

ABSTRACTS

THURSDAY
14 MAY 2009
10.45 – 12.15



EX01 WORKING IN GENERAL PRACTICE IN THE NORDIC COUNTRIES– EXHIBITING AND DISCUSSING WHAT IT MEANS TO WORK IN GENERAL PRACTICE IN THE NORDIC COUNTRIES

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What does it mean to work in general practice in the Nordic countries?

We are gaining still more scientific descriptions of the work in general practice, but the formats of journal articles and short presentations often restrict language and expressions present in our everyday lives working in general practice.

With an exhibition linked to a workshop we are therefore inviting GPs, GP trainees, and general practice staff to submit photographs, videos, poems or other kinds of narratives to visualize what it means to work in Scandinavian general practice today. The exhibition of photographs, videos, poems or other creative ways of describing the work in general practice will be positioned a central place of the conference location, and at a workshop we will explore the themes of the exhibition. Some of the contributors will be invited to present their submission in depth at a workshop – W18 – leaving time to discuss and develop the understanding of what it means to work in general practice today in the Nordic countries.

OP01.1 REFERRALS FROM GENERAL PRACTICE IN DENMARK – A ONE-DAY REGISTRATION

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Objectives: To analyse general practitioners' (GPs') referral patterns in relation to the patient's disease and in relation to organisational factors.

Methods: All Danish GPs (n=3588) were invited to register all their referrals made during one day on a simple audit registration chart. A total of 1097 GPs (30.6%) accepted participation.

Results: The GPs recorded a total of 4671 referrals corresponding to an average of 4.3 referrals per day and 9.7% of their face-to-face contacts. Most referrals were made to practicing specialists (32%), out-patient clinics (24%), x-ray and other imaging (16%), practicing physiotherapist (11%) and hospital admission (8%). Nearly two thirds of referrals involved female patients. Half of the referrals were for further diagnosis and 12% were acute. The most frequent reason for referral was musculoskeletal disease (33%). Female GPs referred more frequently than male GPs. There were no differences with regard to practice size, number of patients listed and geography. However, the analyses were not adjusted for differences in patient composition.

Conclusions: A Danish GP made on average four referrals per day meaning that the referral rate is 10% of contacts. No organisational factors seem to play an important role in the referral pattern.

Keywords: Family practice, general practitioners, referral pattern.

OP01.2 DEVELOPING GENERAL PRACTICE: THE ROLE OF THE APO METHOD

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Objectives: To explore the role of the APO method in general practitioners' professional development. Method: Explorative case study methodology of the APO method, as a way of working with GPs continuous learning and quality assurance.

Results: General practice is a br OPd and multifaceted field of knowledge, which is under constant development. GPs have an understanding of society's demand for good and safe health care for everyone, but they make a clear distinction between demands coming from outside (top-down), and obligations from within the profession (bottom-up). Top-down demands are felt to encr OPch on professional autonomy, and the methods offered are rarely adapted to primary care. Instead GPs follow up their work with methods developed by the profession. Such methods include documenting one's own actions, with elements of collegial discussions, such as the APO method. The APO method functions in this way when it comes to hard data. The possibility of using the audit method for soft variables as well, was studied in a pilot audit about a holistic view and knowledge. The results show that the variables worked.

Conclusions: The APO method can have a role to play in the development of the field of general practice, both in clearly biomedical spheres and in more general aspects of the work. It is problematic to achieve systematism in work with quality since there is such a strong opposition between the need for professional autonomy and the methods offered. The APO method satisfies the profession's need for self-determination and reflection.

Keywords: Professional development.

OP01.3 IMPLEMENTATION OF LOCAL GUIDELINE BY INTERACTIVE WORKSHOP IMPROVES ANTICOAGULATION THERAPY AND PATIENT SAFETY

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Background: Helsinki Health Centre and ROHTO improve in co-operation clinical practices through workshops organized by trained facilitators. Anticoagulation therapy has potential serious complications and interactions.

Objectives: The aim was to implement a local anticoagulation guideline and to improve recording practices of anticoagulation therapy. Methods: A multiprofessional anticoagulation workshop in a primary care unit (12 GPs and 8 nurses for 27 000 inhabitants). An audit of patient data recordings (indication, target INR level, planned duration and strength of warfarin (mg)) and INR control levels. Audited was random samples of data of 100 patients with INR-test control during one week at baseline and 6, 12 and 18 months after the workshop. Feedback of the audit results was provided.

