year period, even in the youngest age group. An almost linear relationship was found between NPS and reduction in overall health, sleep quality and psychological health.

Conclusions: Counting NPS is a simple method of assessing musculoskeletal pain in epidemiological studies, and might even be an interesting dimension in clinical work.

Keywords: Musculoskeletal disease, epidemiology.

OP09.4 FUNCTIONAL ABILITY DECREASES WITH INCREASING NUMBER OF MUSCULOSKELETAL PAIN SITES. RESULTS FROM THE ULLENSAKER STUDY II

Dag Bruusgaard (1), B Natvig (1), C Ihlebæk (2), Y Kamaleri (3)
(1) University of Oslo, Norway
(2) University of Environment and Biology, Norway
(3) SINTEF Health Reserch, Norway

Background: Population studies indicate that pain is a frequent phenomenon, and seldom localized. "The question is not "have you got it" but how much of it have you got" according to an editorial in Pain commenting our last article. In the end of a continuum 'some people have it all', that is widespread pain together with a lot of other symptoms, often named complex health problems or unexplained physical symptoms; conditions often seen in general practice.

Objectives: To study number of pain sites (NPS) reported in a population, and its association with functional ability.

Methods: In 1990, 1994 and 2004 we sent postal questionnaires about musculoskeletal pain to all inhabitants in Ullensaker, Norway, belonging to the following birth cohorts: 1918-20, 1928-30, 1938-40, 1948-50, 1958-60 and 1968-70. Pain was registered by the Standardised Nordic Questionnaire (SNQ) and NPS was calculated by simple addition of pain sites (0-10) with self-reported pain. Functional ability was measured with COOP WONCA charts, and NPS in 1990 was analyzed as a possible predictor of disability pension 14 years later.

Results: Localized pain had little impact on function (physical fitness, feelings, and daily and social activities), but the functional ability decreased rapidly and linearly with increasing number of pain sites. NPS was a strong predictor of future disability pension even after controlling for a number of possible confounders.

Conclusions: NPS is strongly associated with reduced functional ability, and a strong predictor of future disability pension.

Keywords: Musculoskeletal disease, epidemiology, ADL.

OP09.5 THE MULTISYMPTOM PATIENT AND THE 'ONE SYNDROME HYPOTHESIS'. RESULTS FROM THE ULLENSAKER STUDY III

Dag Bruusgaard (1), B Natvig (1), C Ihlebæk (2), Y Kamaleri (3)
(1) University of Oslo, Norway
(2) University of Environment and Biology, Norway
(3) SINTEF Health Research, Norway

Background: Population studies indicate that in the end of a continuum 'some people have it all', that is widespread pain together with a lot of other symptoms, often named complex health problems or unexplained physical symptoms.

Objectives: To study number of pain sites (NPS) reported in a population, and its association with other subjective health symptoms, and function.

Methods: In 1990, 1994 and 2004 we sent postal questionnaires about musculoskeletal pain to inhabitants in Ullensaker, Norway, belonging to 6 birth cohorts. Pain was registered by the Standardised Nordic Questionnaire (SNQ) and NPS was calculated by simple addition of pain sites (0-10). Functional ability was measured with COOP WONCA charts. Subjective health complaints other than musculoskeletal were measured with a short version of the SHC questionnaire.

Results: There was a strong association between number of pain sites and number of other subjective health complaints. NPS and number of subjective health complaints explained a substantial part of the variance in functional ability. Adding them increased the explanatory power further.

Conclusion: A substantial part of the population reports a high number of symptoms, and the burden of symptoms has functional consequences. The multisymptom persons are frequently met in general practice, and have been given a number of more or less controversial diagnoses. Recently a "one syndrome hypothesis" has been introduced trying to understand the group as a whole, as suffering from a "central sensitivity syndrome".

Keywords: Musculoskeletal disease, epidemiology.

