EGPRW

Research on pain in general practice

Abstracts from the EGPRW meeting in Avignon, 9-12 May 2002

Presentation 1 - Theme paper (10 May 2002)

Diagnosing piriformis syndrome as a cause of sciatica. A systematic review of diagnostic criteria and their suitability in general practice

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Background: General practice guidelines for the management of back pain emphasise the importance of differentiating sciatica from other causes. Most practitioners think of sciatica as compression of nerve roots by a prolapsed disc and little consideration is given to compression of the sciatic nerve outside the spine. This condition has been termed piriformis syndrome. There have been many case reports and reviews but no systematic study of the subject. Furthermore, there is controversy over its prevalence and the reliability of clinical diagnosis Some argue that it is underdiagnosed and that the diagnosis should be made on clinical grounds while others argue that is rare and should be a diagnosis of exclusion.
Objective: To conduct a systematic review of the diagnostic features of PS in order to discover the reliablity of clinical diagnosis. A search was made for:
1 A gold standard test against which clinical features can be measured for their sensitivity and specificity;
2 Reports of the frequency of clinical features.
Search strategy: A search of MEDLINE, Embase and CINAHL was conducted using a broad search strategy looking for piriformis and pyriformis in the title, abstract, or as a text word. On the basis of abstracts, papers were recovered if they were in the English language and if:
1 They reported diagnostic imaging techniques;
2 They were original studies reporting on frequencies of clinical features.
Non-English language papers that met these criteria were noted but not retrieved.
Results: Most studies were case reports, retrospective series, and reviews. The remainder were anatomical studies and reports of imaging or neurophysiological techniques. Three retrospective case series contained information relevant to the frequency of clinical features but only two contained numbers which could be extracted. One small case series (four cases) in French was identified and this will be retrieved by the time of the EGPRW meeting for presentation.
Clinical features which have been consistently reported in diagnosing the condition are:
- Tenderness over the greater sciatic notch;
- Putative pathognomic signs of involvement of the piriformis muscle: pain on forced stretching (Freiberg's sign) or resisted contraction (Pace's sign);
- Limited straight leg raising.

However, there have been no studies comparing these against a gold standard, though some case studies have reported the results of computed tomography and neurophysiological studies. One English language paper has reported the use of nerve conduction velocity but its aim was to compare the test against diagnoses made clinically. A Russian paper claims that electromyography is the gold standard test, however, it appears to be a conjectural piece rather than a trial.
The reviews retrieved were traditional in nature. The present review appears to be the first systematic review of the subject.
Conclusion: There is insufficient evidence on which to base an estimate of the frequency of clinical features present in PS. There is no evidence on which to base estimates of sensitivity and specificity of putative pathognomic signs.
Expectations: This is an under-researched area of pain in general practice. Discussion of the difficulties of judging the reliability of clinical features in diagnosis when evidence is sparse is valuable in understanding the uncertainty that is characteristic of much of muscoskeletal medicine in general practice. EGPRW members are invited to join the author in order to include non-English texts in a future review.

Presentation 2 - Theme paper (10 May 2002)

Suffering of battered women and follow up in general practice

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Background: Domestic violence is a reason of encounter which is a concern for the majority of women (95%). The motive for the violence is rarely explained. It is important that the general practitioner (GP) can identify this suffering.
Aims: To measure the frequency of presentation of this reason for encounter and describe the form of follow up in family practice.
Material and method: A retrospective collection of cases and an opinion survey on their follow up has been made by the GPs of western France.
Results: 19 out of 917 practitioners have reported cases. On average they were confronted with this situation twice a year. Female practitioners reported more approaches. The symptoms which were more often observed were physical trauma (83%) and psychological problems (79%). Associated factors which were more often mentioned were alcoholism (93%) and social problems (52%). Medication was prescribed by 81% of the GPs: analgesics 45%, anxiolytics 41%, antidepressants 11% and hypnotics 1%. 52% listened to the patients and 54% counselled them. 82% of doctors considered that this was a difficult situation to manage. 45% gave information or booklets about associations or structures which could help their patients.
Discussion: A literature survey showed a similar approach by North American practitioners, but the difference of their health system permits

referral to many health workers. In everyday practice it is important to watch out for conflicts between the evidence of trauma seen and the explanation given. A clue to the existence of violence as a cause id the presence of different degrees of haematoma evolution in the same or different parts of the body. The treatment of pain was the first aim of care, but follow up of distress with medication was common, in line with the frequent prescription of anxiolytics in France. Attention of general practitioners to detection of violence at presentation and follow up of relationship problems in couples should be encouraged during academic and continuous medical education.

Presentation 3 - Theme paper (10 May 2002)

Survey on pain therapy for cancer patients in general practice

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Background: In spite of the general awareness of cancer pain treatment as an important task in general practice, management of this complex clinical problem appears to be still inadequate in Italy, as suggested by the overall relatively scarce prescription of strong opioids by general practitioners.
Objective: To evaluate the attitude of a representative sample of GPs towards treatment of cancer pain and to understand possible reasons for an unsatisfactory clinical approach to the problem.
Method: A survey on the management of cancer pain in general practice in Abruzzi/Italy was carried out by means of a multiple-choice questionnaire administered to 288 GPs at the onset of an obligatory continuous medical education course on the subject of palliative care. It consisted in twenty questions concerning personal experience with the clinical management of cancer pain, including items on the use of opioids, drug prescription formalities and difficulties, control of pain relief and degree of collaboration and satisfaction with pain units. The answers were transcribed and organised by means of an electronic spreadsheet program.
Results: The analysis of the answers, obtained from 155 compiled questionnaires out of the 288 handed out, showed a high, although not complete, degree of theroretical awareness of the problem and of the need for scheduled pain treatment, inadequacy of therapeutic measures because of delayed onset, resistance to the use of strong opioids due to prescription difficulties, scanty knowledge and likely underestimation of the number of patients with severe pain, evaluation of treatment efficacy rarely carried out and less than complete satisfaction with specialized pain treatment centers.
Conclusion: This survey at the local level confirmed the overall Italian impression of undertreatment of cancer pain. The most likely reasons are insufficient education, bureaucratic difficulties, and unavailability of, or insufficient collaboration with specialists.
Relevance to EGPRW: This method and the quality of the information obtained may provide a valid model for self-audit procedures in general practice as compared with primary care standards, a stimulus towards professional improvement and a basis for outcome research in CME.

Presentation 5 - Theme paper (10 May 2002)

Prescribing opioïds in chronic non-malignant pain in general practice

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Background: The value of opioïds in the treatment of malignant pain is clearly recognised. However, considerable controversy exists over the use of opioïds for chronic (over 3 month length) non-malignant pain (CNMP). Many physicians are reluctant to prescribe these painkillers for patients with CNMP because adverse effects and addiction risks.
Objectives: To know the reasons of prescribing opioïds in CNMP in general practice and evaluate the feelings of patients who use them.
Method: In a two physician GP's office, patients who were prescribed opioïds for CNMP by their GP, were asked to complete a questionnaire: general characteristics, pain characteristics, first prescription of opioïds, effectiveness of treatment, quality of life and feelings about opioïds.
Results: Eighteen patients were enrolled (average age 63 years, sex ratio 6/18). Six patients were still taking opioïds (for 4 months or more). Twelve had stopped (33% because of adverse effects, 41% because the pain had disappeared and 26% because it wasn't effective). Diseases were mostly rheumatological. Three (50%) patients weren't suffering at the time of the questionnaire, two (30%) had moderate pain. The usual pain was moderate for 83% of patients. There was no addictive behaviour found. Most respondents knew about opioïds and one was worried about taking them. All patients had adverse effects at the beginning of treatment (principally constipation and sleepiness). Only three (50%) had adverse effects after 3 months of treatment.72% of patients thought opioïds were a good treatment for their pain.
Discussion: Despite the small sample studied, prescription of opioïds seems possible and effective for CNMP in general practice. Only 30% of patients stopped opioïds because of adverse effects. This type of medicine is well known and well accepted by patients. The majority of patients think opioïds are an appropriate treatment for their pain.
Relevance to EGPRW: CNMP is a frequent reason for consultation in primary care and mainly in rheumatological diseases. Little has been published on the use of opioïds in this indication. Because different rules about opioïd prescription are in place in different European countries, assessment of habits and feelings of the participants could be very profitable.

