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Abstracts SwissFamilyDocs Conference 2015

Free communications

FC1

Referral determinants in Swiss primary care with a special focus on managed care

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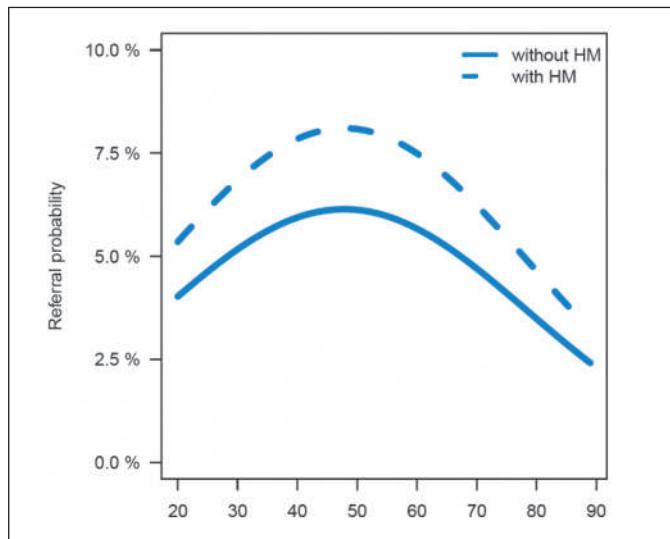
Background: A strong primary care contributes to quality and efficiency of healthcare. Referrals from primary to secondary reflect this crucial role of primary care physicians (PCPs). So far the influence of managed care health plan on the referral rate was rarely investigated; Swiss healthcare system allows a direct comparison of patients with and without managed health care plans. We aimed at investigating the role of managed care plans as a potential referral determinant in a non-gatekeeping healthcare system.

Methods: The analysis is based on a cross-sectional study with 90 PCPs of Switzerland. PCPs collected data on consultations and referrals during maximal fifteen days in three non-consecutive months in 2012/2013. During a consultation up to six reasons for encounters were documented. For each reason for encounter PCPs indicated whether or not a referral was initiated. PCPs furthermore completed two questionnaires dealing with uncertainty in primary care.

Demographic data was analyzed using descriptive statistics. Determinants for referrals were analyzed by hierarchical logistic regression taking into account the PCP as cluster. To further investigate the independent association of the managed care plan on the referral rate we applied a hierarchical multivariate logistic regression model taking into account all available data potentially affecting the referring decision. A two-sided p value <0.05 was defined as statistically significant.

Results: The participating PCPs collected data on 24 774 patients with 42 890 RFE, of which 2427 led to a referral. 37.5% of the patients were insured in managed care health plans. The univariate analysis showed significant higher referrals of patients in managed health care plans (10.7% vs 8.5%). The difference in referral rate remained significant after controlling for several patients' and PCPs characteristics in the hierarchical multivariate regression model (OR 1.355).

Conclusion: Patients in managed health care plans were more likely to be referred than patients without such a model. These data contradicts the argument of a limited access to healthcare of patients in managed care models, but underline the central role of PCPs as coordinator of care.



FC2

Case Management increases Quality of Life after Cancer Treatment. A Randomized Controlled Trial

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Purpose: After cancer treatment, patients experience a loss of medical net's support. Case Management (CM) as a tool to assess individual needs, provide information and emphasize on self-management can offer continuity of care to guide people for their reentry in their normal life back. We aim to investigate the effect of CM on quality of life in early cancer survivors.

Patients and Methods: Between 06/2010 and 07/2012 we randomized 95 patients who just completed cancer therapy in 11 cancer centers in the Canton of Zurich, Switzerland. Patients in the CM group met a case manager three times to assess their needs, get information and support. Frequent follow-up calls per phone were provided up to 12 months. The effects of CM were assessed after 12 months of follow-up with patient-reported outcomes: the health-related quality of life assessed with the Functional Assessment of Cancer Therapy (FACT-G) Scale, the Patient Assessment of Chronic Illness Care (PACIC) and the Self-Efficacy Scale.