S12 QUALITATIVE METHODS IN THEORY AND PRACTICE

Anette H Graungaard (3), K Malterud (1), A Davidsen (2), AD Guassora (2)
(1) Research Unit for General Practice Bergen, Norway
(2) Research Unit for General Practice, Copenhagen, Denmark
(3) Department of General Practice, University of Copenhagen, Denmark

This symposium is presenting principles of qualitative research in general practice as well as examples of methods in current qualitative research in general practice. Qualitative research has proven valuable in general practice research as it opens new fields for investigation both as a supplement to quantitative research and as research in its own right. Qualitative research makes e.g. interaction with patients and patients' perspectives accessible to research but also opens to research concerning organization and change in general practice. The symposium opens with a lecture by Kirsti Malterud: Qualitative methods in theory and practice. Kirsti Malterud has worked with qualitative research in many different shapes and has developed guidelines for qualitative inquiry (Lancet 2001). She is also the author of "Kvalitative metoder i medisinsk forskning: en innføring" (2003) widely used in qualitative studies in general practice.

After the lecture other researchers will present recent examples of qualitative methods used in their own ph.d.-work: Annette Davidsen: Interpretative Phenomenological Analysis as a structural analytic method. The method will be illustrated by its use in a study that explored GPs' processes of understanding patients when offering psychological interventions. Anette Graungaard: Grounded theory. The presentation will draw on a study investigating coping and resources in parents of severely handicapped children. Ann Dorrit Guassora: Giorgis phenomenological method. This method was modified for use in a study investigating the consultation in general practice as a frame for smoking cessation advice.

S13 THE FUTURE ROLE OF GENERAL PRACTICE IN PALLIATIVE CARE AND BEREAVEMENT

Peter Vedsted (1), B Aabom (2), BA Jespersen (3), T Brogaard (1), M-B Guldin (1), MA Neergaard (1)
(1) Aarhus University, The Research Unit for General Practice, Denmark
(2) University of Southern Denmark, Odense, Denmark
(3) Aarhus University Hospital, Denmark

Background: It is a tradition that the general practitioner (GP) cares for end-stage cancer patients at home as well as their bereaved families. In the Nordic Countries, however, the last decade has shown an increased focus on specialist palliative care. Hospices and specialist palliative care team have been established in major cities and have challenged the GP's role. Has the role of the GP in palliative care and bereavement changed? The aim of the symposium is to question and discuss the future role of the GP in palliative cancer care and bereavement.

1) GPs and Palliative care: The role of the GP in palliative care. Introduction and results from a mixed method study Mette Asbjørn Neergaard, MD, GP, PhD student.
2) Does the GP make a difference in palliative care? Birgit Aabom, MD, GP, PhD, Senior Researcher.
3) How does the specialist in palliative medicine see the role of the GP? Bodil Abild Jespersen, MD, Consultant, Specialist in Palliative Medicine Palliative home care.
4) Can we improve quality by implementing shared care? Trine Brogaard, MD, PhD student.
5) GPs and bereavement: The role of the GP in bereavement. Introduction and results from a mixed method study Mette Asbjørn Neergaard, MD, GP, PhD student.
6) How can we organize bereavement care? – An intervention study Mai-Britt Guldin, MSc (psych), Clinical Psychologist, PhD student.

Keywords: Palliative care, terminally ill, family practice.

S14 HOW CAN WE CONTRIBUTE TO FIGHT THE OVERWEIGHT EPIDEMIC IN GENERAL PRACTICE?

Carsten Obel (1), TIA Sørensen (2), T Skovgaard (3), M Koch Aabel (4), C-E Flodmark (5)
(1) Department of General Medicine, Aarhus University
(2) Institute of Preventive Medicine, Copenhagen University Hospital, Denmark
(3) Rambøl Management, Denmark
(4) The National Board of Health, Denmark
(5) Childhood Obesity Unit, Malmö University Hospital, Sweden