Presentation 6 - Theme paper (10 May 2002)

Fear and avoidance in low back pain

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Background: Lifetime incidence of low back pain (LBP) is high (60%-80%). Most patients recover within a few weeks, but those who do not, are at risk of developing a chronic pain syndrome. Given the serious consequences of chronic LBP (disability, psychological problems), strategies to prevent acute pain from becoming chronic are badly needed. Recent research supports a cognitive-behavioural fear-avoidance model in explanation of the development of chronic LBP. This model might provide a framework for more effective early screening and intervention.
Objectives:
1 To test in acute LBP patients the predictive value of fear-avoidance variables in explaining future LBP disability.
2 To test the effectiveness of an early fear-reducing exposure treatment for acute LBP patients on future disability levels.
Method: Patients who consult their General Practitioner with a new episode of non-specific LBP (duration of complaints <3 weeks are being recruited. Standardised questionnaires on pain intensity, fear of movement/(re)injury, pain catastrophizing, physical and social disability, physical activity, depression, quality of life and health care use will be completed at baseline and at 3 months, 6 months and 12 months follow-up. A subgroup of patients reporting high levels of fear of movement/(re)injury at baseline are being randomised. Participants in the experimental group are receiving a two-session fear-reducing cognitive-behavioural exposure treatment in addition to usual care. Control patients receive care as usual.

Results/conclusions: Data-collection is in progress. At the EGPRW meeting cross-sectional baseline and three months follow-up data will be presented.
Relevance to EGPRW: Results of this study may contribute to the development of screening tools for early identification of acute LBP patients at risk of developing a chronic pain syndrome and treatment tools to prevent chronicity. Preventive intervention in primary care during the acute stage of a low back pain episode is likely to be easier to do and more cost-effective than rehabilitation of subacute or chronic patients. Furthermore, presentation and discussion at the EGPRW-forum might contribute to more integrated knowledge applicable in practice on psychological mechanisms in functional somatic syndromes. At present researchers studying these syndromes seem to be almost unaware of each other's work.

Presentation 7 - Theme paper (10 May 2002)

Prevalence and pain control in general medicine

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Background: Guidelines for clinical practice and specialised papers underline the necessity of training trainees and GPs about pain treatments, mainly focusing on cancer or terminal pains. The insinuation was GPs do not manage pain well. With the idea of describing the reality of GPs practice and to influence the contents of CME programs about pain, we carried out a study aiming to establish the prevalence of pain as a motivation for seeing a practitioner in general medicine and to take a census of the origins of the pain, the treatments proposed by GPs and treatment efficacy.
Method: 178 randomised GPs practicing in the Paris area participated in the study. In March 1998, during one working day, each practitioner included every patient with pain who presented, of whatever age and recorded the pain management items. Four days after the encounter, included patients with pain had to return a questionnaire self evaluating their improvement.
Results: Practitioners met 3291 patients. They were 1408 (43%) complaining about pain. 1037 (73,7%) sent back their evaluation. The main etiologies of pain were in rheumatology (31%) and NET (28%), far ahead of digestive pain (14%). Cancer pains represented less than 1%. GPs using evaluation scales for pain were very few. Thirty per cent of patients declared that they had total relief. Eighty per cent had 50% relief or more. Level 3 pain killers were prescribed for 11 patients. Pain as a reason of encounter was not related to sex, home visit, consultation, or age.
Discussion: The most frequently encountered pain was rheumatologic, NET or digestive. Without neglecting cancer or AIDS pain, postgraduate and CME programs should insist on common causes of pain. Pain leading to opioïd prescriptions were very few. As a whole, patients were satisfied with the manner that GPs controlled their pain.
Relevance to EGPRW: Pain is a very common reason for consulting. Pain control has become one of priority themes in CME. It will be interesting to compare reality and feelings of the participants about our figures.

Presentation 8 - Theme paper (10 May 2002)

Undertreatment of chronic pain - The impact of underestimating pain on treatment in general practice

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Background: Management of patients with chronic pain is still inadequate in Germany as indicated for example by the overall consumption of opioids.
Hypothesis: Communication difficulties in reporting pain leads to underestimation of intensity and duration of patients' pain resulting in inadequate pain treatment.
Method: 600 practices were selected at random and the GPs asked in a standardized telephone interview for participation in the study. Questionnaires were then sent to be handed out to the next 10 patients entering the surgery. The questionnaires contained questions concerning presence of chronic pain, its intensity, duration, handicapping abilities and treatment. Besides these, questions concerning depression score, treatment and its efficiency as well as patients' expectations and other items were put forward. If the patient identifies himself as suffering from chronic pain, the GP has to fill in a corresponding questionnaire allowing comparison of the patient's and the doctor's assessment.
Results: We are moving towards the end of the data collecting process (80% of questionnaires already sent, 20% returned), and we shall be able to present initial results at the EGPRW workshop.
Relevance to EGPRW: What would be the viewpoint in other countries to the difficulty of communicating and evaluating pain? What is the situation in countries with high consumption of opioids?

Presentation 9 - Theme paper (10 May 2002)

Implementation of guidelines about evaluation and follow up of chronic pain in general practice

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Background: In France, the prevalence of pain in general practice is 43%, and 24% have chronic pain. Guidelines about evaluation and follow-up of adult chronic pain in general practice have been proposed by ANAES (National Agency of Accreditation and Evaluation in Health) in 1999. Five basic tools are planned to improve the evaluation of chronic pain in ambulatory sitting patients. Since their publication, an assessment of the implementation has not been carried out. The question is: are the guidelines used by GPs to manage chronic pain?
Objectives: To assess the impact of the guidelines for evaluation and follow up of patients with chronic pain. To identify the characteristics of GPs who implement the guidelines.
Method: Observational study. Prospective description and assessment from 50 GPs of the department of Gironde, in south-west of France. Inclusion: the first 5 patients with chronic pain. Completion of questionnaire for each contact, sent back by mail. Analysis with EPI-INFO 06.04c program. Statistic tool: χ^2.
Results: 32 GPs participants (average age: 47 years; sex ratio: 2). 125 patients (average age: 63 years; sex ratio: 1,35). 52% of the physicians didn't know of the existence of the guide line, 20% had read them. The localisation of chronic pain was osteo-articular in 62% of cases. On average, two tools had been implemented for the evaluation: each one was used for between 20 and 40% of cases.
The most used was the adjective list and the topographic diagram; less used was the analogue scale. The GPs who were in group practice, in rural setting, in practice for less than 20 years, used the tools less than the others. The guidelines were used more during the first consultation than for the follow up.
Conclusions: The guidelines about chronic pain are not very well implemented in general practice. In particularl, they are not used for follow up, whereas they are a tool for therapeutic assessment. Their complexity don't make daily use easier. They should be simplified and their format changed. To achieve this, it is necessary that GPs should be more involved in the development of guidelines for the ambulatory setting. A gradation in accordance with the level of care could also help implementation in primary care.

Relevance to EGPRW: The harmonisation of guidelines in general practice is a real challenge for European countries. It is interesting to compare the different recommendations and to try to have a common pattern of care.