Results: The recording of patient data was improved. The indication was recorded for 54% of patients at baseline, for 73%, 82% and 93% at follow-ups. The corresponding figures for target INR level were 50%, 58%, 73% and 90% and for planned duration 54%, 46%, 58% and 78%, respectively. The strength of warfarin was recorded at 6 month follow-up for 68% of patients, and in the following audits for 89% and 92%. INR was within therapeutic range for 66%, 65%, 77% and 66% of the cases.

Discussion: Well planned local implementation with workshops, evaluation and feedback can improve recording practices. Improved recording gives all relevant information for treatment decisions and thus may improve patient safety. Changes in clinical practices take time.

Keywords: Anticoagulans, primary health care, medical audit, medical records.

OP01.4 DO CANCER PATIENTS' SYMPTOMS INFLUENCE THE PATTERN OF DELAY?

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Objectives: Delay in cancer patients' diagnostic pathways is the period between the patient's first cancer symptoms and onset of treatment and can be divided into patient delay, doctor delay and system delay. A short delay is a prerequisite for a better cancer prognosis. However, there is only little knowledge about the duration of and factors associated with the different delay stages. This study aims to analyse whether patients' symptoms influence the pattern of delay in cancer diagnosis.

Methods: General practitioners (GPs) completed questionnaires on the patients' diagnostic pathways, cancer symptoms and the GPs' interpretation of these symptoms (alarm symptoms, general symptoms or non-cancer-specific symptoms). The patient, doctor and system delay related to the three symptom categories were analysed and compared.

Results: The GPs interpreted the symptoms as alarm symptoms in 49%, as general symptoms in 24% and as non-cancer-specific symptoms in 27% of patients. Patients with non-cancer-specific symptoms had the longest delay. Presenting symptom category influenced the pattern of delay; Patients with alarm symptoms displayed long patient delay, and patients with non-cancer-specific symptoms experienced the longest doctor delay. System delay was almost unaffected by symptom category.

Conclusions: The GPs' diagnostic work-up and the present use of fast track referral for suspected cancer is complicated by the fact that more than half of the patients present with symptoms other than alarm symptoms. At present, the fast track referral system for suspected cancer does not include the non-cancer-specific symptoms, and alternative referral pathways for patients with these non-specific symptoms are needed.

Keywords: Cancer, delay.

OP01.5 DIAGNOSTIC DELAY IN CANCER IN PRIMARY HEALTH CARE – BEFORE AND AFTER THE INTRODUCTION OF URGENT SUSPECTED CANCER REFERRALS

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Introduction: Urgent suspected cancer referrals were introduced in Denmark for four types of cancer (head and neck cancer, colorectal, lung and breast cancer). Patients with specific symptoms of one of these cancers should be referred urgently to fast track diagnosis to ensure timely start of relevant treatment.

Aim: The aim of this study was to analyze whether the introduction of urgent referral for suspected cancer influenced doctor delay in general practice.

Methods: All incident cancer patients were sampled from the patient administrative systems in the Central Denmark Region and the Region of Southern Denmark six months before and after the introduction of urgent suspected cancer referrals (October 2007-September 2008) (7,000 patients). Questionnaires were sent to the patients' general practitioners (GPs) asking them to provide information about the date of first contact with the GP and the date of first referral to secondary health care, thus enabling us to calculate doctor's delay in primary care. Patients were dichotomised into two groups referred either before or after the introduction of fast track referral. Furthermore, patients were divided into groups according to the month of diagnosis to enable us to analyze the monthly development in doctor's delay during the period.

Results: Analyses are ongoing. The hypothesis is that introducing urgent suspected cancer referrals will reduce delay in primary health care.

Discussion/Conclusions: Results from this study will contribute new knowledge about the influence of urgent suspected cancer referrals on cancer patients' delay in primary care.

Keywords: Health services research, early detection of cancer.

OP02.1 ATTITUDES AND REACTIONS AMONG GENERAL PRACTITIONERS TO A NEW SET-UP FOR THE MANAGEMENT OF PATIENTS WITH DIABETES

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Objectives: To describe attitudes and reactions among general practitioners during the implementation of a new program in diabetes care in general practice in Denmark. The program contains data-capture, comparison of own data with those of the colleagues and a change in the payment of doctors toward a capitation system.

