

ABSTRACTS

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PCI24 CHALLENGES IN CLASSIFICATION OF ASTHMA SEVERITY FROM PRESCRIPTION DATA: A PILOT STUDY

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Asthma is a dynamic disease, and over time the degree of asthma severity can change. Based on prescription data, individual yearly use of inhaled beta-2-agonists (IBA) in defined daily doses (DDD) has been used as a proxy for asthma severity. The challenges are how to most appropriately classify the asthmatic patients and how to deal with the time from identifying asthmatics from prescription data till clinical assessment.

Objective: To assess if classification of asthma severity based on prescription data changes when using different durations between obtaining prescription data and clinical assessment.

Methods: We identified IBA users in 2005 in the Odense Pharmaco-Epidemiological Database (OPED) with age restriction to 18-40 years. We compared the first quarter (Q1) with each of the remaining quarters (Q2-Q4). Index dates were the last day in each quarter. We stratified on cumulative IBA use in DDD one year prior to each index date. Current IBA use was defined as ≥ 1 prescription on IBA during Q1.

Results: When including all IBA users, there was a remarkable drop-out in the lowest IBA use strata. When limiting the population to Q1 current users, the drop-outs were negligible in the following quarters, but individual IBA users frequently changed from one stratum to another showing decreasing agreement with time.

Conclusions: In order to reduce drop-outs among especially low users of IBA, only current users of IBA should be included in the study. Reclassification of asthma severity using more current prescription data is necessary before comparing to the clinical assessment.

Keyword: Asthma.

PCI25 PHYSICIAN USE OF SALINE NASAL WASH FOR UPPER RESPIRATORY CONDITIONS

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Context and Objective: Upper respiratory conditions are common and have a significant impact on patient quality of life and medical resource and antibiotic use. Saline nasal irrigation (SNI) is an adjunctive therapy for upper respiratory conditions; a Cochrane review and several clinical studies suggest that use of SNI may be effective for symptoms of upper respiratory conditions, and its popularity is growing. The prescribing patterns of general practitioners regarding SNI have not been studied. We therefore assessed SNI use among family physicians to determine how and for which conditions they recommend SNI and the degree to which they experience clinical success with SNI.

Method/Study Design: Electronic questionnaire Participants: 330 practicing family physicians in the Wisconsin Academy of Family Physicians in the upper Midwest of the U.S.A.

Results: Analysis showed that 286 of 330 respondents (87%) have used SNI as adjunctive care for a variety of upper respiratory conditions including chronic rhinosinusitis (91%), acute bacterial rhinosinusitis (67%), seasonal allergic rhinitis (66%), viral upper respiratory infection (59%), other allergic rhinitis (48%), irritant based congestion (48%) and rhinitis of pregnancy (17%). Respondents also reported having used SNI prior to antibiotics for acute bacterial rhinosinusitis (77%). Use patterns varied regarding type of SNI administration, dosing frequency, saline concentration and patient education.

Conclusions: This questionnaire-based study suggests that SNI is used by family physicians for a variety of upper respiratory conditions though recommendation and patient education styles, dosing schedules, and solution types vary.

Keywords: Nasal irrigation, upper respiratory infection, survey study.

PCI26 A MOBILE DIABETES NURSE IN GENERAL PRACTICE. AN EVALUATION OF AN EXPERIMENT

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Objective: The project aimed at strengthening diabetes treatment and care in general practice. A special focus was on ethnic minority patients diagnosed with type 2 diabetes.

Methods: A qualitative evaluation was conducted by an external company. It was based on written documents and 13 qualitative research interviews. A thematic interview guide focused on: organization of treatment and care, problems related to the target group, the cooperation with the project worker (the nurse), and needs for support in the future. Firstly, a thematic content analysis was conducted. Secondly, connections between the themes were found.

Results: A group of 'well organized' clinics had a systematic approach to the diabetes treatment and care. They also knew which patients who needed follow up or special attention. A group of 'less organized' clinics did not proceed systematically to the same extent and therefore did not have an overview of the group of patients in question. Problems towards the target group were identified as concerning: 1) language 2) communication connected to socio-cultural factors and 3) compliance.

Conclusions: The clinics had expected to gain more knowledge, advice and counselling on systematization and organization of diabetes treatment and care. Generally, the group of 'well organized' clinics gained more from the experiment than the 'less organized'. Interest and focus on change seemed of great importance in the evaluation of whether the project has lead to progress.

