SYM-028 Making a World Book of Family Medicine
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1WONCA Europe 2EGPRN
Aim
to filter the 100 most representative abstracts that describe our job best out of the database of the collection of 20 years WONCA Europe congresses
Method
After digitalising all the abstracts of the last 20 years, a long list of 275 titles was hand-picked, then presented to a jury of Executive members, and they voted with 7, 8, 9 or 10 points. That resulted in a ranking. Then a search began to find the original authors. Some were not found and replaced by a “body double”.
Conclusion
It is feasible to make a selection of 100 very interesting titles to make a World Book. Since most of the authors are from European origin, we call it the European Edition. That means that every Region can make a World Book, with this or another strategy. In 2022, for WONCA’s 50th Anniversary, a real World Book should emerge. Who will be the author?!

Keywords: World Book; WONCA Europe; Abstracts

Notification: two Croatian authors participate at the Book - look at:
http://www.woncaeurope.org/sites/default/files/42.pdf;

WS-007
Who Will Care About The Caregiver?
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Background
Adults caring for persons living with dementia are the second largest informal care giver group not only in the United States but also Turkey because most people with dementia are older adults aged 65 or older. Dementia care givers are more likely to experience a wide range of negative behaviors or health problems than persons with non dementia health problems. For example, dementia caregivers frequently exhibit maladaptive coping strategies, express concern about their poor quality of life, experience lower self-rated health, and report a higher level of care giver burden. In addition, dementia care givers report severe sleep disturbances, clinical depression,
and higher mortality compared to other caregivers. Interestingly, these negative effects of
dementia care giving project to their care recipients because care givers and persons with
dementia are interdependent in the family unit. These issues could be concerned for the
caregivers of ill children, too. Thus, timely reduction of caregiver stress and related problems are
critical for both caregivers and care recipients. Medical education and medicine (as well as a
psychologist, social worker, family counselor, nurse etc) provide care for members of
professional groups are also people like themselves. After a while these professionals begin
experiencing burnout about themselves. To know the limits of the individual to cope with this
situation, to escape from the pressure to be perfect, to be able to continue to grow and learn
without losing the motivation.

Method
Before the workshop emotional intelligence scale will be introduced and implemented.
Discussions will be carried out by forming working groups. Workshop Program Topics: Burn out
Syndrome Satisfaction of life (Case studies) Quality of life (Cases and problems) Coping Stress
(Solutions to improve) Emotional Quantities Conclusion and Evaluation. The results will be
presented as a declaration.

Keywords: caregiver, burn-out syndrome, coping stress, life quality, emotional quantities,
satisfaction of

WS-064
Using the arts in general practice/family medicine education: experiences and way to go
ahead?

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Justification and Aim
Arts-based medical education was implemented for more than two decades to enhance aspects
of professionalism including empathy, altruism, compassion, and caring toward patients, as well
as to hone clinical communication and observational skills. Looking at the literature resources,
family medicine has always been involved because of its deep roots in the provision of the
contextually rich and patient-centred care. The aims of this workshop are to address the questions
"Do we need arts-based education for general practitioners (GP) and if we do, what is theoretical
and conceptual framework and what pedagogical tools can be used?"

Content
A panel of experts will be the GP's educator already incorporating arts into their teaching
modules. The personal examples of using visual arts, poetry, prose, drama and films in "hard-to-
teach" clinical competencies such as compassion, altruism, and empathy will be presented. It will
be following with the small-groups discussions on; a) the ideas how and when to introduce arts in
everyday GPs teaching, b) ideas for the development of international research in the arts and
medicine, based on the expert presentations and participant’s personal experiences.

Conclusions
The workshop will allow participants to become familiar with the theoretical rationale for introducing arts exposure into GP's education; to participate in international dialogue identifying overlapping interests; to identify opportunities for collaborative educational and research projects in evaluation of arts-based curricular innovations as well as other aspects of the interface between the arts and medicine.

Keywords: Art, postgraduate medical education, family medicine training

OP-135
In-service training for family doctors: Croatian experience

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Background & aims
Vocational, speciality training for family doctors (FD) in Croatia started in 1960. But, it has always been possible to work as a FD without ST. Facing the process of joining the EU, ST was intensified by the Project: “Harmonisation of Croatian Family Medicine with European standards introducing speciality training”. The Project started in school year 2003/04 and the main aim was that all working family doctors (FD), younger then 50-years, should finished ST until 2015. Because that more than 1.500 FD are waiting for ST and many of them are experienced, the three ST schemes were introduced: Program A, full program for young doctors, Program B, partly in-service and Program C, almost completely in-service ST. All of them should pass the same type of final exam. The aims of this study were to investigate how many trainees and from which programmes finished ST during the period of nine-years.