Presentation 10 - Theme paper (10 May 2002)

Impact of pain evaluation scales on the relief of outpatients suffering from chronic locomotor system pain

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Background: Guidelines for clinical practice and specialised papers focus on the necessity of evaluating chronic non-cancer pain in outpatients with valid tools. However, only 13.5% of French general practitioners use pain assessment scales for 6% of their chronic pain patients. There is no study in primary care about the impact of pain assessment scales' use on the relief of chronic pain patients.
Method: A controlled study where practitioners from the French College of GP Teachers (CNGE) were randomised into two groups. The 'scales' group used two recommended tools for assessment (VAS and HAD) during two consultations separated by one month. The 'control group' worked as usual.
The patient inclusion criterion was the presence of a locomotory system non-cancer pain developing over at least three months. The main criterion of evaluation was the percentage of relief declared confidentially by the patient, 7 days after the second consultation, and measured with a numerical pain assessment scale. The hypothesis was that 40% of patients in the control group should declare relief, as against 50% in the scale group. The secondary criterion was the change in analgesic prescriptions.
Results: 772 patients were included by 155 GPs. Patients characteristics, pain location, pain duration and pain treatments were comparable in the two groups. 751 patients were seen again a month later and 728 (94,3%) sent back their relief percentage scale.
The average relief of the control group was 49±26% and 42±26% in the scale group. 187 (56%) patients from the control group had less than 50% relief versus 239 (68%) patients in the scale group ($p<0.0001$). 147 (44%) patients in the control group had more than 50% relief versus 114 (32%) in the scale group ($p=0.002$).
The patients with minimal relief, were more numerous in the scale group. There was no significant difference in therapeutic prescriptions between the two groups of practitioners.
Discussion: The amount of relief (statistically significant) observed in the scale group is not necessarily clinically significant. Nevertheless, this study strongly demonstrates that the use of pain evaluation scales does not improve the relief of chronic pain patients in primary care.
Relevance to EGPRW: The hypothesis explaining this unexpected outcome are numerous and could be fructuously debated during the workshop.

Presentation 11 - Freestanding paper (11 May 2002)

The impact on general practitioners of end of life decision-making (research proposal)

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Background: Decision-making at the end of a patient's life can be very difficult for physicians. Although the open debate on euthanasia and assisted suicide in the Netherlands has resulted in relatively transparent medical practice, they are still exceptional acts that go beyond 'normal' medical decision-making and are potentially emotionally troubling for doctors. Involvement in euthanasia has been found to be burdensome for many physicians.
Objectives: The overall aim is to investigate the impact of end-of-life decision-making on general practitioners, and to explain this impact. More specifically, the research question is: what is the emotional impact on GPs and what are the psychological reactions, after having performed euthanasia, in comparison with the alleviation of pain and symptoms with high doses of opioids (with perceived life shortening effects), and what are the determinants of this impact.
Methods: A random sample of 400 GPs (stratified on age, gender and region) will be asked if they have ever performed euthanasia or alleviated pain and symptoms with high doses of opioids, and if so, if they have done so in the previous year. GPs who have made one of these end-of-life decisions in the previous year will be included in the study. 120 GPs will be interviewed about a case of euthanasia or on a case of pain and symptom alleviation. Psychological complaints (with the General Health Questionnaire, GHQ), burnout, post traumatic stress disorder (PTSD) and personality will be measured with validated instruments. Additional in-depth interviews will be held with 30 GPs.
Relevance for health care: What is unique about this proposal is the investigation of the impact of end-of-life decision-making on GPs with validated instruments and in-depth interviews. Besides we aim to detect determinants that can explain the impact. The results of this study could be of practical interest to (future) patients, GPs and for medical training.
Relevance to EGPRW: GPs play an important role in terminal care and end-of-life decisions, and have the most personal experiences. Little is known about the specific emotional impact on GPs after they have performed euthanasia and what explains the impact. Discussion in our European forum, possible suggestions for improvement of the proposal and for additional funding might be helpful.

Presentation 12 - Freestanding paper (11 May 2002)

A survey to discover what is a Balint Group

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Background: We previously presented a paper to EGPRW in May 2000, on a proposed study of the effectiveness of Balint groups. It is perhaps assumed that all groups follow the procedures and practice described first by Michael Balint, which comprised the research tool of GPs exploring the effect of 'doctor as drug' by case studies presented by members of the group. However, as preparation for this study, we sought to define contemporary norms for the structure and process of Balint groups in the UK.
Method: Leaders of all Balint Groups (n=16) known to the London Balint Society, were asked to complete a short postal questionnaire. This provided data on the organisation, structure, process, membership and leadership of their groups. Leaders were also asked about the allocation of time within group meetings and the function of the group as they perceived it.
Results: Responses were received from 12 Balint groups (80%). There were 7 groups run for experienced GPs and 5 groups for trainee GPs. The attendance of the groups ranged from 6 people to 13 people, mean 8.2. Leaders and co-leaders were 11 (58%) GPs, 7 (37%) psychiatrists and 1 (5%) psychotherapist, of whom 10 had learned by apprenticeship, and 3 had no training at all. All groups discussed 2 or 3 cases at each meeting. The time spent on identified activities varied widely. For example, 4 groups spent time at each meeting on exploring the presenter's life experiences with his or her response to the case, whereas 4 groups did not do this at all. Group leaders were asked to identify the aims of the

group. The most frequent was 'understanding and using feelings', and 'exploring the doctor-patient relationship'. Only one reported 'research' as an aim.
Discussion: These results suggest there is no single model of a Balint group. Clearly, the effectiveness of the Balint groups cannot be assessed if the Balint group is not a definable, operationalised intervention. In order to address this, by extending our qualitative understanding of the processes and effects of groups, we intend also to survey members of Balint Groups.
Relevance to EGPRW: We also wish to survey leaders and members of Balint groups in other countries, to widen the sample and hence increase our understanding of the nature of the effect of being a member of a Balint group. It will also enable comparison between Balint groups in different countries. EGPRW members are invited to take part in this survey.

Presentation 13 - Freestanding paper (11 May 2002)

The job-related burnout questionnaire in family practice: a multinational pilot study

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Background: A multinational study of European countries concerning job-related burnout has been proposed in the former Gdansk/Poland meeting. The presented questionnaire has been corrected after meeting and sent to the multinational interest group.
Aim/objectives: To perform a pilot survey in European countries to validate the questionnaire on job-related burnout.
Method: 24 EGPRW members from 16 European countries were interested in performing the questionnaire in their countries. A draft version of the questionnaires has been mailed to the interest group and they were asked to perform a survey in a randomly assigned small group of family physicians. Evolving problems during the pilot study and suggestions for adding items should be noticed and discussed at Avignon/France meeting. Especially, consideration of language and cultural differences are expected.
Expected results: By discussing the results and suggestions of different countries creation of the final version of the multi-national job-related burnout questionnaire is expected.
Relevance to EGPRW/Relevance to the GP on an international level: Application of a valid instrument in European countries and determination of the appearance of job-related burnout in family practice.

Presentation 14 - Freestanding paper (11 May 2002)

Study of patients' expectations and outcomes of doctor-patient interaction

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Aim: To improve the quality of health care services through increasing the effectiveness of doctor-patient communication.
Specific goals:
- To study and compare the structure of patients' expectations in the Primary Health Care setting in three pilot countries.
- To investigate how much of the patient's expectations is recognised by physicians in PHC consultations.
- To define what *groups* of expectations are recognised most and least in PHC consultations.
- To compare the degree of meeting patients' expectations as perceived by physicians and patients.

Background: The majority of the studies, on analyzing patients' expectations, were based on opinions of either patients or third-party experts, studying the recorded consultations. The reasons why expectations were not met (not recognized or not reasonable) were not studied. After studying about 140 resources in this field during the project of E Zebiene et al, *Importance of meeting patient's expectations* (presented in ERWGP meeting in Tampere, 2001), we could not find information on whether opinions of both patients and physicians were compared. Comparison of perceptions of patients and physicians about what the patient expects from the consultation and how the expectations are met, would be the next step in investigating doctor-patient interaction.
Methods: The survey will be performed in Primary Care practices in Lithuania, Russia (St.Petersburg) and Slovenia. Before the visit to the doctor, the patient has to fill in a Patients Expectations Questionnaire. After the consultation the patient fills in an Expectations Met Questionnaire. The doctor fills in a questionnaire after the consultation about the patients expectations (as he/she recognized them) and a questionnaire about how the expectations were met during the consultation in his opinion. All the questionnaires will be created by researchers based on earlier experience of different studies (Salmon and Quine 1989, S Williams et al. 1992, Little et al. 2001).
Evaluation:
1 Structure of patients' expectations in three countries will be analyzed and compared.
2 Influence of socio-demographic characteristics of the patient to the expectations will be investigated.
3 Disparities between patient and doctor's opinions concerning the expectations as recognized and met, will be defined and analyzed.