Keywords: Diabetes nurse, general practice, ethnic minority patients.

PCI27 LACTASE NON-PERSISTENCE GENOTYPE AND MILK CONSUMPTION AMONG YOUNG NORTHERN RUSSIANS

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Objectives: To evaluate the prevalence of lactase non-persistence genotype (C/C-13910) among Northern Russians in accordance with their ethnicity and to evaluate milk consumption depending on genotype.

Methods: Blood samples for genotyping lactase activity defining C/T-13910 variant by polymerase chain reaction and direct sequencing were taken from 231 medical students of Russian origin aged 17-26 years. Ethnic origin and milk product consumption were analyzed by using a questionnaire. Students were considered as Russian if at least three out of four grandparents were of Russian origin.

Results: We found that the prevalence of the C/C-13910 genotype among Northern Russian population was 35.6%. The other genotypes nearby C/T-13910 and associated with lactase activity were not present in the study population. Majority of subjects consumed 1-2 or even less glasses of milk per week. Milk consumption among people with the non-persistence genotype tends to be lower than among lactose tolerant subjects but this was not statistically significant.

Conclusions: The genotype does not affect milk products consumption in Northern Russian population which could be a result of relatively low milk consumption among the whole study population.

Keywords: Lactase persistence/non-persistence, C/C-13910 genotype, milk consumption.

PCI28 EFFECTS OF AN ACTIVE IMPLEMENTATION OF A CHRONIC DISEASE MANAGEMENT PROGRAMME FOR PATIENTS WITH COPD

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Healthsystems will manage more and more people with chronic diseases as life-expectancy increases and treatment options improve. As the need for resources increases, it will be vital that a targeted strategy for healthcare to this growing group is developed so all are offered professional and efficient treatment and that resources are used equitably. A proactive strategy will secure that not only the acute needs of patients, but the need of the whole population is served. This study concentrates on the process of implementation and effects of Region Midtjylland's programme for COPD-patients. A proactive implementationstrategy for the chronic disease management programme will be designed based on the literature and methods which have proven effective in implementing new ways of working when different stakeholders are involved. It is an intervention study where approximately 4000 COPD-patients will be cluster-randomised after a bloc-randomisation of their GP-practice. 15 GP-practices in Ringkøbing-Skjern-Municipality will be randomised to receive the focused implementation or to an "as usual" group. With data from registers and a questionnaire-survey the effect on COPD-patients selfreported health, evaluation of the healthsystem and changes in the distribution of healthresources will be analysed. How the healthprofessionals in hospital, community-care and in GP-practices perceive the implementation and how it influences their conception, interactions and culture will be illustrated in an interview-survey of stakeholders. We expect to see the active implementation of the coordinated, structured and effective effort induce coherence, better the quality of treatment, make efficient use of healthresources, enhance healthprofessionals' competences and increase patientsatisfaction.

Keywords: Implementationstrategy, chronic-disease-management-programmes.

PCI29 USE OF MIGRAINE MEDICINES IN FINLAND

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Objectives: To examine how widely migraine patients in Finland use analgesics, triptans and other specific medicines.

Methods: The Health and Social Support Study (HeSSup) population consisted of a stratified random sample drawn from the Finnish Population Register in four age groups: 20–24, 30–34, 40–44 and 50–54. The survey was carried out by postal questionnaire during 1998, response rate 40.0%. A follow-up questionnaire (response rate >80%) was sent in 2003. The subjects were asked whether a doctor had told them that they have or have had migraine. The data comprised 2977 migraine patients, 79.2% of them were women. Use of prescribed medicines during 1.1.1998 – 31.12.2006 was drawn from the registers of the Social Insurance Institution of Finland. The use of specific medicines among migraine patients were compared with age- and sex matched controls.

Results: Anti-inflammatory analgesics had been used by 70.6% of migraine patients vs. 52.4% of controls. The specific medicine triptans had been used by 22.2% of patients (24.8% of female and 12.3% of male patients). The combination of analgesics and muscle relaxants had been used by 36.0% of patients vs. 22.8% of controls. Mild opiates had been used by 11.3% of patients vs. 7.7% of controls. The corresponding figures for the use of antidepressants were 18.4% and 11.1%, and for beta blockers 15.7% and 9.0%, respectively.