Methods
The data on the number of trainees due to the ST programmes were obtained from the archive of Department of Family Medicine, Zagreb Medical School, and the organiser. The number of specialists in FM was obtained from the Croatian health statistic yearbook.

Results
During the nine-year period, 751 trainees finished ST, while it was planned to involve 1350 of them, 55.6% of achievement. The best results were achieved in the in-service Program C, 83.3% of planned number, than in Program B, (52.2%), and the less in Program A, only 50.0% of planned number. The percentage of specialty trained FD in Croatia increase in almost 20%; in some Counties more and in others less.

Conclusion
The results clearly indicated that the best results are achieved at in-service Program C. Our experience in in-service ST could help those countries with a large numbers of FD not having ST.

Keywords: family medicine, speciality training, in-service training, Croatian experiences

OP-179
Are there any differences in sick-leaves between rural and urban region in Croatia: a longitudinal study, 2001-2013

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Background & aims
In Croatia, for more than six decades, people have recognised sick leave as a main right of employment, and it has been well regulated. Only family doctors keep the responsibility for sick leave certificate; each absence from the working place should be confirmed by the doctor’s certificate. The survey on the trends of sick-leaves shown that the sick leave rates fell only slightly in fourteen-years with regional differences. This study is based on previous and it was carried out with the aim to investigate if there are any differences in the seek-leaves regarding rural, semi-rural and urban areas.

Methods
A study was observational and retrospective based on the official Croatian health insurance fund (CHIF) data. Annual number of patients on sick leave, the annual number of sick leave days, the average duration (in days) of sick leave per patient and the seek-leave rates were obtained for Croatia and separately for rural, semi rural and urban regions.

Results
Total sick leave rate was varying between 3.3 in 2001 and 3.96 in 2007 and with decreased trend to 2.85 in 2013. The highest sick leave rate was in urban (3.87) and the lowest in rural areas (3.23). Moreover, the higher sick leave rates were perceived during whole observed period in urban, slightly lower rates in semi-rural and the lowest in rural areas. The number of sick leave days and the number of patients on sick leave, with some oscillations, remained the similar. The average number of sick leaves days per one patients was continuously higher in urban areas of Croatia.

Conclusions
During the observational period, the differences in sick leave rates and average number of sick leaves days per one patients were observed; they were always higher in urban than in rural areas.

Keywords: Sick leave, family doctor, urban and rural areas, Croatia

OP-211
Trends in Statin Consumption and Cardiovascular Mortality in Croatia 2004 – 2012

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Background and aims
Prescribing of statins increased in all developed countries since 1995, growing at faster rates than other ATC groups. That rise was regarded desirable and beneficial, because of their unquestionable efficiency in controlling atherogenic dyslipidemia. The aim was to research
trends in statin therapeutic and financial consumption in the period from 2004 to 2012 as well as trends in cardiovascular mortality from 1980 to 2012.

Methods
Longitudinal, observational study, based on data on the use of statins, from Croatian Agency for Medicinal Products and Medical Devices, from 2004 – 2012, together with financial expenses (in EUR). Data on cardiovascular mortality in Croatia and several neighbouring countries were taken from the Croatian Health Statistics Yearbooks.

Results
Pharmaceutical consumption of statins increased from 28,1 DDD/TID in 2004 to 83.5 DDD/TID in 2012 (near 200%). The most frequently prescribed simvastatin and atorvastatin, rised at different rates - simvastatin 64%, atorvastatin 440% - from 8.8 DDD/TID in 2004 to 47.9 DDD/TID in 2010, with 50% drop in utilization rate in 2011 due to doubling of DDD for the C10 group. Financial expenses for statins expanded at a rate of 53%, from 21.3 millions of EUR in 2004 to 32.4 millions of EUR in 2012. Their share in total drug expenses grew up from 4.25% to 4.87% in 2012. As opposed to that, trends in standardized cardiovascular mortality, as well as mortality rates from ischemic heart disease and cerebrovascular disease continually declined in Croatia (and several neighbouring countries) since 1980s – from 551,65/100.000 to 351/100.000.