Methods: Completion of qualitative interviews in 9 general practices about the experiences with the model. Participation in the implementation of the model in 2 general practices during a 3 months period in the summer of 2008.

Results: The model has generally been well accepted in the general practices studied. The program has contributed to an improved overview and methodology resulting in a better division of tasks between doctors and nurses in some general practices. It is still uncertain whether the model is cost-effective from the general practitioners' point of view.

Conclusions: In general, the model may ensure a better and more homogeneous treatment of diabetic patients and could be a model for the treatment of other chronic diseases.

Keywords: Practice management, benchmarking, diabetes mellitus.

OP02.2 6-YEAR VISION LOSS IN PATIENTS NEWLY DIAGNOSED WITH CLINICAL TYPE 2 DIABETES. WHAT CAN THE PATIENTS EXPECT?

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Background: Diabetes with even mildly impaired sight has a negative impact on perceived quality of life and psychosocial functioning. For many type 2 diabetic patients fear of visual loss is intense and loss of vision is considered the worst complication of diabetes.

Objective: We studied patients' vision loss during 6 years and its possible predictors and implications for 5-year mortality.

Methods: Data were from a population-based general practice sample of 1,241 newly diagnosed patients aged 40 years or over. An eye examination was carried out by 164 practising ophthalmologists who estimated visual acuity and evaluated eye backgrounds.

Results: At diagnosis, median age was 65.5 years and 6.3% were blind or visually impaired. Among these patients with reduced sight, 76% had cataract and 58% retinopathy, usually age-related macular degeneration (AMD). During the first 6 years after diabetes diagnosis, the incidence of blindness was relatively high, 40 per 10,000 person-years. The prevailing baseline predictors of both level and speed of visual loss after diagnosis were AMD, cataract and age at diagnosis. The speed of the 6-year visual loss increased if the patient had diabetic retinopathy at diabetes diagnosis. Patients who were blind or visually impaired at diabetes diagnosis had markedly increased 5-year all-cause and cardiovascular mortality, and this relation persisted after controlling for eye complications at diagnosis.

Conclusions: Patients newly diagnosed with clinical type 2 diabetes face an inevitable age-related declining sight but also a vision loss which is widely preventable through diligent ophthalmological follow up organised by the general practitioner.

OP02.3 CHANGES IN LEVELS OF HAEMOGLOBIN A1C DURING THE FIRST 6 YEARS AFTER DIAGNOSIS OF CLINICAL TYPE 2 DIABETES. CLINICAL IMPLICATIONS

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Background: How can we use epidemiology to improve the treatment of the individual patient? Can we get inspired by observing groups of patients with special characteristics? Objective. To assess the variability in levels of glycosylated haemoglobin (HbA1c) during the first six years after diagnosis of clinical type 2 diabetes in relation to possible predictors.

Methods: Data were from a population-based sample from general practice of 581 newly diagnosed diabetic patients aged 40 or over. Estimation of HbA1c was centralised. The changes in levels of HbA1c were described by HbA1c at diagnosis and a regression line fitted to the HbA1c measurements after 1-year follow-up for each patient. The predictive effect of patient characteristics for changes in HbA1c was investigated in a multivariate mixed model.

Results: A sharp rise in long-term glycaemic level was observed in a considerable number of the patients, especially the relatively young. Of 581 patients, 156 (26.9%) patients, however, experienced a fall in HbA1c after 1-year follow-up and another quarter showed constant or only slowly rising HbA1c. The changes in levels of HbA1c were only predicted by diagnostic HbA1c and age.

Conclusions: During the first 6 years after the diagnosis of clinical type 2 diabetes, changes in levels of HbA1c show considerable inter-individual variability with age as the only long-term predictor. The results indicate that it is important to monitor changes in HbA1c more closely and intensify treatment of those often relatively young patients who actually experience the beginning of an apparently relentless deterioration of their glycaemic control.

OP02.4 16-YEAR EXCESS ALL-CAUSE MORTALITY OF NEWLY DIAGNOSED TYPE 2 DIABETIC PATIENTS

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Objective: To investigate the age- and sex-specific all-cause mortality pattern in patients with type 2 diabetes in comparison with the Danish background population.