Presentation 15 - Freestanding paper (11 May 2002)

PTSD symptoms are not specific to traumatic events: evidence from the open population

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Background: The diagnosis of post-traumatic stress disorder (PTSD) is gradually becoming more common. There is at present some discussion about it's validity; one aspect is connected to the original notion that PTSD is a disorder specific to certain types of events: events that were a direct threat to one's physical integrity and gave rise to fear, helplessness or horror (e.g. accidents, combat and rape). The question is whether events such as unemployment and chronic illness, also give rise to PTSD symptoms. To gain further insight into this matter, studying PTSD symptoms in the open population, after a wide range of events, seems indicated.
Objective: To gather evidence from the open population on whether life events (e.g. marital discord, unemployment) generate as many PTSD symptoms as traumatic events (e.g. accidents, abuse).
Method: Data on demographic characteristics and trauma history were collected using a written questionnaire sent to a random sample of 2997 persons, 20 years and over, from the open population. Respondents filled out a PTSD-symptom checklist (PSS-SR, Foa) keeping in mind their worst event. Mean PTSD scores were compared, controlling for differences between the two groups. Differences in item scores and in the distribution of the total PTSD scores were analysed.
Results: Of the 1498 respondents 832 were eligible for analysis. The PTSD scores were higher on average for the life events than for the traumatic events that happened in the past 30 years; for earlier events the scores were the same for both types of events. These findings could not be explained by differences in demographics, trauma indicators or

individual item scores, nor by differences in the distribution of the total PTSD scores.
Conclusion: Life events can generate at least as many PTSD symptoms as traumatic events.
Relevance to EGPRW: We present our study to illustrate how, after having found a result that is contrary to earlier evidence, one can perform secondary analyses on one's data to check whether the findings should be repudiated.
Also, we would like to discuss whether our findings add to the evidence about the limited generalizibility of applying a concept that has been developed in referred patients, to general practice patients.

Presentation 16 - Freestanding paper (11 May 2002)

A proposed methodology for investigating health inequalities within EGPRW

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Background: Health inequalities particularly between social, ethnic and economic groups, but also between countries are widely recognised and a subject for concern. For some conditions, general practice is a key provider of morbidity data and this is now recognised within the European Community Health Monitoring Group.
Objectives: To explore the feasibility of examining inequalities using national census type enquiries in persons with specific diseases (index conditions).
Methods:
1 To identify available data in participating countries as collected in national censuses and to obtain copies of national census questionnaires
2 To present the questionnaires to all persons in a practice with the index condition.
3 To compare the answers to the questionnaire with age matched census data in each country.

Discussion: The proposal is made to foster discussion as to the interest of the EGPRW in looking at health inequalities. Diabetes is chosen as the likely index condition. The practical issues surrounding the research methods and the necessary sample sizes will be discussed.
What do you expect from the EGPRW: Primarily, we are anxious to build the scientific credibility of the EGPRW by promoting this as an international study.

Presentation 17 - Freestanding paper (11 May 2002)

Ha'emek Medical Center prospective study of postpartum depression-sociodemographic and emotional characteristics and health care utilization

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Background: Depression is described in approximately 10% of new mothers, similar to its frequency in the general population. Various factors are associated with postpartum depression; these are sociodemographic, emotional, personal and marital relations.
Postpartum depression, like depression in general, is difficult to diagnose. Contributing factors are the unique situation after giving birth and the woman's and the doctor's lack of awareness. Depression is a condition that restricts one's performance and is associated with high health care utilization.
We present the results of research that was conducted in the population of women who gave birth in the Ha'emek Medical Center, Afula in the aim of detecting postpartum depression.
Aims:
1 To assess the rate of postpartum depression among the women in the sample.
2 To characterize the depressed women on the basis of socio-demographic data.
3 To analyze the participants' behaviour in the consumption of health care services.

Methods: We conducted a prospective cohort study over a period of six months. The participants were women who had delivered a live child in he 'Ha'emek' medical center. The new mothers were asked to fill out a preliminary questionnaire the day following delivery. Six weeks later, they were interviewed by telephone. They were questioned regarding health care utilization for themselves and their newborn and the EPDS questionnaire was applied as an instrument to diagnose postpartum depression.
Results: The survey questionnaire was filled out by 583 women, of whom 10% were found to have depression.
Depression was found at a higher rate among: Arab participants as compared with Jewish ones; housewives as compared with working women; those for whom the pregnancy had been unplanned compared to those; those for whom depression had been diagnosed in the past; those who had experienced a 'difficult' pregnancy; and those who described their health following delivery as 'not good'.
Women with depression visited the doctor more often. Frequent visits to the pediatrician and the family doctor, more than to the gynecologist, were found to be related to depression.
Discussion: In this study we identified women at risk of developing postpartum depression. Our study shows that the use of the EPDS questionnaire is appropriate. It is possible, however, to use simpler means like asking the woman about depression in the past or a question about the mother's health after birth, and thus to detect the condition of postpartum depression. It is necessary to raise the awareness of physicians, particularly family doctors and pediatricians, to the emotional state of the woman after birth, even if the problem presented is the baby's.
Relevance to EGPRW: The results stress the importance of the approach to the family as a whole unit, while caring for one member's problem. Can the results be generalized to the audiences' practices as well?

Presentation 18 - One-slide/five-minutes presentation (11 May 2002)

Proposed international survey of community-based pulmonary rehabilitation (PR)

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Background: PR is an effective treatment for patients with chronic lung disease, especially COPD. COPD is a common disorder affecting approximately 20% of cigarette smokers. Currently there is limited availability of PR, it is mostly based in hospitals in UK. If all suitable patients are to be offered rehabilitation, hospitals may not be able to provide the service. Research has shown that PR can be performed effectively at home or by non specialist teams in the community. PR in the community is closer to the patients, reducing travel and costs, and local groups may have better social cohesion. As new community PR schemes are spreading, quality control may become important, especially as they use widely different methods and staff, and often lack specialist guidance.
Aim: To perform a survey of all community based PR schemes in the UK leading to establishing a consensus as to the most appropriate

methods of recruitment, assessment, intervention and follow up. Thereafter it will be possible for rehabilitation programmes, using the same outcome measures, to compare the effectiveness of their programme with others across the country.
Methods: Comprehensive survey of all community based programmes, in the UK.
Part 1: Identifying all programmes: a letter asking about the presence of rehabilitation programmes will be sent to appropriate primary and secondary care specialists and health authorities.
Part2: A telephone survey of the methods of rehabilitation including: composition of the rehab team, the duration and contents of the programme, methods of assessment e.g. exercise testing and health status questionnaires. The results will be presented at a consensus meeting and a database formed for comparison of data from different groups.
Relevance to the EGPRW: Interest has been expressed for a similar study in Holland; we would be delighted to hear the views of European colleagues as to the idea of extending the survey in Europe.

Presentation 19 - One-slide/five-minutes presentation (11 May 2002)

Placebo clinical influence and importance in family doctors' practice

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Background: Many research projects about influence of medicaments have proved placebo clinical effect. The patient usually does not know if he/she receives placebo or operating substance to be researched. That is why the conclusion is that placebo operates with clinical effect unconscious from the patient's side. It is not clear what the placebo effect would be, if the patient had confidence that he/she was receiving an active substance instead of placebo.
Objectives: To investigate the difference of placebo impact in the cases when the patient knows that he/she will possibly receive a placebo, and in cases, when the patient receives a Placebo, but he/she is sure that it is an active substance.
Methods: Methods must be discussed.
Results: There are no results.
Relevance to EGPRW: To receive support, advice, suggestions and warnings for research.

Presentation 20 - One-slide/five-minutes presentation (11 May 2002)

Qualification for research in general practice

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Background: The promotion of general practice as an academic and research discipline increases the demand for general practitioners (GPs) with research qualifications, particularly for candidates for professorships in new academic departments. The German Society of General Practice and Family Medicine (DEGAM) requires that candidates have experience as a GP principal, as well as qualifications in research (PhD-Thesis, *Habilitation*) and teaching.
Problem: Contrary to expectations, the ideal of a qualified researcher, gifted teacher and deeply emphatic physician caring for his patients day and night does not stand up to reality: A PhD-thesis can hardly be written without the support and structure of a university department. Current legislation in Germany, however, makes setting up one's own practice (or even working in a group practice) difficult for people simultaneously employed at a university department.
Objectives/relevance to EGPRW: As proven internationally, positions integrating research and teaching activities in a university department and clinical work in associated general practices may be more adequate and attractive, but require modifications in the current German legislation. We would like to discuss possible frameworks and models with GP researchers from other countries.