Conclusions
Utilization of statins in Croatia increased more than in any other therapeutic group, in the eight year period, while standardized cardiovascular mortality rates decreased in balanced linear mode.

Keywords: statin consumption, cardiovascular mortality, pharmaceutical spending

OP-212
Consumption of over-the-counter drugs in Croatia 2004 - 2013: longitudinal study

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Background & aims
Over-the-counter (OTC) drugs are medicines for use without a prescription from a healthcare professional, as compared to prescription drugs which may be delivered or sold only to consumers possessing a valid prescription. In many countries, OTC drugs are approved by regulatory agencies which ensure that they contain safe and effective ingredients that can be used without medical supervision. They are also the cornerstone of self-medication health care strategies. The aim of study was to investigate OTC drugs mostly used by Croatian population in period from 2005 to 2013.

Methods
Data on OTC consumption expresed in DDD/TID and as financial expenditure in Croatian kunas (HRK), were taken from annual reports of Croatian Agency for Medicinal Products and Medical Devices from 2005 to 2013.

Results
Trends in total OTC consumption, expressed in DDD/TID and in kunas, were increasing. During the observed period, the most used drugs were: acetylsalicylic acid, ascorbic acid, vitamin B12, ibuprofen, paracetamol, bisacodil, oxymethazoline, betahistine, bromhexine and gingo biloba, all with increasing tendencies. The utilization of acetylsalicylic acid increased with the greatest rate, from 19.00 DDD/TID in 2005 to 57.24 DDD/TID in 2013, followed by ascorbinic acid, from 5.44 DDDs in 2005 to 10.22 DDD/TID in 2013 and vitamin B12, from 2.61 DDDs in 2005 to 9.13 in 2013. Consumption of ibuprofen (only 200 mg strength) also increased, switching the position on a rank list with paracetamol. Financial spending followed the trend of therapeutic.

Conclusions
Croatian population consumed OTC drugs in rather great quantities. The important questions are whether their family doctors are aware of this consumption and whether they take into account possible side-effects. It will be also interesting to investigate the role of health care professionals as potential generators of these trends.

Keywords: over-the-counter drugs, self-medication, pharmaceutical spending, Croatia

OP-253
A PICTURE OF EJGP

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INTRODUCTION
Physicians are willing to publish their work in prestigious journals, either because they want to climb career paths or they want to enlighten other people by sharing what they found. On the other hand academic career The implementation of research findings into practice has become increasingly recognised as a major priority for researchers, research funders and policymakers over the past decade [1-3]. It is known that there are disparities among researchers in publishing their work. Gender, career, country are claimed as the reasons of this disparity. Although peer review system is established against this problem, there is problem within the system. For example, some of the reviewers are much more stringent than others, leading to an unfair final decision, i.e., some submissions (i.e., papers or applications) with better quality are rejected. We aimed to picture the EJGP articles before and after indexing in SCI.

METHOD
Since EJGP indexed in SCI at 2009, we examined the journal between 2005-2014. All articles are investigated according to the first author’s country, type of the article, topic and research method, authors affiliation with WONCA or journal reviewers and editors. All data before 2009 compared with after 2009. SPSS 15 is used for data analysis.

RESULTS
370 articles were examined in ten years. 39.7% was before SCI. 25.2% was from Netherlands, 13.3% UK, 6.0% Ireland, 5.4% Belgium, 5.4% Germany. The rest 44.7% was from 35 countries. 26 countries out of 40 were European countries. 47.8% of authors were affiliated with WONCA and related networks. 19.2% of the articles had an author who was a practicing GP. 23.5% of articles had multinational authorship. The number of articles owned by the authors who have WONCA affiliation did not increase after the journal was indexed in SCI (p>0.05).
CONCLUSION There are some problems on the distribution of the articles that are published in EJGP.
Keywords: EJGP, publication, bias

P-0207
The role of rehabilitation (motivation) on patient recovery after hypoxic brain damage caused by epi status

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INTRODUCTION
Besides headache, epilepsy is the most common neurological disease. The aim of this paper is to present the role of the patient and his family in a long term rehabilitation after hypoxic brain damage.