Research Design and Methods: Population-based cohort study of 1323 patients, diagnosed with clinical type 2 diabetes in 1989-92 and followed for 16 years. The age- and sex-specific hazard rates were estimated for the cohort using the life table method and compared with the expected hazard rates calculated with Danish register data from the general population.

Results: In comparison with the general population, diabetic patients had a 1.5-2.5 fold higher risk of dying depending on age. The over-mortality was higher for men than for women. It decreased with age in both sexes, and among patients over 80 years at diagnosis the difference between the observed and the expected survival was small.

Conclusions: We found an excess mortality of type 2 diabetic patients compared with the background population in all age groups. The excess mortality was most pronounced in men and in young patients. Our results underline the importance of improving the treatment of type 2 diabetic patients right from diagnosis.

Keywords: Type 2 diabetes, mortality, cohort study, age, sex.

S01 ARE PATIENTS WITH CHRONIC DISEASES A NEW CHALLENGE TO GENERAL PRACTICE?

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Aim of symposium: To discuss different aspects of management of patients with chronic diseases in general practice. Content of symposium:

1. Introducing the topic. What challenges do we meet? Professor, PhD Jens Søndergaard. Institute of Public Health, Research Unit for General Practice, University of Southern Denmark
2. Patients with irritable bowel syndrome. How do we identify this patient group? Why do they seek medical care and what expectations do they have? How comprehensive should diagnostic processes be? PhD student, MD, Luise Begtrup. Research Unit for General Practice, University of Southern Denmark
3. Rehabilitation of patients with heart diseases. It should be very easy! – But where are the issues and what role does the GP play? PhD student, MD, Karen Kjær Larsen. Department of General Practice, University of Aarhus.
4. Patients with severe chronic obstructive pulmonary diseases (COPD). Low rate of readmissions indicates a good quality of care. How do GPs achieve this? Is this always beneficial to the patient? PhD student, GP, Jesper Lykkegaard. Research Unit for General Practice, University of Southern Denmark
5. Organizing preventive health services to patients with chronic illness Ideas of preventive care are introduced into clinical practice, but why do clinics not follow the same code of practice? PhD student, MPM, Loni Ledderer. Research Unit for General Practice, University of Southern Denmark
6. Finally aspects. Where are we going? PhD, Senior researcher, Dorte Ejj Jarbøl. Research Unit for General Practice in Odense, University of Southern Denmark

Keywords: Family practice, chronic disease.

S02 NEWS IN RESPIRATORY DISEASES

Thomas Gørlén (1), M Lindbæk (2), L Bjerrum (3), G Moth (4), M Stubbe Østergaard (5), S Brorson (1), AD Guassora (5)

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New evidences on respiratory infections, childhood asthma, COPD and Smoking Cessation are presented, concerning problems of correct diagnoses and differential diagnosis, and the value of diagnostic tools including: Diagnostic symptom algorithms, CRP, StrpA, Lung Function Tests and Pulsoximetry. New Norwegian guidelines for respiratory infections and problems of over-diagnosing and over-use of antibiotics, based on an European survey will be presented. Finally, the dilemmas concerning smoking cessation advices in consultations, developed in a new Ph.D., will be discussed.

The issues of respiratory infections, asthma, COPD and smoking cessation will be further debated in two respiratory workshops in the afternoon.

S03 THE NORDIC MATURITY MATRIX EXPERIENCE

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- (4) Department of General Practice, Institute of Public Health, University of Copenhagen, Denmark
- (5) Region Midt, Århus, Denmark

Objectives: To present the Nordic experiences with the Maturity Matrix (MM)

Methods: MM comprises a formative evaluation instrument designed for primary care practices to self-assess their degree of organisational development in a group setting, aided by an external facilitator. In the Nordic countries there are two different lines of development of the MM, reflecting the development of the instrument since the start in 1987. The International Maturity Matrix (IMM) developed in the years 2005-2007, involving GPs and others from more than 20 European countries, among those Norway, Sweden and Denmark. A feasibility study was conducted in 2008, including 12 countries and 73 practice teams. The Danish MM – the Praksis Matrix (PM) developed in the years 2004-06 and tested 2006-2008 in 57 primary care teams in DK.