Conclusions: Analgesic use is common among Finnish migraine patients. Use of triptans was twofold among women compared with men.

Keywords: Migraine, medicines.

PCI30 LOCAL GOOD CARE MODEL FOR TYPE 2 DIABETES – FROM A PROBLEM TO A SOLUTION

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Since 1994 the Finnish Quality Network (FQN) has focused on systematic development of treatment in cardiovascular diseases: bench marking, collaboration and evaluation in over 60 health centres covering 2/3 of the Finnish population. Attendo MedOne is responsible for primary health care for 230,000 inhabitants. Participation in FQN is crucial for quality control and development. Karhula is one of MedOne's health centres since 2006. Karhula had severe long-term shortage of GPs. The nurses and doctors lacked teamwork. Care plans were poorly documented. Intervals between controls by GPs for patients with type 2 diabetes (T2DM) could be years, or limited to nurse counselling and prescription renewal.

Objectives: The primary g OPI was to enhance the care of T2DM to the median national level. Local process model was planned by a multiprofessional group. The nurses were trained to examine the feet. They also started life style counselling.

Results: In 2005, 40% of T2DM patients had LDL-cholesterol μ Å2.6, statistically significantly lower than the national average ($p < 0.01$). In 2008, the percentage was 67% achieving the national level. In 2005, the feet were examined in 38% (FQN average 60%, $p < 0.001$), respectively, in 2007, 74% vs. 52% ($p < 0.001$), and in 2008, 88% vs. 61%. In 2006, HbA1c was $< 7\%$ in 58% (FQN 57%), and, in 2007, 72% vs. 63% ($p < 0.05$).

Conclusions: The care of T2DM began earlier, was optimized faster and distributed more evenly in the new team model. Controls by GPs happened regularly according to the process model segmentation depending on the patient treatment levels.

Keywords: T2DM.

PCI31 THE EFFECT OF CASE MANAGEMENT IN COMPLEX CANCER PATHWAYS

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Introduction: Case management (CM) has been proposed as a method for optimizing the course of treatment for complicated cancer patients. However evidence of the effect of CM is limited and methodologically rigorous research is needed.

Aim: To analyze effects of Nurse CM in complicated cancer care.

Methods: The study is designed as a two-arm randomized controlled trial (RCT) including approximately 280 colorectal cancer patients. Intervention group patients will be offered usual medical treatment plus supportive intervention from a case manager. Control group patients will receive usual medical and supportive treatment.

The intervention: Case managers are registered nurses and possess thorough knowledge of cancer treatment and pathways. Core intervention elements: Planned and ad hoc personal and telephone contacts, surveillance of care pathways, coordination and dissemination of care plan (including transfer of patient-specific information to other departments and general practice).

Results: Primary outcomes: Patient evaluations of care pathways and "Quality of Life" (questionnaires). Secondary outcomes: Use of health care services and care process measures (The National Health Insurance Service Registry and The National Patient Registry; and GPs' evaluations of continuity of care (questionnaire). Schedule:

- "Case management used to optimize cancer care pathways: A systematic Review" has been published in BMC Health Services Research.
- The CM manual has been written. Questionnaires are under development and pilot testing.
- Two case managers have been appointed 1. January 2009.
- After training and pilot testing of the intervention the RCT will begin in March 2009. Inclusion period is 12 months.

Keywords: Case management.

PCI32 PATIENT- AND DOCTOR-RELATED FACTORS ASSOCIATED WITH CONTROL OF HYPERTENSION IN GENERAL PRACTICE IN DENMARK

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Objectives: The aim of the present PhD study is to analyze patient- and doctor-related factors associated with the control of hypertension (comorbidity, socioeconomic status, gender, age and compliance).

Methods: In an APO audit about hypertension 184 general practices participated and each practice included 40 consecutively recruited patients with already diagnosed hypertension. The study population comprised 5878 patients who answered a questionnaire about their treatment of hypertension, side effects, compliance, social and economic status, knowledge of the disease and knowledge of their actual blood pressure.

Results: The questionnaires to patients and the GPs are completed. The temporary results indicate that only 50% of patients treated for hypertension in general practice have controlled hypertension. (BT < 140/90 mmHg, Diabetes <130/80 mmHg) The results will be analysed in subgroups, where patients with hypertension < 2 years, patient with hypertension in 2-5 years, and patient with hypertension >5 years will be presented in relation to controlled/uncontrolled hypertension. Other independent variables like diabetes, tobacco, if patients measure blood pressure at home, will also be analyzed in relation to controlled/uncontrolled hypertension.