Overweight is associated with a number of negative health outcomes including metabolic syndrome and cardiovascular disease. The prevalence of overweight has been increasing for the last decades and this development is among the largest challenges to public health. We only know part of the explanation and what to do about it. Adults with extreme overweight may benefit from surgery, but doubt has been raised about the positive effect of losing weight in overweight and obese adults in the general population. In children previous intervention programs have mainly been directed against school children and have unfortunately shown little effect. If we can prevent obesity at all interventions probably have to be as early in life as possible. The Nordic General Practitioner has a close contact with the preschool child and its family and may therefore have the potential to influence the lifestyle of the child at risk for overweight before the child is beginning to suffer from the adverse health effects. The aim of the symposium is to provide GP's with an overview of what we know about the causes and potential ways of preventing overweight. Is overweight only a matter of too little physical activity and high-energy food? Should we advise our adult patient to lose weight? Do we have any effective way to prevent overweight-what has been tried out? Can we identify preschool children in risk of overweight before they get fat? What kind of family interventions do we believe will work?

S15 EVIDENCE-BASED INFORMATION AT INVITATION TO BREAST CANCER SCREENING

John Brodersen (1), P Gøtzsche (2), O Hartling (3), K Jørgensen (2)
(1) University of Copenhagen, Department and Research Unit of General Practice, Copenhagen, Denmark
(2) Copenhagen University Hospital, Nordic Cochrane Centre, Copenhagen, Denmark
(3) The Region of Southern Denmark, Vejle Hospital, Vejle, Denmark

The information given to women invited for breast screening with mammography is, slanted towards the positive, promotes participation, presents misleading information and does not inform the women adequately – or at all – about the major harms, which are overdiagnosis and subsequent overtreatment, and false-positive results and its associated negative psychosocial consequences. We present an evidence-based information leaflet on screening mammography which will be compared with national leaflets provided with invitations to breast screening in the Nordic countries, and to the leaflet used in the UK. At the conference, the leaflet will be available in following languages mentioned alphabetically: Danish, English, Finnish, Icelandic, Norwegian and Swedish. It can be downloaded from www.screening.dk and www.cochrane.dk. Requests from other countries may result in various other languages versions of the leaflet. The ethical dilemmas, the legislative framework for informed consent and the psychosocial consequences of false-positive results will also be presented.

Keywords: Mass screening, informed consent, evidence-based medicine.

S16 PRESCRIBING IN GENERAL PRACTICE – HOW CAN WE IMPROVE THE QUALITY OF DRUG USE?

Jens Søndergaard (1), M Andersen (1), B Christensen (2), A Halling (3), J Straand (4)
(1) Research Unit for General Practice, University of Southern Denmark, Denmark
(2) Department of General Practice, University of Aarhus,Denmark
(3) Lund University, Department of Clinical Sciences in Malmö, Sweden
(4) Research Unit for General Practice, University of Oslo, Norway

Prescribing a drug is the most frequent intervention in general practice. However, many challenges have to be met. Patient do not often adhere to our recommendations for drug use, we lack tools for improving our prescribing patterns, we are being accused of not adhering to recommendations for prescribing or for pursuing marginal effects while to a large extent ignoring risks of side-effects and costs, and we have difficulties in discontinuing drug treatment. Furthermore, we are often accused of being too susceptible to the marketing efforts of the pharmaceutical companies. The speakers will be giving a short overview of the literature on selected pharmacotherapeutic areas as well as giving advice on how to improve drug use. Associate professor, PhD Anders Halling will discuss challenges in discontinuing pharmacotherapy. Senior researcher, PhD Morten Andersen will present knowledge about patients' noncompliance with special emphasis on frail groups of patients with chronic diseases. Professor, PhD Bo Christensen will present new evidence on the importance of effective treatment with cardiovascular drugs with emphasis on marginal effects and side-effects of drug treatment. Further, he will address challenges in drug therapy associated with patients shifting between healthcare sectors. Professor, PhD Jørund Straand will present a multifaceted tailored educational intervention towards general practitioners (GPs) aimed at supporting the implementation of a safer drug prescribing practice for elderly patients > 70 years. Finally, professor, PhD Jens Søndergaard will discuss how different sources influence GPs' prescribing patterns.