Results: IMM Adrian Edwards and Laura Tapp present the results of the IMM feasibility study Janecke Thesen presents the Norwegian experiences with IMM from the perspective of the facilitator and user and the future perspectives of IMM in Norway. PM Tina Eriksson presents the results of qualitative and quantitative research evaluations of the PM study. Louise Løgstrup presents results of a survey among participating GPs and staff. Anny Adeler present the Danish experiences with PM from the perspective of the facilitator and user and the future perspectives of PM in DK.

Conclusions: The Nordic experiences with MM are positive, concluding that the tool is comprehensive and may indeed contribute to organisational development and quality improvement.

Keywords: Quality, primary health care, management quality circles.

W01 PRIMARY CARE AND PREVENTION

Susanne Reventlow (1), **Roar Maagaard** (2), **B Starfield** (3)

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(2) GP and president of the Danish College of GP, Denmark

(3) Department of Health Policy and Management, Johns Hopkins University, USA

Barbara Starfield has praised the organisation of the Danish health care system, however she at the same time has identified some possibilities for development. A robust literature documents the connection between the way the healthcare system is organised and the effect of prevention, lifetime, costs, efficiency and greater equity in health within populations. Although sociodemographic factors undoubtedly influence levels of health, a healthcare system based on a strong primary care sector is a highly relevant policy strategy. A strong frontline has a clear and relatively rapid effect, particularly concerning the prevention of the progression of illness and effect of injury for younger people. Barbara Starfield emphasises how important it is that every person has access to a general practitioner.

Prevention makes up an increasing part of the work in general practice. Over time, the definition of prevention has expanded so that its meaning in the context of the health service has become unclear. A new approach to prevention requires a refocusing of attention from evidence relevant to individuals to evidence relevant to populations. In this understanding – what preventive services should be provided by general practice?

This workshop will take its point of origin in Barbara Starfield's keynote lecture: "General Practice as an Integrated Part of the Health Care System" and the workshop will address some of the questions the participants wish to discuss further.

Furthermore, this workshop will focus in detail on primary care and prevention and will address the following questions:

- What preventive services should be provided by primary care?
- Should prevention be disease-oriented?
- Is disease-monitoring prevention?

The aim of the workshop is to conceptualize and discuss prevention in general practice as a patient/population oriented activity rather than disease-prevention activity. Barbara Starfield will focus the discussion with a few slides.

W02 THE PRACTICE CONSULTANT SYSTEM (PRAKSISKONSULENTORDNINGEN PKO) A TOOL FOR BETTER COOPERATION AND COMMUNICATION BETWEEN GENERAL PRACTICE AND SECONDARY CARE

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(3) Vårdcentralen Ramlösa, Helsingborg, Sweden

The Practice Consultant System (PKO=praksiskonsulentordningen) started in Denmark in 1992, then in Norway and Sweden. The main reason for such a system is to create better cooperation and communication between general practice and hospital about patient logistics. The system consists of general practitioners (practice consultants) connected to hospital clinics, to facilitate all kinds of relationships between the two sectors of the health system. The practice consultants related to a hospital meet regularly, to discuss problems and challenges about patient handling, new procedures and new treatments. Courses and information letters are made to update doctors both in hospitals and in general practice on changes and challenges concerning patients and treatment. Each year representatives meet in one of the three Nordic countries to discuss the actual situation and the way further. In Denmark there was in 2002 a big evaluation report about PKO, which gave a positive and optimistic view on this system (Muusmannrapporten). In Norway an evaluation of the system was made in 2007-8 at the University of Stavanger. As this system has become a very important impact on the lines and canals for communication and cooperation between hospitals and primary health care, it is interesting to discuss a more academic approach to this system, with university education and more research on effects and outcomes, as well as a more international presentation. The work shop will be mainly on these topics, with oral introductions from Denmark, Norway and Sweden.

W03 LÆGEHÅNDBOGEN/NEL; THE GP'S WEBSITE FOR UPDATED CLINICAL INFORMATION

Hans Christian Kjeldsen (1), F Klamer (2), A Damgaard (3), BL Ravn (3), T Johannessen (4), I Løge (5)

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(3) Danish Medical Association, Copenhagen, Denmark

(4) University of Trondheim, Norway

(5) Norsk Helseinformatik, Trondheim, Norway

Objectives: To provide insight into the opportunities for using Lægehåndbogen/NEL as an information and support tool in clinical practice.