Conclusions: Only 50% of patients treated for hypertension in general practice achieve controlled hypertension. During the study the cohort will be analysed using different central registers to answer the objectives of the study.

Keywords: Uncontrolled hypertension.

PCI33 SYMPTOM PRESENTATION IN CANCER PATIENTS IN GENERAL PRACTICE

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Objectives: For the majority of cancer patients the diagnostic investigations begin in general practice. The aim of the study was to investigate for which symptoms cancer patients consulted their general practitioner (GP).

Methods: All newly diagnosed cancer patients and their GPs in the County of Aarhus, Denmark participated in a 1-year questionnaire survey. The GPs answered questions about the patients' first presentation of cancer symptoms and the GPs' interpretation of these symptoms.

Results: A total of 2212 (83%) questionnaires were answered. The majority (57.6%) of patients presented only one symptom. Symptoms varied with the type of cancer. Patients with breast cancer and malignant melanoma mainly presented with diagnosis-specific symptoms. Patients with colorectal, lung and prostate cancer presented diagnosis-specific symptoms (change in bowel habits, cough and bladder dysfunction) as well as more non-specific symptoms (pain, weight loss and fatigue). The GPs interpreted the symptoms as alarm symptoms in 49 %, as general symptoms in 24 % and as non-cancer specific symptoms in 27 % of the patients.

Conclusions: In general practice, incident cancer patients often present with few and non-cancer specific symptoms. The fact that only half of the patients presented with alarm symptoms complicates the GPs' diagnostic work-up and the use of fast track for suspected cancer. Therefore, there is a need for alternative referral pathways for cancer patients with non-cancer specific symptoms.

PCI34 QUALITY OF CARE FOR ETHNIC MINORITY PATIENTS WITH TYPE 2 DIABETES MELLITUS IN GENERAL PRACTICE IN OSLO

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Background: A multiethnic patient population is challenging in general practice due to the ethnic variations in risk factors and clinical course for diabetes type 2 (T2DM). Research question: To describe the influence of ethnicity on quality of diabetes care in general practice.

Methods: Retrospective cross-sectional study of GPs' electronic patient records. For patients with diabetes, predefined data were captured, e.g. ethnicity, measurements of HbA1c, blood pressure (BP), cholesterol. Ethnicity was categorised according to family origin.

Results: In 2005, about 58 000 patient records in 11 practices (49 GPs) were screened. 2 064 patients had a diabetes diagnosis. 1653 had T2DM cared for by their GP and were included in this study. Mean age at time of diagnosis varied across ethnic groups (from 44.9 to 59.7 years), native Norwegians were oldest. In all groups, most patients had their HbA1c (91.4 to 95.2%), blood pressure (85.2 to 92.5%), and cholesterol (92 to 97%) controlled. Immigrants were treated more intensely with oral hypoglycaemic agents (OHAs), or combined OHAs and insulin whereas 18% of all minority patients vs. 28% of Norwegians were non-users. Compared to Norwegians, immigrants in all treatment groups had significantly higher HbA1c (7.4 vs. 7.1% for OHAs only, 8.4 vs. 7.9% for OHAs and insulin combined, and 8.6 vs. 7.7% for insulin). Minority groups had lower BPs and received less anti-hypertensive therapy and statins.

Conclusions: Minority patients were averagely younger than corresponding Norwegians. Their glycaemic control was less optimal despite receiving more intensive treatment with glucose-lowering therapies.

Keywords: Diabetes, ethnicity.

PCI35 OCCUPATIONAL THERAPY FOR PALLIATIVE CANCER PATIENTS – A RANDOMIZED CONTROLLED TRIAL

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Background: Patients with advanced cancer often experience serious physical dysfunctions and reduced quality of life. Occupational therapy (OT) is believed to be effective in handling many of the problems experienced by patients with advanced cancer, but the evidence is sparse.

Research question: The purpose of this study is to analyse the effects of an OT intervention targeted at palliative cancer patients. Factors of special interest will be the patient's ability to participate in activities of daily living, number of days admitted in hospital and quality of life.