Presentation 22 - One-slide/five-minutes presentation (11 May 2002)

A study of the quality of the first contraceptive consultation with the general practitioner?

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Introduction: Oral contraceptives are the group of drugs most frequently prescribed by general practitioners in Belgium. During the first contraceptive consult the physician has to give good information about the correct use and the side effects of the contraceptives. A revised guideline about oral contraceptives in general practice will be published in 2002. However the implementation of guidelines in general practice care is difficult and therefore effective training kits are needed.
Objectives: To determine how the physicians perform during the consultation, the topics the general practitioner discussed with the patient and the length of the consultation. To develop a training kit based on the information we get out of the consultations.
Method: Standardised patients will be sent to 30 general practitioners in order to assess the quality of the consultation (the number of necessary questions asked, information given by the general practitioner, the length of the consultation and the quality of communication.)
One year after the implementation of the guideline and the training kit another standardised patient will visit the same general practitioners.
Relevance to EGPRW: We want to get feedback about this project
1 Similar projects in other countries?
2 Suggestions for the evaluation by the standardised patients according to the quality of communication and a score system for the information given by the GP?

Presentation 23 - One-slide/five-minutes presentation (11 May 2002)

Recognition of successful interventions in problem patients with diabetes mellitus type 2

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Background: Diabetes mellitus is regarded as a 'model-illness' for chronic diseases: it's pathomechanisms are well known and detailed guidelines for diagnosis, prevention of complications, therapy and monitoring have been developed. Nevertheless the rates of new blindness, renal failure and feet-amputations have not changed during the last decade in Germany. It is not clear to which extent the deficits in preventing complications associated with diabetes are due to ineffective medical care or to not sufficiently informed, trained and motivated patients.
The majority of intervention programs in the past focussed on training doctors and patients. But as measurable effects are lacking this pure educational approach needs to be extended. There is some evidence that complications occur more often in patients who belong to 'vulnerable subgroups': lower social class, psychiatric patients, immigrants etc. Consequently an improvement of therapy requires not only medical, but also social interventions. Concrete ideas are missing.

Objectives: To perform a survey in several European countries to recognize successful interventions in problematic patients with diabetes mellitus type 2.
Study population and methods: This is a hypothesis generating field study. From every participating country two groups of 10 general practitioners each would be asked to participate in a focus group discussion. Topics would be types of problem patients, reasons for their development and successful intervention strategies for general practitioners.
Expected results: We expect to find a wide variety of problem patients and tried-out interventions. Our hypothesis is, that successful interventions can only result from an open and - at first glance - time consuming analysis of the underlying problems together with the patient with emphasis on his readiness and faculty to change habits and lifestyle.
Relevance to EGPRW: Most surveys on patients with diabetes in primary health care focus on problems of provision of care. As a result, either the doctor, the patient or the medical system is often blamed. Alternatively this study takes a positive approach and focuses on abilities and experience of general practitioners.
What do we expect from the presentation? Discussion if this approach is regarded interesting and motivating others to participate.

Presentation 24 - Poster session (11 May 2002)

A comprehensive prognostic cohort study on shoulder disorders, with randomised controlled interventions in subcohorts

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Background: Shoulder disorders are common in general practice. Yet, there is insufficient evidence on the value of potential prognostic indicators and on the effectiveness of many interventions.
Objectives: This research programme seeks valid and applicable evidence on factors predicting the outcome of shoulder disorders in primary care. The objectives of the cohort study are to estimate the cost-of-illness of shoulder disorders to society, to study which putative prognostic factors are the strongest predictors of outcome of shoulder disorders and to study which patient or disease characteristics are of concern for the external validity of the results from randomised trials on the effectiveness of primary care interventions.
Methods: The approach followed in this research programme is that of a comprehensive prospective cohort study on shoulder disorders, with 3 randomised controlled trials (RCTs) in subcohorts. The interventions which are studied are Manual Therapy and Cognitive Behavioural Therapy. Participation in a specific RCT is restricted to eligible patients living in the proximity of the relevant institute. Patients who do not qualify for the local RCT and patients who refuse random allocation are asked consent for baseline and follow-up assessments within the framework of the cohort study.
At baseline potential confounders and prognostic indicators are measured, including disease characteristics, psychosocial variables, and treatment preferences. Outcome is assessed after 6, 12, and 26 weeks, and includes assessment of patient perceived recovery, severity of the main complaint, functional disability, pain, and health status.
Results: Data collection has started in December 2000. As yet, 69 patients are included in the trial on manual therapy, and 87 additional patients have been included in the cohort study. The presentation during the EGPRW will focus on methodological aspects of this comprehensive cohort study, including the analysis of generalisibility of the results of RCTs.
Relevance to EGPRW: In this study an attempt is made to study the external validity of the results of RCTs. For the general practitioner it is important to know if results of RCTs can be generalised to a broader population or to an individual patient consulting for shoulder pain.

Presentation 25 - Poster session (11 May 2002)

Effectiveness of cognitive behavioural treatment of acute and sub-acute shoulder disorders by the general practitioner

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Background: In current practice, approximately 50% of all patients with shoulder pain still have complaints after 6 months. To decrease this percentage we developed a cognitive behavioural intervention to prevent chronicity in patients with acute and sub-acute shoulder disorders. In the present study we compare the effectiveness and costs of this newly designed program with usual care according to the NHG-practice guidelines.
Method: 220 patients aged 18 years and older with shoulder complaints up to 3 months are recruited in general practice (GP). At the research centre it is determined whether the patients are eligible for the study and the patients are randomised to the usual care group or the group receiving the cognitive behavioural intervention.
The intervention will be given by a GP and consists of a cognitive restructuring programme and a time contingent reactivation program, based on the principles of operant learning. The aim of the intervention is to promote healthy behaviour and prevent the development of discrepant pain behaviour. The intervention consists of two extra consultations after the initial consultation.
At baseline potential confounders and prognostic indicators are measured, including disease characteristics, psychosocial variables, and treatment preferences. Outcome is assessed after 6, 12, and 26 weeks, and includes assessment of patient perceived recovery, severity of the main complaint, functional disability, pain, and health status.
Results: Data collection started in November 2001. The presentation during the EGPRW will focus on the content of the cognitive behavioural intervention and the implementation of the intervention in general practice.
Relevance to EGPRW: The use of cognitive behavioural intervention is common in the treatment of chronic disorders. However, the use of cognitive behavioural interventions in primary care settings to prevent chronicity is limited and rarely structured.
This study attempts to structure a cognitive behavioural intervention that can be implemented in general care setting and compare its effectiveness with usual care.

Presentation 26 - Poster session (11 May 2002)

Effectiveness of cognitive-behavioural treatment of chronic shoulder disorders by the physiotherapist in addition to the standard General Practitioner treatment

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Background: In current practice, approximately 50% of all patient with shoulder pain still have complaints after 6 months. To decrease this percentage we developed a time-contingent graded exercise therapy (GET) program for people with chronic shoulder disorders.
Objectives: In the present study we asses whether GET is an effective and cost-effective treatment in patients with chronic shoulder disorders comparing it with GP treatment according to the Dutch clinical guideline for shoulder disorders.

Method: Patients: One hundred patients aged 18 years and older, with shoulder complaints for at least 3 months are recruited in general practice (GP).
Randomisation: After inclusion in the study, patients are randomised into the control or experimental group. The control group receives standard GP treatment. The experimental group receives the time-contingent GET, administered by a physiotherapist.
Interventions: The control treatment is standardised according to the Guidelines for Shoulder Complaints of the Dutch College of General Practitioners (version 1999), and consists of information, medication or non-medication therapy. During the first two weeks following the initial GP consultation a wait-and-see policy is followed, if necessary supplemented with analgesics or NSAIDs. The patient is instructed to re-consult the GP if the complaints continued for more than two weeks. In such situations, injections with a corticosteroid may be given.
During the Graded Exercise Therapy, negative reinforcement is used to modify pain and illness behaviour (extinction of pain-contingent behaviour), while positive reinforcement (rewarding of time-contingent behaviour) of each incremental step achieved is used to modify activity behaviour in the desired direction. The patient undergoes the GET program in groups of 5 patients maximum. The exact content of the 10 weeks GET is determined for every patient during a prior two week baseline period. In this rehabilitation plan, quota for the graded exercise programme are set by means of grading (i.e. goal setting and time scheduling). To increase the potential of the therapy, all exercises are based on the patient's daily activities. The exercises are performed in a time-contingent way. The intensity of the exercises increase gradually.
Follow-up: Questionnaires are used to measure e.g. perceived recovery, disability, pain and costs, before (T=0 weeks), during (T=6 weeks) and after treatment (T=12 and 26 weeks).
Results: Data collection started in November 2001.
Relevance to EGPRW: The effects of behavioural treatments are now being investigated in primary care settings for the first time. Innovative aspects are the multidisciplinary character and the wide applicability of the principles of cognitive-behavioural treatment of patients with chronic MSD.