Methods: Plenary introduction to Lægehåndbogen/NEL and workshop where clinical problems are solved using Lægehåndbogen/NEL. BRING YOUR OWN LAPTOP IF POSSIBLE for personal use or use in groups.

Results: Lægehåndbogen/NEL is a medical website aimed primarily at Danish and Norwegian GPs and patients. All information in Lægehåndbogen/NEL is presented with the intention to provide fast access to clinical knowledge. Lægehåndbogen/NEL offers GPs and patients updated and reliable online health information based on the principles of evidence-based medicine. It supports the spread of new academic knowledge among GPs, and gives GPs and patients a common platform in relation to health and sickness. The website contains approx. 6,000 medical articles about different conditions. All medical articles contain links to patient information. Lægehåndbogen/NEL is free of charge for doctors and patients in Denmark and Norway. In Norway, it was initiated in 1999 and is owned by Norsk Helseinformatik. In Denmark, it is owned by the Danish Regions since 2008, and handled by/based at Lægeforeningen. The website is currently translated into Danish and is available at the Danish National Health Portal, www.sundhed.dk

Conclusions: Lægehåndbogen/NEL is currently the primary medical website for GPs in Norway. We believe that the introduction in Denmark is the first step in a process, where Lægehåndbogen/NEL will ultimately become the primary medical website for updated clinical information for GPs in the Nordic countries.

Keywords: Decision making; computer-assisted, therapy; computer-assisted, decision support techniques.

W04 MOTIVATIONAL INTERVIEWING – A PROMISING INTERVENTION FOR LIFESTYLE CHANGES IN GENERAL PRACTICE

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Background: In order to deal with the increasing burden of disease and increasing numbers of possible interventions, we need other approaches than doctor's advice alone. In order to make preventive efforts efficacious, patients' rights must be respected by collaborative models and self-management. Lack of time, lack of knowledge and need of better skills training in the most important methods are limitations that hamper the general practitioner from implementing evidence-based interventions. Motivational Interviewing (MI) is a directive client-centred counselling style for helping clients explore and resolve ambivalence about behaviour change. MI has been applied to a variety of health behaviours including smoking, diet, exercise, alcohol abuse and drug use and has been used in a variety of diverse patient populations including older adults, pregnant women, adolescents and people with diabetes. MI highlights the importance of the interaction between clinicians and patients and argues that it is the quality of the interaction that is the key to behaviour change. A confrontational interviewing style is at least partly responsible for emerging resistance and denial. MI counselling has shown its efficiency also in brief interventions, applicable for a general practice setting.

Objective: In this workshop we will start with a short presentation of MI, its background and most recent research results. We will invite to reflect on the importance of doing lifestyle interventions in general practice in different clinical situations. Lastly we will discuss how this method can be implemented in everyday practice.

Keywords: Motivational interviewing lifestyle.

W05 PUBLISHING FOR THE FUTURE: TRICKS FOR AUTHORS AND READERS. THE SCANDINAVIAN JOURNAL OF PRIMARY HEALTH CARE IN COLLABORATION WITH BRITISH MEDICAL JOURNAL

Jakob Kragstrup (1), A Bærheim (1), A Håkansson (1), J Sigurdsson (1), H Varonen (1), P Vedsted (1), D MacAuley (2)

(1) Scandinavian Journal of Primary Health Care, Denmark, Sweden, Norway, Finland and Iceland

(2) British Medical Journal, United Kingdom

The purpose of this symposium is to discuss some aspects of the present and future for research publication in family medicine:

- 1) The traditional paper journals have a number of limitations and internet journals appear to be the future. What are the consequences for authors and readers?
- 2) A growing fraction of research in general practice is performed within the framework of a Ph.D.-study. What are the similarities and differences between the Nordic Countries? How is the Ph.D.-thesis published? How do you get access to this work?
- 3) Family medicine is a relatively young academic field but has developed dramatically in 25 years. Today the quality of research from general practice is comparable to other medical specialties and "publish or perish" has become a fact of life even for part time researchers. How do you optimize your chances for publication?

The symposium will also be an opportunity for readers, authors and editors to discuss the future of Scandinavian Journal of Primary Health Care, which is owned by the GPs in the Scandinavian countries.

Conflicts of interest: No conflicts of interest.

Keywords: Publishing, access to information, editorial policies.