Methods: Randomized controlled trial with an OT intervention programme for the intervention group and standard palliative treatment for the controls. OT intervention will include g OPI setting, training performance of activities of daily living, home assessments, adaptive equipments and supervision of patient and relatives. Effects will be measured by using validated questionnaires, including EORTC QLQ-C30, SF-36, and assessment of Motor and Process Skills (AMPS) and registration of number of days admitted to hospital is measured using OPUS (IT patient registration system).

PCI36 DOES THE ORGANIZATION OF A GENERAL PRACTICE EFFECT THE HOSPITALIZATION OF COPD PATIENTS?

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Objectives: COPD is one of the major chronic diseases that continues to grow both worldwide and in Scandinavia. Some 2400 Danish GPs treat the more than 300.000 Danish COPD patients. Several studies have shown that there is a huge difference in the progression of COPD. We propose the following hypothesis: Variation in the progression of COPD is related to the organizational structure of general practice. By organizational structure we refer to processes used, available equipment, type of staff (e.g. specially trained nurse etc.)

Aim: To study the organization of general practice and how it influences the hospitalization of COPD patients.

Methods and material: The study combines a questionnaire and a prospective cohort study. Data about the organization of the general practices will be collected using a questionnaire sent out to all Danish general practices. There is no international standard questionnaire for this, and, the questionnaire will therefore be developed with focus on determinants relevant for COPD, i.e. use of nurses, size of the practice and use of guidelines. Data the about the hospitalization of all Danish patients admitted with a COPD diagnosis in the period 1999 to 2009 are extracted from the Danish National B OPrd of Health, and background data for socio-economic status are obtained from Statistics Denmark.

Current status: The questionnaire is being designed and we are seeking permissions to access relevant databases.

Keywords: Family medicine, organisation, COPD.

PM37 CME IN SMALL GROUPS OF GENERAL PRACTITIONERS IN THE NORDIC COUNTRIES

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Continuing Medical Education (CME) is essential for all practitioners

Introduction: Continuing Medical Education (CME) is mandatory for all practitioners. The DGE-concept – Decentralized Groupbased Education for family doctors has proven of great value, not only as simple learning, but also as a safe basis for discussions, exchange of experience and ideas, solving simple problems and as a social and professional network. The aim of this presentation is to show the DGE-activities and habits in the Nordic countries.

Material: The Internet and the library of Aalborg Sygehus was searched for “General Practitioners”, CME and “Small Groups”. General practitioners in the Nordic countries (at least 3 per country) are contacted by E-mail, asking about national CME in small groups, frequency, who takes the initiative, and who pays? The authors own experiences as a private member and as CME-facilitator covers the conditions in Denmark.

Results: The questioning is still going on, and delayed by language problems (Finnish and Icelandic). It shows so far, that there are considerably inter-national differences. From a very controlled and structured setup in Norway, to no formal setup in Iceland. There is no single conclusion.

Discussion: Without doubt, GP’s can learn and be inspired from experiences from colleges in the other Nordic countries. The next step is for the planners of education to take action to arrange the appropriate setups. This poster might be the first step.

PM38 ULTRASONIC EXAMINATION OR NAEGELE'S METHOD FOR DETERMINATION BIRTH TERM

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Background: The routine method for the determination of the expected birth term for pregnant women is a calculation on the basis of an ultrasonic examination. The birth term calculation through this relative high-tech method has overruled Naegele's method – the calculation of the term from the first day in the last menstruations period.

Objectives: To contribute to the discussion of the relevance of using ultrasonic evaluation as the routine method for predicting the birth term relative to Naegele's method. The data consists of all births in a single practice during 2008. The data were collected from the women's pregnancy files, the children's birth files, supplemented by direct inquiry to the newborn's parents and to the obstetric department at the local hospital, where most of the births took place.

Results: In the practice population containing 2700 adults there were 75 pregnancies resulting in 77 children; there were two pairs of twins. There were no perinatal deaths, but there were two cases of significant malformations: one child with transpositio vasorum and one with palatochisis. 56 of the deliveries occurred after spontaneous initiation of the birth, 19 deliveries took place through planned caesarean sections or medically initiated contractions. Mean prediction error (0.45 vs. 1.88) and its standard deviation (9.5 vs. 9.8) for Naegele's method versus the ultrasound method for the spontaneously initiated births tend, if anything, to favour the former. A more thorough survey of accuracy, variation and the discrepancy between the two methods will be presented.