CASE PRESENTATION:
During a travel, a 34-year patient was found unconscious in a hotel. The patient received CPR, was hospitalized for a month and being in coma for three weeks. The cause of the epileptic attack wasn't found. During hospitalization many complications occurred: rhabdomyolysis, acute kidney failure treated by hemodialysis, liver function impairment and a bilateral pleural effusion. The effusion was drained during which the intercostal artery ruptured caused hemothorax accompanied with asistoly and five minute resuscitation. The MRI findings described bilateral hypoxic lesions in the upper frontal lobe and cortically. After he awoke from the coma he was hospitalized in Zagreb for two and a half months during and he was treated with antiepileptics. After being discharged the patient was orientated in time and space with ataxic, impaired walk, as well as periodical involuntary movements. The speech was disartric and the sight was weakend and blurred. Rehabilitation began in the hospital, continued at home and then in physical therapy facility. He received physical, speech and sight therapy. Two years later he returned to work. He has a mild leftsided hemiparesis with normal walk. His speech is somewhat slower but normal as well as his sight. He is on antiepileptics even though the primary epilepsy cause remained unknown. He got married and fathered a boy in 2013.

CONCLUSION:
This is a case report of the patient in who's successful recovery the crucial role had his personality and family. He's an example where the primary care physician should apply the bio-psycho-social approach, use not only medical, but every other patient's abillity in achiving the goals.
Keywords: epilepsy, hypoxic brain damage, rehabilitation, bio-psycho-social, family practice

P-0581

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Background & Aims
In Croatia, public health nurses (PHNs) have been members of family doctor (FD) teams for decades, performing a multifunctional and polyvalent scope of activities for the inhabitants of a catchment area. The number of visits to post-partum women, new-born babies, babies and small children are very well defined by the protocol, while the visits to other groups are not defined. The main aim of the study was to investigate the trends in the number and structure of PHN visits in the period from 1996 to 2012.

Methods
The data were obtained from Croatian Health Service Yearbooks. Data on the total number of visits and visits to the target population groups were collected for each year. The number of performed visits (visits “paid”) was compared to the number of visits prescribed by the protocol (“estimated number of visits”).

Results
The obtained results indicate that the average number of visits per one PHN is relatively high, annually ranging between 1380.3 and 1826.5 visits, or between 5.5 and 7.3 visits daily. The structure of visits indicates that the visits fall out of the scope of PHN work, considering that prevention should be the main goal of public health nursing. More than 50% of visits involve visits to chronic patients. Drawing a comparison between the number of performed and estimated visits to women and children, it was found that visits to post-partum women and new-born babies were overrepresented, while visits to pregnant women and small children underrepresented.

Conclusions
The results strongly indicate that PHNs are overloaded by the number of visits, especially to chronic patients and mothers and new-born children. Bearing in mind different working conditions and differences in population needs, it will be worthwhile to reconsider the standards of PNH service.

Keywords: public health nurse service, primary health care, public health, Croatia

P-0924
Turkey-Croatian Exchange Program

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Background & aims
It’s becoming more and more obvious that Vasco da Gama exchanges are achieving extraordinary results. But, for more experienced GPs, some similar programs still don’t exist in Europe. Therefore, Turkish Association of Family Physicians and Foundation for the Development of Family Medicine in Croatia have started discussion about project of mutual collaboration including exchange programme aimed to the experienced GP. Aims of Turkey-
Croatian Exchange were defined as giving opportunities to working GPs to visit and observe each others daily works and to discuss strengths and weaknesses of GP/FM in both countries, as well as making opportunities for future collaboration.

Method
The Program is planned to be achieved as individual or group exchange, depending of interests and possibilities of both countries. Preliminary content was planned and tested during Zagreb exchange.

Results
Six Turkey’s GPs, including two academics, spent four days (10-13.12.2014) in Zagreb. The first day was orientation day, discussion about similarities and differences of health care systems, organisation and functioning of GP/FM, medical education, especially those related to GP/FM (undergraduate and speciality training) and quality improvement in both countries. Turkish colleagues spent two days observing daily work of Croatian GPs in city and rural practices. They participated at the Foundation’s Day, mini symposium, giving presentations of the present state and future challenges of GP/FM in Turkey. They also took part in discussion about Croatian’s presentations of their research work. City of Zagreb with its cultural heritage as well as accompanying and making friendship was very important part of exchange.

Conclusions
It was exiting experience of meeting, discussing and making friendships with colleagues. Several small projects, including this presentation were planned for future collaboration.