Keywords: General Practice, drug utilization, drug therapy, health care.

W12 DATA CAPTURE OF DIABETES DATA IN DANISH GENERAL PRACTICE – RESULTS AFTER ONE YEAR'S EXPERIENCE WITH AUTOMATIC DATA COLLECTION AND FEED BACK

Henrik Schroll (1), S Friborg(1), L Grosen (1)
(1) DAK-E, Danish Quality Unit of General Practice, Copenhagen, Denmark

Objective: Time is a critical resource in general practice and therefore data collection for quality purposes is a challenge. It was to solve this problem, that the ICT – section of the Danish Quality Unit of General Practice (DAK-E) designed the data capture module. The data capture module is a piece of software that works with all the 12 existing EHR systems, which are in use in Danish general practices. It collects data automatically from the GPs' ICT systems. Structured data are automatically sent to a national database called DAMD (Database for General Practice). Additional data are collected through pop-up screens. The aim of the workshop is to present the results of the first year's experience of the system. The focus will be on the possibilities, the barriers, and the problems. The audience will be involved in group works and open floor discussions.

Methods: The workshop will use various learning approaches; incorporate a PowerPoint presentation, followed by group work and an open floor discussion.

Results: The system has now been used for more than one year by 10% of the GPs in Denmark. From December 2007 to December 2008 103 general practices have registered a cohort of 8,737 diabetes patients in the database. The registration is equivalent to a prevalence of 2.9% of all patients.

Conclusions: To develop a simple model for capturing data in the GP's system and to give feedback on these data to the GPs in a way to show that the system improves the treatments of the patients.

W13 GENERAL PRACTICE UNIT, QUALITY ORGANIZATION AS A DYNAMO TO CREATE REGIONAL DEVELOPMENT AND IMPROVEMENT OF QUALITY IN GENERAL PRACTICE

Jens Rubak (1), F Bro (1), P Ehlers (1)
(1) General Practice Unit, Central Denmark Unit, Denmark

The Region of Middle Jutland has developed three General Practice Unit´s with the purpose to create connexion amongst the different ideas and resources working with development of quality in general practice.

In the General Practice Units, the staff consists of medical and not-medical consultants and administrative personal. This creates a unique possibility to promote a joint enterprise about implementation of new procedures and a structure of co-operation. The purpose is to create a connexion with the remaining health services, hospital and municipality, as an example by united contribution concerning patients with chronic diseases, patients with cancer and concerning medication. There is further a close collaboration with research- and educational activities.

In the General Practice Units, the members form a quality-team contributing the regional quality-team. The members represent the different types of consultants, research workers, and administrative staff. These quality-teams are financed by the Region of Middle Jutland.

The regional quality-team decides which themes is relevant to distribution in general practice, and thereafter outline plans for the strategy of implementation in the individual practice, as well as implementation in the forum for collaboration with hospital and municipality.

The symposium will present material of this quality assurance model, focusing on the GP Unit, the quality teams, showing examples concerning the effort to unite the diagnostic procedures, treatment and rehabilitation including medication of patient with chronic- and cancer diseases, also demonstrating how the internet has been used as a connecting tool.

Keywords: Quality assurance organisation, collaboration, cooperation in the health care system, general practice.

W14 THE DYNAMIC GP TRAINING: CRITICAL APPRAISAL TRAINING 'IN ACTION'

Charlotte Tulinius (1,2), C Hermann (1), LJ Hansen (1), ABS Nielsen (1)
(1) Copenhagen University, Denmark
(2) University of Cambridge, United Kingdom

Aim: The aim of this workshop is to illustrate and discuss how critical appraisal training (CAT) takes place as part of the GP specialty training in Denmark. Introduction: CAT has been a part of the Danish GP specialist education since 2004. The CAT guidelines were described by The Danish National Board of Health, leaving it to the three regional postgraduate medical educational councils to interpret the guidelines and to be responsible for the delivering of the CAT modules. The practical delivery of the CAT has involved, among others, the general practice research units and institutions in Aarhus, Odense and Copenhagen. In all three educational regions the aim of the CAT is the same; The GP-trainees should design and undertake a literature search in relevant databases, should do critical appraisal of the literature, and present their work. The practical set-up has similarities but also differences.