Keywords: Ultrasonography, pregnancy, term birth.

PM39 SKUP EVALUATIONS FOR CRP, PT-INR, HBA1C AND HAEMOGLOBIN

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SKUP is a co-operation between DAK-E, NOKLUS and EQUALIS. The purpose of SKUP is to improve the quality of the near patient testing in Scandinavia. The goal is achieved by organising SKUP evaluations among the users of the equipment in primary care.

More than 70 evaluations have been performed after standardized protocols where equipment were evaluated both under standardized conditions at a hospital or by users at the doctors office or by patients. To qualify for an overall good assessment in a SKUP-evaluation, the measuring system must show satisfactory analytical quality as well as satisfactory user-friendliness. The number of invalid tests must not exceed 2%.

SKUP use Total Error $TE \leq \pm [|\text{bias}| + 1,65 \times CV]$ as quality goal for all components while the Danish goals are given as Bias% and imprecision (CV %).

The SKUP goals for CRP, PT-INR, HbA1c and Haemoglobin are Total Error less than 26%, 20%, 10% and 5%, respectively, when compared with a reference or comparison method.

The results of CRP: QuickRead; SKUP/2001/12, ABX Micros CRP: SKUP/2002/23*, i-CHROMA CRP-test: SKUP/2007/61 and no 70*. PT-INR: CoaguChek S, Thrombotrack/Thrombotest, ProTime (SKUP/2000/7,8,11), HemoChron Jr. Signature: SKUP/2004/33, CoaguChek XS: SKUP/2007/55 Simple Simon PT*: SKUP/2007/57*. HbA1c: DCA 2000: SKUP/1999/4, Afinion HbA1c: SKUP/2008/65. Haemoglobin: Biotest Hb: SKUP/2001/17, ABX Micros CRP: SKUP/2002/23*, Hemo_Control: SKUP/2004/29, Chempaq XBC: SKUP/2006/47 are presented.

Most SKUP evaluations fulfil the goals of SKUP. Many instruments are given up before testing if they are unlikely to reach the goals. About 10 evaluations have been stopped due to poor quality of the equipment.

The results from the evaluations are published in www.skup.dk.

Keywords: Analytical quality, user friendliness.

PM40 SCANDINAVIAN EVALUATION OF LABORATORY EQUIPMENT FOR PRIMARY HEALTH CARE (SKUP)

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Background: It can be difficult for users in primary health care to get good and objective information about equipment for office laboratories.

Methods: Scandinavian evaluation of laboratory equipment for primary health care, SKUP, is a co-operative commitment between Denmark, Norway and Sweden. The purpose of SKUP is to improve the quality of near patient testing instruments by providing objective and supplier-independent information of analytical quality and user-friendliness in primary health care. The evaluations are performed in hospital laboratory by experienced lab technicians and thereafter by the staff in primary health care.

Results: Much of the equipment (about 50 %) used in primary care for e.g. measuring Haemoglobin, PT-INR, Glucose, CRP, Streptococci A and hCG has been tested and evaluated by SKUP. Several evaluations have been stopped due to poor quality of the equipment. The evaluations are published at www.skup.dk and www.skup.nu if the instrument is used in Scandinavia.

Conclusions: SKUP evaluations or other independent evaluations should ideally be present for all instruments/tests used in Scandinavia. POCT (Point of care test) User friendliness SKUP (Scandinavian evaluation of laboratory equipment for primary health care).

PM41 A CENTRE FOR QUALITY REGARDING GP'S – WHAT TO CONSIDER

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Objective: The project aims to discuss the dilemmas in a process of establishing a Centre for quality.

Methods: The Centre for quality is a construction between political parts representing the GP's and the political/administrative level – Centre for Quality and In-service training in general practice in the Capital Region (KvEAP). There are secretaries, academics and GP's working in the Centre. The purpose of the Centre is to ensure close contact with the GP's and to connect the political/administrative level with the GP's.

Results: There will be a discussion about dilemmas in this kind of process. An organizational angle will frame the discussion.

Conclusions: It is important if not crucial, that the political parts on both sides feel committed to work for such a centre. The structures around a quality centre highly determine the possibilities for the working conditions. It takes certain skills for employees (GP's, academics and secretaries) working in such a quality centre. To work with and not underestimate the difference in cultures and values between A: groups of employees, B: the political/administrative level and GP's is a challenge.