Presentation 27 - Poster session (11 May 2002)

The effect of manipulation and mobilisation of the structures of the shoulder girdle as additional treatment for shoulder complaints. Design of a randomised controlled trial within a comprehensive cohort study

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Background: Shoulder disorders occur frequently and have an unfavourable outcome in general practice. Some favourable results of manipulation and mobilisation in the treatment of shoulder complaints have been demonstrated in a limited number of clinical trials, but conclusive evidence is lacking.
Objectives: To evaluate the clinical effectiveness and cost effectiveness of manipulation and mobilisation of the structures of the shoulder girdle, additional to usual care by the GP, in relief of shoulder complaints and prevention of recurrent shoulder complaints.
Methods: Possible eligible patients with shoulder complaints are recruited in 50 general practices in the vicinity of Groningen and reported to the research centre. A total of 250 patients with manifest shoulder complaints and a functional limitation of the structures of the shoulder girdle will be included and will be at random allocated to additional manipulative treatment. Participants receive maximal 6 treatment sessions in a three months period. Evaluation assessments are scheduled after 6 weeks and 3, 6 and 12 months, consisting of questionnaires, a physical examination of the shoulder and shoulder girdle and a measurement of the mobility of the cervical spine. Patients without a functional limitation of the structures of the shoulder girdle will participate in the cohort study.
Results: Data collection has started in December 2000. As yet, 92 patients are included in this trial and 130 patients are included in the cohort study. The poster presentation will focus on the design of the study and the presentation of baseline data.
Relevance to EGPRW: This study will make a contribution to the 'evidence based treatment' of shoulder complaints by evaluating the effect of manipulative treatment and presenting characteristics of treatment susceptibility. Furthermore, the results of this study can give further knowledge of the role of the shoulder girdle in shoulder complaints.

Presentation 28 - Poster session (11 May 2002)

Pain treatment with benzidamine hydrocloride (tantum verde solution) in cases of inflammatory throat and nasopharyngeal diseases in general practice

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Background: Inflammatory throat and nasopharyngeal diseases are common in the general population. There are usually subjective symptoms - throat pain and difficulties in swallowing even when the general status is not affected. In most cases there is no need for antibiotic or other drug treatment. That is why in general practice we use various pharmaceuticals applied locally for subjective symptoms relief. A new medicine for local treatment - Tantum Verde Solution (produced by ANGELINI, Italy) was introduced to the Bulgarian market and there were no surveys of its effectiveness and application in general practice in Bulgaria.
Objectives: We conducted the present survey to evaluate the effectiveness of Tantum Verde Sol. in the local treatment of throat pain and difficulties in swallowing in cases of inflammatory throat and nasopharygeal diseases.
Method and materials: 10 general practitioners and 30 patients took part in the survey. The average age of patients was 32 years and 4 months. 19 (63%) of them were female and 11 (37%) were male. Most of the patients had acute or exacerbated chronic pharyngitis and (or) acute tonsilitis. 28 (93%) of the patients were treated only with tantum verde sol. - local application of 15 ml solution twice daily (gargling for 30 seconds). The effectiveness of the treatment was evaluated by assessment of the changes in the intensity of the two main symptoms - throat pain and difficulties in swallowing after 5,15 30 minutes and 24 hours later. To evaluate the effect we developed a 5-degree scale that patients used to indicate the change in the intensity of the symptoms.
Results: The survey revealed that tantum verde sol. affected quickly and effectively the strength of the throat pain and the difficulties in swallowing. In all of the cases there was decrease of the pain 60 minutes after the application and in 80% the pain decreased significantly or disappeared. 24 hours after the treatment in 97% of the cases there was no throat pain.
50% of the patients had no difficulties in swallowing 30 minutes after the application of Tantum Verde Sol. and on the 60-th minute 70% of all patients had no difficulties in swallowing. 24 hours after the treatment 97% had no difficulties in swallowing.
Conclusions: The survey established that tantum verde solution has great effectiveness and tolerance in the treatment of the pain and difficulties in swallowing in cases of inflammatory throat and nasopharyngeal diseases. It can be used as a medicine of choice in cases when there are no changes in the general status of the patient.

Relevance to EGPRW: In cases of inflammatory throat and naso-pharyngeal diseases with subjective complaints of pain the general practitioners can use medicines with proven local effect including of tantum verde solution that brings quick relief without any risk for the patients.

Presentation 29 - Poster session (11 May 2002)

The value of antibiotic prophylaxis and the risk of *Borrelia burgdorferi* transmission after tick bite

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Background: The question of antibiotic prophylaxis after tick bite remains controversial. The main objection is the necessity to treat a great number of people to prevent one case of Lyme disease.
Objectives: The value of antibiotic prophylaxis mainly depends on the risk of *Borrelia burgdorferi* transmission after tick bite and on the rate of sequelae following an infection. To define that risk we conducted a trial in southwest Germany where Lyme disease is endemic.
Method: Ticks were removed from patients by general practitioners and examined by polymerase chain reaction (PCR) for *B burgdorferi* sensu lato. To assess whether transmission of *B burgdorferi* occurred, the patients were clinically and serologically examined after tick removal and during follow-up examinations for up to one year.
Results: A total of 3747 Ixodes ricinus ticks were collected from 3708 patients. 592 ticks (16 percent) were PCR positive. After the bite of a PCR positive tick, 239 patients were initially seronegative and could be followed up. Transmission occurred in 54 of these patients. Hence, the transmission rate of all tick bites was 3.5 percent, whereas the transmission rate from the bites of PCR positive ticks amounted to 23 percent. Serological results and symptoms were: asymptomatic seroconversion 13, sero-conversion with nonspecific symptoms 15, erythema migrans 21, lymphocytoma 1, and facial palsy 4.
Conclusions: The examination of ticks makes it possible to reduce the number of unnecessary treatments substantially. Nearly a quarter of the patients bitten by infected ticks seroconverted and/or developed overt symptoms of Lyme disease. This fact supports the strategy of testing ticks removed from patients in endemic areas and of administering antibiotic prophylaxis when the tick has proved to carry *B burgdorferi*.
Relevance: Since the early 1990s, awareness of the diseases associated with tick bites has considerably increased. As a consequence, more patients present to general practices for tick removal and ask for prophylaxis. Antibiotic prophylaxis after tick bite is not recommended routinely. We propose a strategy which allows the general practitioner to decide individually on a well grounded basis.