Methods: Inspired by the educational framework of 'participatory action research' used as the frame of reference in the Eastern region for the CAT and described by Lawrence Stenhouse and John Elliot, this workshop will be run by the teachers and trainees in series of simultaneous fishbowls, where you can participate or observe the methods used in the CAT. The work at this workshop will be introduced and facilitated by the steering group of the CAT, and you will have the possibility to discuss with trainees and teachers directly involved in the everyday CAT.

Keywords: Education, action research, methods.

W15 THEORETICAL EDUCATION OF SPECIALIST TRAINING IN GENERAL PRACTICE

Paula Vainiomäki (1), M Thastum Vedsted (2), J Schramm (3)
(1) University of Turku, General Practice, Finland
(2) Aarhus University, Institute of Public Health, Denmark
(3) University of Southern Denmark, Institute of Public Health, Denmark

Specialist training in general practice is performed differently in the Nordic countries. Anyhow, the general frame is the same, including supervised and assessed in-service training in primary health care units and hospitals. Descriptions and evaluations of the quality of training are relatively sparse and legislative certification processes are different. Specialist training in general practice also includes specialty-specific theoretical courses and specific education. Because we know very little about differences in the theoretical courses of specialist training in Nordic general practice concerning its content, methodology and pedagogy, we now want to exchange knowledge about it. Methods for evaluation of the courses must be discussed and developed. It is also important to know how well current theoretical education is responding to the needs in general practice. The aim of this workshop is to share experiences and distribute information about valuable and useful issues concerning theoretical education in general practice training. Participants, teachers, trainers, and trainees, are actively involved in discussion and challenged to create a joint opinion concerning this important topic inside our specialist training. The participants will have new ideas and experiences to share and take back to their home countries. The final aim is to improve the theoretical education within the specialist training programmes in general practice.

Keywords: Education, specialist training, theoretical education.

W16 OUT-OF-HOURS PRIMARY HEALTH CARE SERVICES IN THE NORDIC COUNTRIES – VISION 2015

Janecke Thesen (1), J Blinkenberg (1), GT Bondevik (1), J Kantonen (2), JL Reventlow (3), S Engström (1), OR Mortensen (1), TG Olafsson (1)
(1) National Centre for Emergency Primary Health Care, Bergen, Norway
(2) Director, Emergency Services, Attendo MedOne Ab, Helsinki, Finland
(3) General Practice, Slagelse, Denmark

Objectives: In this workshop we will present and discuss the current situation regarding out-of-hours (OOH) services in the Nordic countries. National Centre for Emergency Primary Health Care (Nklm) has made an extensive plan of action to improve the quality of OOH services in Norway, called VISION 2015. The plan will be presented. There is a wide range of models for organising the OOH services in the Nordic countries. OOH services is defined as a part of the primary health care services, and thus is served by general practitioners (GPs). The variation is partly due to the GPs role as gatekeeper, but also the different geographical conditions in the Nordic countries. In Norway, challenges such as recruiting GPs, insufficient research and focus on quality improvement, increasing expectations from the public, from hospitals and from politicians, calls for action. There is a need for strengthening of the OOH services, and improving collaboration with ambulance services and specialist emergency services. In Finland many primary care emergency services have been outsourced. The quality of these units should be secured by carefully designed contracts. Results and conclusions: Hopefully, a good discussion that will bring the issue forward will be achieved. Key message:

- Out-of-hours services is a central part of the primary health care services
- There is a wide range of organisation models for out-of-hours services
- There is a need for strengthening and quality improvement of the out-of-hours services

Keywords: Emergency medicine, organisation and administration, after-hours care.