Keywords: Exchange program, Family medicine, Croatia, Turkey

Are there any differences in the trends of home visits between rural and urban regions in Croatia: 1995-2013

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Background and aims
Similar to other countries, home visits in Croatia are within the scope of family practice (FP). A study aimed to determine the overall trends in home visiting in Croatian FM demonstrated that the annual number of home visits is relatively small, whether it is viewed per patient (0.1) or per doctor (160) with a decreased trend. The aim of this study was to investigate if there are any differences in the trends of home visiting between Croatian rural and urban regions.

Method
The study is observational, population and longitudinal, from 1995 to 2013. A data sources were Croatian Health Service Yearbooks. The numbers of family doctors and the number of home visits were collected for each study year and in relations to rural/urban regions. According to the Strategy of Rural Development, Croatia is divided on three regions: rural, semi-rural and urban, containing almost the similar number of inhabitants.

Results
The results indicate that there are differences in the number of home visits in relations to urban and rural regions. The biggest number of them was found in rural regions, then in semi-rural and in urban regions. For instance in 2000 when the number of home visits was higher; it was
performed 0.16 home visits per patient in rural, 0.14 in semi-rural and 0.10 home visits per patients in urban regions. In the same year, each family doctor working in rural areas performed 189 home visits, in comparison to 174 in semi-rural and 122 in urban regions. The differences in the trends were not found, the number of home visits increased until 2000 and then decreased in all regions.

Conclusions
A higher number of home visits was found in Croatian rural then in semi-rural and urban regions, with decreased trends in all regions.

Keywords: visits, family practice, rural/urban differences, Croatia

P-1003
Skin disorders in Croatian Primary Health Care: a longitudinal study, 1995-2013

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Background & aims
The evidence usually showed that around 50% of people reported a skin problem in the preceding 12 months and with around a quarter of them considered worthy of medical care. In Croatia, there are almost no studies investigating the skin problems seen in primary health care (PHC), especially no longitudinal studies. The main aim of this study was to investigate nineteen-years trends in skin disorders registered in Croatian PHC.

Methods
The study is observational and retrospective, based on routinely collected data from PHC, yearly published in the Croatian Health Service Yearbooks, 1995 - 2013. The morbidity data were registered based on the International Disease Classification, version X, for skin disorders labelled as L00-L99. Recorded diagnoses are shown in the leading categories of diseases and only some are shown separately. Morbidity is registered according to the patient’s age group: 0-6 years, 7-19 years, 20-64 years and 65+ years.

Results
During the observed period, skin diagnoses registered in PHC increased in two-folds, from 420.293 diagnoses in 1995 to 757.832 diagnoses registered in 2011 when it was the highest. The skin disorders increased mostly among elderly people. The increase is especially sharp after 2008 when e-medical records and registration was introduced. The less increase is observed in skin infections, even decreased among pre-school children is found, than diagnoses of dermatitis, increase is found again mostly among elderly. The disorders labelled as others increased mostly, and among elderly for a more than three times. At the same time, the number of dermatological consultations (need referrals) increased in 2.3 times.

Conclusions
The skin disorders registered in Croatian FP show increased trend, but the number of the dermatological consultations increased even more. The question is whether the PHC doctors are educated and equipped to face a problem of skin disorders.

Key words: skin disorders, primary health care, Croatia
P-1018
Perceived benefits of mutual VdGM and Foundation for the Development of Family Medicine Exchange in Zagreb, Croatia?

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Background & Aims
In December 2014, Foundation for the Development of Family Medicine in Croatia and Vasco da Gama Movement organized 4-days exchange in Zagreb. 15 young doctors from 6 European countries took part. The program was divided in three parts. First, Croatian health care systems, family medicine (FM), medical education and quality improvement in FM were presented, followed by discussion on similarities and differences among countries. Two days were spent observing daily work of Croatian GPs in city and rural practices. Then, mini symposium was organised, Foundation’s Days, where Croatians presented research works and colleagues system of FM in their respected countries. The aim of this study was to evaluate effectiveness of Zagreb exchange program and to find out perceived benefits.

Methods
In this qualitative research, we asked participants to describe, in narrative way, benefits from the exchange program. 13 of 15 participants answered. Free-texts were analysed using thematic analysis method, first independently by three experts and then triangulated.