Presentation 30 - Poster session (11 May 2002)

Otalgia in general practice. Description of one year's experience after the start of the health care reform in Bulgaria

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Background: Otalgia is acommon reason for a patient to consult the general practitioner. Achieving the correct diagnosis and effective treatment are of prime importance.
Objectives: The objective of this research was to determine the frequency of consultation for otalgia and diagnostic and therapeutic strategy for patientsin general practice.
Method and materials: We have used a descriptive, retrospective analytical, data-based study. 15 general practitioners from the city of Plovdiv were randomly selected for this study (7% of all general practitioners in Plovdiv). 27056 patients visited the general practitioner for the first time over the period of one year. Finally we identified 726 cases with otalgia. The average age of the patients was 27 years, 327 (45%) were male, 399 (55%) female.
Patients were divided into 8 groups according to the diagnosis (otitis externa circumscripta, otitis externa diffusa, otitis media acuta, exacerbated chronic otitis media, trauma, ear wax, foreign body and others).
Results: The results are preliminary. Otalgia was a reason to visit the GP in 27% from all primary visits. In 261 cases (36%) the GP made the correct diagnosis and started the treatment himself. 465 (64%) patients were referred to the ENT specialist. In 395 (85%) from these cases the diagnosis of the general practitioner was confirmed by the specialist and 162 (41%) of the consulted were treated by ENT only.
According to the treatment the patients with otalgia were divided into 3 groups:

- Local therapy only - antiseptics, analgesics, antibiotics and nasal drops - 276 patients (38%)
- Local therapy and oral and parenteral antibiotics - 399 patients (55%)
- Local therapy, oral and parenteral antibiotics and surgical manipulations - 51 patients(7%)

Conclusions: The study established that otalgia is a common reason for a patient to consult the GP. Only in 36% of the cases the GP made the correct diagnosis and started the treatment himself. One year after the start of the health care reform in Bulgaria general practitioners need more and continuous medical education in this area.
Relevance to EGPRW: The present survey gives us the opportunity to compare the experience of the Bulgarian general practitioners with the general practitioners from the other European countries.

Presentation 31 - Poster session (11 May 2002)

Episodes of sickness certification in a defined population of Maltese employees. Statistical evidence of an association between injury on duty, anxiety and depression, low back pain and muscular sprains with manual work

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Background: The author co-ordinates company doctor services for a number of small to medium sized companies in Malta. This is a study of all visits to employees reporting sick from five selected companies, during 1997 to 1999.
Aim/objectives: To define the relationships between type of work/sex, and specific episodes of sickness certification.
Method: Employees who report sick phone their employer, who then in turn reports to the co-ordinating company doctor. All employees are visited by one of a group of doctors to verify and certify sickness, and a report, including diagnosis and days certified sick, is returned to the employer. The data is also stored in a custom-designed Access for Windows 95 database, storing parameters relating to the employer, the employee reporting sick, the doctor who visits the employee, the date of the visit, the diagnosis, and the days the employee is certified sick. This data is presented.
Results: Data from certification over three consecutive years (1 January 1997-31 December 1999), regarding 421 employees of five Maltese companies.
In the three-year period 3423 visits by 9 doctors were documented with 3015 discrete episodes of sickness, for which 8869 days sick were prescribed. The average duration of an episode of sickness was 2.94 days. The annual rate of sickness certification in the company family doctors'

data is 2.39 episodes and 7.02 days sick per employee per annum. The three most common episodes in our study were upper respiratory tract infections with 792 episodes per 1000 employees per annum, sprains and strains with 400, and gastroenteritis with 376.
The annual average of episodes and days sick per 1000 employees are tabulated and presented by diagnostic title, broken down by company, and employee sex and type of work. When the rates are tabulated for male and female, manual and desk workers it is clear that the sickness rates for injury on duty, sprains and strains, low back pain and psychological diagnoses are higher for male and manual workers, while the rates for URTIs show no clear associations with sex or type of work. This is confirmed by detailed statistical analysis. In fact the statistical significance of this trend of increased incidence of these specific diagnoses in manual against desk workers is clearly demonstrated for all employees as a group, and also for male workers, but not for females (probably due to small numbers of the latter in our sample population).
Conclusions/discussion: In this study of sickness certification practices, company doctors were found to certify patients sick much less than previously reported in other studies, which have not included data from short-term illness and certification. Injury on duty, sprains and strains, low back pain and also psychological diagnoses were found to be more prevalent in employees with more physically strenuous work, and in males, and these trends were shown to be statistically significant.
What do you hope to get out the presentation at EGPRW? The associations between type of work and increased incidence of psychological illness is in contrast to what has been previously described in the literature, and merits discussion in an international forum. This discussion was initiated in Maastricht EGPRW, and has stimulated the detailed analysis of the data to shed light on these relationships.

Presentation 33 - Theme paper (12 May 2002)

Regional differences in topical analgesic prescriptions in Finland

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Background: Pain is a very commonl reason to visit a primary care physician. Cultural and ethnic background can influence pain behaviour. Some previous studies have revealed regional differences in overall prescribing patterns. However, little is known about differences in pain treatments between different regions.
Objectives: To demonstrate the patterns of topical analgesic prescribing for joint pain and neck or back pain in two regions of Finland: Northern-Eastern (NE) region and South-Western (SW) region.
Method: A total of 28 General Practitioners (GPs) from 25 primary care health centres took part in the four-week study. Of the GPs, 14 were from NE health centres and 14 from SW health centres.
All visits yielding a diagnosis of musculoskeletal disease or injury were included in this study.
The study population consisted of 1123 patients visiting GP for musculoskeletal pain. Of these visits, 583 were in NE region and 540 in SW region. The physicians recorded all medicines prescribed for patients visiting due to pain.
Results: A total of 262 patients had joint pain. Of these, the proportion of osteoarthritis was 67%.
The number of patients having neck or back pain was 364. A total of 166 prescriptions of topical analgesics were given. Of these, 39 were for joint pain and 51 for neck or back pain. The GPs from NE region prescribed topical analgesics for 19.9% of their patients having musculoskeletal pain, while the corresponding proportion in SW region was 9.3% ($p<0.001$). Of the patients having joint pain, 17.3% in NE region and 11.6% in WS region were prescribed topical analgesics ($p>0.05$). In neck or back pain, the corresponding percentages were 19.9% in NE region and 7.1% in WS region ($p<0.001$).
Conclusions: The results of our study indicate clear regional differences in prescribing topical analgesics for musculoskeletal pain.
Relevance to EGPRW: Treatment of musculoskeletal pain is probably influenced by many other factors besides evidence-based guidelines. Multi-national European pain study could provide valuable information about complexity of pain behaviour and treatment.

Presentation 34 - Freestanding paper (12 May 2002)

Quality of life of the patients with type 2 diabetes in general practice in France

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Background: Quality of life (QOL) represents a chief goal of all health interventions. Quality of life issues are important in diabetes because it may affect self efficacy, self care behaviour, glycemic control and complications (reciprocally).
Objective: To evaluate health related quality of life of French diabetic patients in general practice with two complementary measure instrument (generic and disease-specific). Does quality of life differ among identifiable sub-groups of patients medical characteristics such as number of diabetes complications, duration of diabetes? Do psychosocial and demographic factors influence quality of life?
Method: 504 consecutive diabetic patients were included by 45 general practitioner (GP) in Rhône Alpes area during a 3 months period. All were followed by the same GP for at least one year. They showed adequate physical and mental capacity to answer questionnaires about their disease.
Two instruments of measure were used: Généric measure with SF 36 (medical outcomes study short-form general health survey) involving physical, social and role functioning scales and a diabetes-specific measure DQOL (Diabetes Quality Of Life) with 5 dimensions (satisfaction with treatment, impact of treatment, worry about the future effects of diabetes, worry about social and vocational issues and overall well-being.
Results: 437 patients (87%) agreed to participate. They have a worse quality of life than people with no chronic disease (SF 36). A better health related quality of life is associated with beeing married, the male gender, having a high educational level, a job, partaking in physical activities, a short duration of diabetes, a good glycemic control. The QOL measure is affected by excess weight, a treatment regimen with insulin therapy (in comparison of oral hypoglycaemic agents (OHA) or diet alone), the frequency and the severity of the complications, the use of self-monitoring blood glucose.
Conclusion: Scales assessing quality of life (through physical health and subjective perceptions) are able to measure meaningful differences between subgroups of type 2 French diabetic patients. The use of these generic and specific instruments should be able to measure the effect of a treatment on QOL and compliance, the benefit of treatment or intervention which may influence factors that may affect quality of life (beliefs, attitudes, social support...).
Relevance to EGPRW: It's necessary to know and use measure instrument of quality of life to develop research of new therapeutic intervention for improving diabetes self management. Especially in France, we have to increase this kind of research in primary care.