Keywords: Organisation, political difficulties, cultural difference.

PM42 QUALITY OF EDUCATION IN HEALTH CENTRES – TRAINEES' VIEW

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Objectives: Health centres should provide good facilities for medical education, because a physician can become a good general practitioner only by training and working in primary health care. The purpose of the study was to evaluate the education of physicians in health centres. The aim was also to develop and test a questionnaire for the continuing assessment of learning environments in the health centres providing training for physicians.

Methods: There are 50 teaching health centres in the special responsibility area of Tampere University Hospital. The survey was conducted by a Webropol enquiry to the physicians (n=135) participating in specific training for general medical practice or specialist training for general practice in the health centres. The enquiry was responded by 77 physicians (57%) in 27 health centres.

Results: A tutor was appointed for 74% of those in training and special time for guidance was available for 60% of respondents. The learning environment was quite satisfactory as far as clinical work and in-service training were concerned. Some shortcomings were noticed in the content of guidance, systematic progress and getting of feedback.

Conclusions: The training of physicians has clearly been in focus of development in the health centres. However, the content of guidance and systematic progress need some more consideration. To overcome the shortcomings of guidance, a comprehensive training program was arranged for trainees' tutors. The assessment form can be used for continuing evaluation of training in health centres.

Keywords: Postgraduate medical education, learning environment, general practice.

PM43 WELL CONSIDERED EXAMINATIONS – WELL CONSIDERED TREATMENTS?

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Background: Laboratory tests are essential for relevant medical care, but when over-used they may lead to unnecessary treatments and new tests. Private company AttendoMedOne operates some outsourced primary health care centres, and monitors routinely the use of resources to ensure better care and patient safety.

Objectives: The rising trend in the use of laboratory tests should be cut to allocate resources more cost-effectively. Methods The GPs (n=34) and nurses (n=34) were challenged in workshops in five centres to compare the current use of tests with EBM Guidelines. They recognized some tests to be inadequate. The use of tests was analyzed before and after the workshops.

Results: Most (38/68) of the participants reported an aim to reduce unnecessary tests in a semi-structured feedback, and 30/68 aimed to improve the counselling and communication with the patient. The amount of inadequate tests diminished: the decline of ESR tests in five centres was 808 (56 %) from april-may 2008 to october-november 2009, and the decline of S-RAST was 107 (281%) respectively.

Conclusions: Monitoring the use of resources combined with interactive workshops analysing and solving the problems changed the clinical practices. The reduction in inadequate tests and the aimed increase in counselling of and interaction with the patient may improve the quality and safety of the care.

Keywords: Laboratory examinations, cost effectiveness.

PM44 EXPERIENCES OF USER BENEFITS FROM TWO E-LEARNING PROGRAMMES

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During the last couple of years, the Education Department and the Danish Medical Association have initiated several E-learning programmes. Some of the programmes are directed towards Junior Doctors and Specialists while others are directed towards GP, e.g. two E-learning programmes: Dementia Guideline and renewal of driving licence. Both E-learning programmes have been followed up by a web-based survey concerning user benefit from the programmes. The conclusions of the two programmes have been quite different. The poster will show how the users react to the two E-learning programmes and the user benefits from using the programmes. The poster will also discuss why the results differ within the two programmes and finally the perspectives of incorporating user experiences in designing E-learning.

Keywords: E-learning, user experiences.

PM45 LIST OF BASIC DRUGS USED IN GENERAL PRACTICE (BASISLISTEN.DK)

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Basislisten.dk (“The list of basic drugs”) is a new Danish web-based tool to promote rational pharmacotherapy in general practice. Basislisten.dk has been developed by regional medicines consultants in the five Danish regions (Danske Regioner) during a national collaboration with the Institute for Rational Pharmacotherapy (IRF). The list consists of drugs of choice for common diseases in general practice, as considered from a point of effect, side effects and price. The assessment of drugs for the list is following the evidence-based conclusions of the National List of Recommendations (Den Nationale Rekommandationsliste) by the Institute for Rational Pharmacotherapy, supplied by the price. Practical issues such as dosage, have also been considered. The aim of Basislisten.dk is to provide physicians with a possibility, direct from their electronic system in the moment of prescription, to know the drug of choice, among many other drugs promoted by the medical industry. Since October 2008 already more than half of the Danish physicians have access to the drugs proposed by their region directly. The conclusion is that it has been possible for medicines consultants in the Danish public health system to collaborate cross-country to establish a common electronic platform providing direct knowledge of drugs of choice for physicians in general practice.