Results
Seven themes emerged from codes: 1. “My situation in relation to others”, codes: same FM system; different types of FM residency; 2. “Organizational issues”, codes: working in the shifts; e-recipes; 3. “Handling daily practice”, codes: dealing with economic burden; combination of public and social health; 4. “Learning professionalism”, codes: people who have faith and eager nothing is impossible; 5. “Personal growth”, codes: I am not alone and I have a big family, 6. “Motivation for future work”, codes: motivated me to start my own scientific project; 7. “Cultural issues”, codes: hosts were so kind and sincere; home cuisine; unforgettable experience.

Conclusion
Results indicate that the exchange was effective and beneficial for participants, mostly because of getting broader view on FM and contributing to professional and personal growth.

Keywords: evaluation, exchange program, family medicine, VdGM, Croatia

P-1065
Trends in peptic ulcer and gastro-oesophageal reflux disease registered in primary care and consecutive drug utilization in Croatia, 2005-2013
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Background & aims
In daily practice we witness increase of utilization of drugs for peptic ulcer (PU) and gastro-oesophageal reflux disease (GERD). H2-receptor antagonists (H2RA) and proton pump inhibitors
(PPI) have revolutionized the treatment of both groups of diseases. Aim of this study was to investigate if the trends of the consecutive drug utilizations were following the morbidity trends of PU and GERD registered in Croatian primary care (PC).

Methods
The study is observational and longitudinal, based on routinely collected data. The main sources of data collection were Croatian Health Service Yearbooks and annual reports of Agency for Medicinal Products and Medical Devices (HALMED), 2005 - 2013. We extracted the morbidity data related to the K diagnoses (ICD-X), number and structure of the registered diagnoses. From the HALMED Reports we obtained the data about the usage of the H2RA and PPI drugs, types of drugs (ATC classification index) and amount expressed in DDD/TID.

Results
Number of PU and GERD diagnosis is in continuous decline, with the exception of year 2011 when it has slightly increased. Over the observed period, a number of diagnoses have declined by 70%, from 65,942 diagnoses registered in 2005 to 20,039 diagnoses in 2013. Overall utilization of H2RA and PPI drugs has been increasing. Overall increase in the observed period was 183%, from 13.33 DDD/TID in 2005 to 37.72 in 2013. Utilization of H2RA has increased by 34%, while utilization of PPI has increased by 345%.

Conclusions
The obtained results clearly indicated that the H2RA and PPI drugs utilisation is not in association with the morbidity trends of PU and GERD registered in Croatian primary care. It could only be explained by utilization of those drugs in patients who use NSRI and other who are poly-medicated because of multi-morbidities, but further research are needed.

Keywords: peptic ulcer, gastro-oesophageal reflux disease, drug utilization

P-1254
Longitudinal trends in the morbidity from musculoskeletal disorders and the consumption of the anti-inflammatory drugs in Croatia

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Background & aims
Musculoskeletal disorders (MSDs) are an increasing healthcare issue globally, being the high ranking cause of disability. Neck and low-back pain are the most common complaints seen in the primary health care (PHC), although the numbers of inflammatory conditions are increasing. There are several researches on MSDs in PHC, but limited in the scope and time. The aims of this study are to investigate trends in the morbidity of MSDs registered in Croatian PHC and the consumption of MSDs drugs.

Methods
From the Croatian Health Statistics Yearbook, 2005-2013, data related to the MSDs morbidity registered in PHC (ICD-X version) were obtained. Data on MSDs drugs (M01-M09) consumption expressed in DDD/TID and in Croatian currency, kunas, were taken from annual reports, 2005-2013, of Croatian Agency for Medicinal Products and Medical Devices in which the ATC classification index was used.

Results
The number of diagnoses of MSDs recorded in PHC during the observed period increased from 798,358 recorded in 2005 to 1,437,931 in 2011, when it was the highest. While the number of kyphosis, scoliosis and lordosis decreased, the number of inflammatory MSDs increased in 240% and intervertebral disc disorders and other dorsopathies in 200%. At the same time, the consumption of MSDs drugs increased from 37.29 DDD/TID in 2005 to 57.84 in 2013 or from 148,455,470 Croatian kunas in 2005 to 208,434,476 in 2013, occupying in between 4th and 6th place in overall drug consumption. The higher increase was observed among the non-steroid anti-inflammatory drugs (M01), especially ibuprofen and diclofenac (increase in 220% and 180%).

Conclusions
The obtained results indicate that the MSDs registered in Croatian PHC are continuously increasing, followed by the increased trends in MSDs drugs consumption, especially ibuprofen and diclofenac consumption. Keywords: musculoskeletal disorders, primary health care, anti-inflammatory drugs