Presentation 35 - Freestanding paper (12 May 2002)

Primary diabetes care: proposal for an ongoing benchmarking exercise on primary and diabetes care

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Background: The Primary Care Diabetes Group has developed widely accepted targets for good diabetes care in general practice which are in agreement with the principals of the St Vincent Declaration. Major studies have shown the feasibility to reach such targets in well-motivated practices and trial settings, though actual care is generally different.
Objectives: Compare available data on actual care in general practice in different European countries and health service systems and exchange experiences about strategies to reach the set targets for primary diabetes.
Methodology: Available data from different European countries will be presented in a standard format to discuss the comparability and ways of presenting data collected in different health service systems and by different means.
Relevance to EGPRW and questions to the audience:

- Baseline health service characteristics need to be taken into account to understand international comparisons on primary care in any area of research. An important database could be created if national representatives could centralise data on mayor health service reforms in primary care in a continuous manner. Can this be a role for EGPRW?
- Standardised presentations of data would favour international comparative studies. Are EGPRW members willing to identify key-persons in each country to be approached to collect national representative data on diabetes care?
- A call for collaboration will be forwarded to the EGPRW representatives to extend this inventory to an ongoing benchmarking exercise in the European region of Wonca.

Presentation 36 - Freestanding paper (12 May 2002)

The negotiation between women and health professionals in consultations related to health technologies at women's midlife: a sociological and clinical perspective

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Background: The paper will present one aspect of a study entitled Innovative health technologies at women's midlife: theory and diversity among women and 'experts'. The study design was discussed at EGPRW October 2001. The project forms part of a program of research funded by the Economic and Social Research Council of the UK on how people and society are affected by, and in turn affect, innovative health technologies. This study examines health technologies focused on women in midlife including hormone replacement therapy (HRT), screening for osteoporosis using bone densitometry and screening for breast cancer.
Aim: The study aims to develop new understanding of the ways in which these particular health technologies are defined, assessed and experienced by women and health care professionals and how women and health professionals negotiate about these technologies. This presentation will focus on the negotiation in clinical consultations.
Method: The study is gathering qualitative data from women and health professionals from diverse backgrounds on their perceptions of the technologies, levels of risk and safety and how they make decisions about their use. The main data collection processes are interviews with women and health professionals, and recording of consultations between women and health professionals on issues related to the technologies. Consultations have so far been recorded in general practice (15 relevant consultations) and a clinic for screening for osteoporosis (23 consultations). Recording is ongoing in a specialist HRT clinic and further recording is planned in a breast screening clinic, a women's health advisory clinic and further general practices.
Analysis of the consultation data is being undertaken through a process of dialogue between research team members who bring clinical and sociological perspectives to the data. The clinician identifies the clinical and health care organisation, policy and training issues that play a part in the negotiation. The sociologist identifies the social, cultural and political issues playing a part in the negotiation. Both aim to understand the roles of the individuals. Through dialogue the researchers aim to synthesise understanding of the negotiation. This presentation will focus on the methodology used and the initial results of the analysis.
Relevance to EGPRW: The paper presents a further stage in an ongoing project already discussed at EGPRW. It links clinical and social science discipline raising theoretical and methodological issues for discussion.

Presentation 37 - Freestanding paper (12 May 2002)

How reliably do we elicit physical signs? The example of the throat examination

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Background: Several scoring systems have been developed to narrow down the probability for streptococcal infection. It is hoped that antibiotic prescribing for sore throat can be reduced by widespread use of these. While the validity of these rules has been thoroughly studied, little is known about their reliability.
Objective: To assess the inter-observer reliability of clinical findings in patients with sore throat.
Method: Consecutive patients presenting with sore throat in five primary care practices in Germany took part (n=126). Each patient was assessed independently by two doctors with regard to lymph nodes, pharynx, soft palate and tonsils.
Results: Agreement among practitioners was not satisfactory. For items with high agreement (blisters on soft palate, tonsilar exudates; both 93%) there was confounding by low prevalence. For remaining items agreement ranged from 63 to 78%.
Conclusions: Results suggest that the impact of clinical scoring systems can be improved by training on how to elicit relevant physical signs. Our findings do also cast some doubt on the effectiveness of under- and postgraduate training in this area.
Relevance to EGPRW: Clinical prediction rules generally perform worse when evaluated outside their original setting. Insufficient training in data gathering might partly account for discrepancies between training and test set. Apart from critical feedback on study design and analysis it would be interesting to compare results with studies performed on other organs/regions/problems and to discuss practical consequences.

Presentation 39 - Freestanding paper (12 May 2002)

Promotion of rational antibiotic use in Flemish general practice: implementation of a guideline for acute cough

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Background: In general practice GPs decide whether or not to prescribe antibiotics for coughing patients when a respiratory infection (RI) is suspected. Apart from clinical signs and symptoms, non-clinical factors influence this decision as well, often in favour of antibiotics.
Aim: To promote rational antibiotic use for acute cough in Flemish general practice.
Method: A cluster randomised controlled before and after study. Setting: 85 Flemish GPs from our research network, randomly assigned to control or intervention group. Patients: 20 consecutive adult patients consulting with acute cough. Intervention: The guideline 'acute cough', one outreach visit focusing on non clinical factors influencing the prescribing decision and a postal reminder to address GPs. A national public campaign 'Use antibiotics less and better' preceded our intervention. Outcome measures: Antibiotics prescribed, clinical and non-clinical information in the periods February-April 2000 and 2001.
Analysis: Descriptive statistics and generalised estimating equations analysis.
Results: 56 GPs (27 in the intervention, 29 in the control group) participated, including 1503 patients eligible for analysis. Before, the antibiotic prescription rate was 43% in the intervention and 38% in the control group, afterwards it was 27%, respectively 29%. The reduction is significant for both groups, but not significantly different between intervention (16%) and control group (9%). For patients included before March 2001 significantly less antibiotics were prescribed in the intervention group (22%) compared to the pre-test (43%) and compared to the controls (32%). The antibiotics prescribed by the intervention group in 2001 (52%) were also more in line with the Flemish guideline compared to the pre-test (41%) and compared to the controls (35%).
Conclusions: There is a short term net effect of our intervention which, in contrast to the effect of the public campaign, is controlled for differences in RI burden between pre- and post-test. The antibiotics prescribed by the intervention group GPs correspond better with the Flemish guideline.
Relevance to EGPRW/relevance to the GP on an international level: Improving the appropriateness of antibiotic prescribing is recommended on the basis of increasing antimicrobial resistance and the lack of proven efficacy, especially for respiratory infections in general practice.

Presentation 40 - Freestanding paper (12 May 2002)

Conservative management of intermittent claudication in primary care. A survey among general practitioners and primary care physiotherapists in the Netherlands

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Background: It is estimated that in an average general practice with a list of about 2500 patients there will be about 20-40 patients with arterial intermittent claudication (IC). Each year 3-8 new patients with IC will be diagnosed by an average general practitioner (GP). Treatment goals are maintaining the mobility of the patient, prevention of critical ischemia in the legs and prevention of cardiovascular events. Backbone of the conservative management of intermittent claudication is the advice 'to stop smoking and keep walking'. This approach is incorporated in many guidelines on peripheral arterial disease.
Objectives: To what extent are walking exercise and smoking cessation applied by GPs and physical therapists (PTs) in their daily care for patients with IC?
Method: A postal questionnaire was sent to 400 GPs in two Dutch provinces. They were randomly chosen from the address database of both District GP Organisations. In both provinces PTs were randomly selected (1:3) from the Dutch electronic phonebook. Thus, 209 PTs were selected. They were interviewed by telephone.
Main results: Of the 400 GP questionnaires 226 (57%) were returned; 194 GPs (86%) stated they give walking advice to their patients with IC: 84 do this once, without further counselling; 20 GPs refer their patients to a PT. The advice to stop smoking is given by 194 GPs of whom 102 provide no additional help; 39 GPs offer counselling according to the 'minimal intervention strategy'.
Only 16 (8%) of all PTs said they treat patients with IC; six of them have a treadmill. Most PTs (13) treat only a few (1-4) patients per year.
Conclusions: The advice 'to keep walking' is said to be given by the majority of the GPs, but probably in a suboptimal way. The same is true for the advice 'to stop smoking'. In the Netherlands the role of the PT in the conservative management of IC appears to be limited.
Relevance to EGPRW: We would like to discuss:
- The limitations of this survey;
- The experiences with regard to 'life style advice' in other health care systems;
- Suggestions for improvements.