**PX2.46 COMPLAINANTS IN GENERAL PRACTICE.
WHO ARE THEY AND WHY DO THEY COMPLAIN?**

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Objectives: The Danish Patients' Complaints Board receives 400-500 complaints concerning general practitioners every year. At the moment, we do not have much knowledge about the complainants and their reasons for filing a complaint. The aim of the present study is to study complainant and complaints characteristics in general practice.

Methods and material: Original documents of all complaints completed by the complaints board in 2007 will be examined and data collected systematically.

The data comprise: Age and sex of the complainant/the patient concerned, the patients' affiliation to the labour market, reasons given for filing a complaint, the involved health issue (-s), and the patients' regional residence. A statistical analysis will be undertaken using STATA. Dependent on needs, the study will be supplemented with a register-based approach.

Status and results: The study is ongoing. Permission to examine complaints cases has been granted by the Danish Patient Complaints Board and the Data Protection Agency. The number of complaints cases completed in 2007 was 463, and the gender distribution among patients was 260 females (56%) and 203 males (44%).

Keywords: Family practice, malpractice.

**PX2.47 MULTICULTURAL APPEARANCES OF DEPRESSION
– A CHALLENGE FOR THE GENERAL PRACTITIONER**

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Background: Many minority group patients who attend health care are depressed. To identify a depressive state when GPs see patients from other cultures than their own can be difficult because of cultural and gender differences in expressions and problems of communication. The aim of this study was to explore and analyse how GPs think and deliberate when seeing and treating patients from foreign countries who display potential depressive features.

Methods: The data were collected in focus groups and through individual interviews with GPs in northern Sweden and analysed by qualitative content analysis. Results. In the analysis three themes, based on various categories, emerged: 'Realizing the background', 'Struggling for clarity' and 'Optimizing management'. Patients' early life events of importance were often unknown which blurred the accuracy. Reactions to trauma, cultural frictions and conflicts between the new and old gender norms made the diagnostic process difficult. The patient-doctor encounter comprised misconceptions, and social roles in the meetings were sometimes confused. GPs based their judgement mainly on clinical intuition and the established classification of depressive disorders was discussed. Tools for management and adequate action were diffuse.

Conclusions: There is a need for tools for multicultural general practice care in the depressive spectrum. It is also essential to be aware of GPs own conceptions in order to avoid stereotypes and not to under- or overestimate the occurrence of depressive symptoms.

Keywords: Depression, gender, ethnicity.

PC.48 OBESITY AND THE EFFICIENCY OF SIBUTRAMINE THERAPY IN GENERAL PRACTICE

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Objectives: Obesity has reached epidemic proportions in Serbia. Obesity is a condition in which excess body fat has accumulated to such an extent that health may be negatively affected. It is commonly defined as a body mass index (BMI) of 30 kg/m² or higher. Population with high BMI has risk for cardiovascular-disease and cerebrovascular-disease.

Aims: The regulation of the high BMI for-women-men (>30 kg/m²) by sibutramine therapy in general practice.

Method: Our study was research 43 (100%) patients: 31 (72%) women and 12 (28%) men, aged 40-49 years with high-BMI and high-cholesterol. Sibutramine therapy for both group was 10mg daily during five-months with control-examination each month. Sibutramine intervention for all 43-patients was under their own decision.

Results: Blood-pressure-value, Glucose-value, Triglyceride-value and Acidum uricum-value were normal for all women and men at the first-examination and after five-month at the last-examination. At the first-examination: average BMI was 33,33 kg/m² and average cholesterol was 7,1mmol/l for women; average BMI was 33,95 kg/m² and average cholesterol was 7,3 mmol/l for men. At the last-examination, after five-months sibutramine intervention: average BMI was 28,12 kg/m² and average cholesterol was 5,8 mmol/l for women; average BMI was 29,30 kg/m² and average cholesterol was 6,0 mmol/l for men.

Conclusions: The five-month sibutramine therapy gave positive results in regulation of the BMI for all patients: reduction-female was 15,63%, reduction-male was 13,70%. Female-cholesterol-reduction was 18,31%, male-cholesterol-reduction was 17,81%.

Keywords: BMI, sibutramine therapy.