Results: Patients receiving CM experienced a greater increase in FACT-G: 16.2 points in the CM group and 9.2 in the Usual Care (UC) group, resulting in a significant mean (SE) difference in change between groups over 12 months of 7.0 (2.5) points ($P = 0.006$). The PACIC increased by 0.29 points in the CM group and decreased by 0.20 points in the control group ($P = 0.009$) and the Self-Efficacy increased by 3.1 in the CM group and by 0.7 points in the UC group ($P = 0.049$).

Conclusion: CM increases health-related quality of life and addresses the needs of patients for continuity of care after cancer therapy.

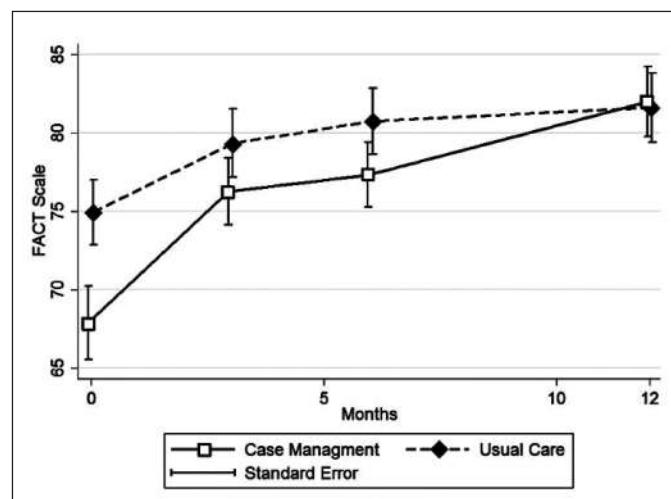


Figure: Crude FACT-G Scale mean over time. The repeated measure mixed model regression analysis showed a significant trend for time overall ($P < 0.001$) and a significant trend for time x group ($P = 0.002$).

Effect of a training program incorporating shared decision making on physician intention to offer choice of colorectal cancer screening modalities

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Introduction: Colorectal cancer (CRC) screening can reduce CRC mortality. The canton of Vaud is about to launch the first statewide, systematic screening program in Switzerland offering eligible citizens either fecal-immunological testing for occult blood (FIT) or colonoscopy on an equal basis. However, there are currently wide variations among physicians on the type of preferred screening modality offered. Shared decision making (SDM) might increase screening uptake and reduce variations in care. We aimed to assess the impact of a training program on physician intent to offer patients FIT and colonoscopy on an equal basis.

Methods: Survey before and after training seminars with 89 Primary care physicians (PCPs) in the canton of Vaud. The training consisted of a 2 hour-long seminar including interactive quizzes, an 8-minute video of a SDM consultation, and distribution of tools such as a decision aid, diagram for use during consultations, and evidence synopsis. The primary outcome was the intention to prescribe FIT and colonoscopy in equal proportions (i.e., between 40 and 60% of each). Secondary outcomes were the perceived role of physicians in the decision (active/collaborative (SDM)/passive) and appropriate use of screening in a clinical vignette.

Results: Before the seminars, 8/89 (9%) of physicians reported having prescribed colonoscopy compared to FIT in about similar proportions; after, 33/89 (37%) foresaw prescribing both in similar proportions

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(absolute difference 28%, adjusted relative risk 4.3, 95% CI: 1.7 to 10.6, $p < 0.001$). No PCP reported taking the decision about screening alone and the proportion selecting SDM as their perceived communication style did not change significantly (46% vs 44%, $P = 0.1$). The proportion adequately offering CRC screening in the clinical vignette increased from 81% to 98% ($p = 0.04$).

Conclusion: An interactive training seminar increased the proportion of physicians with the intention to prescribe FIT and colonoscopy in equal proportions. Follow-up studies should test the impact of the training session on screening practices.

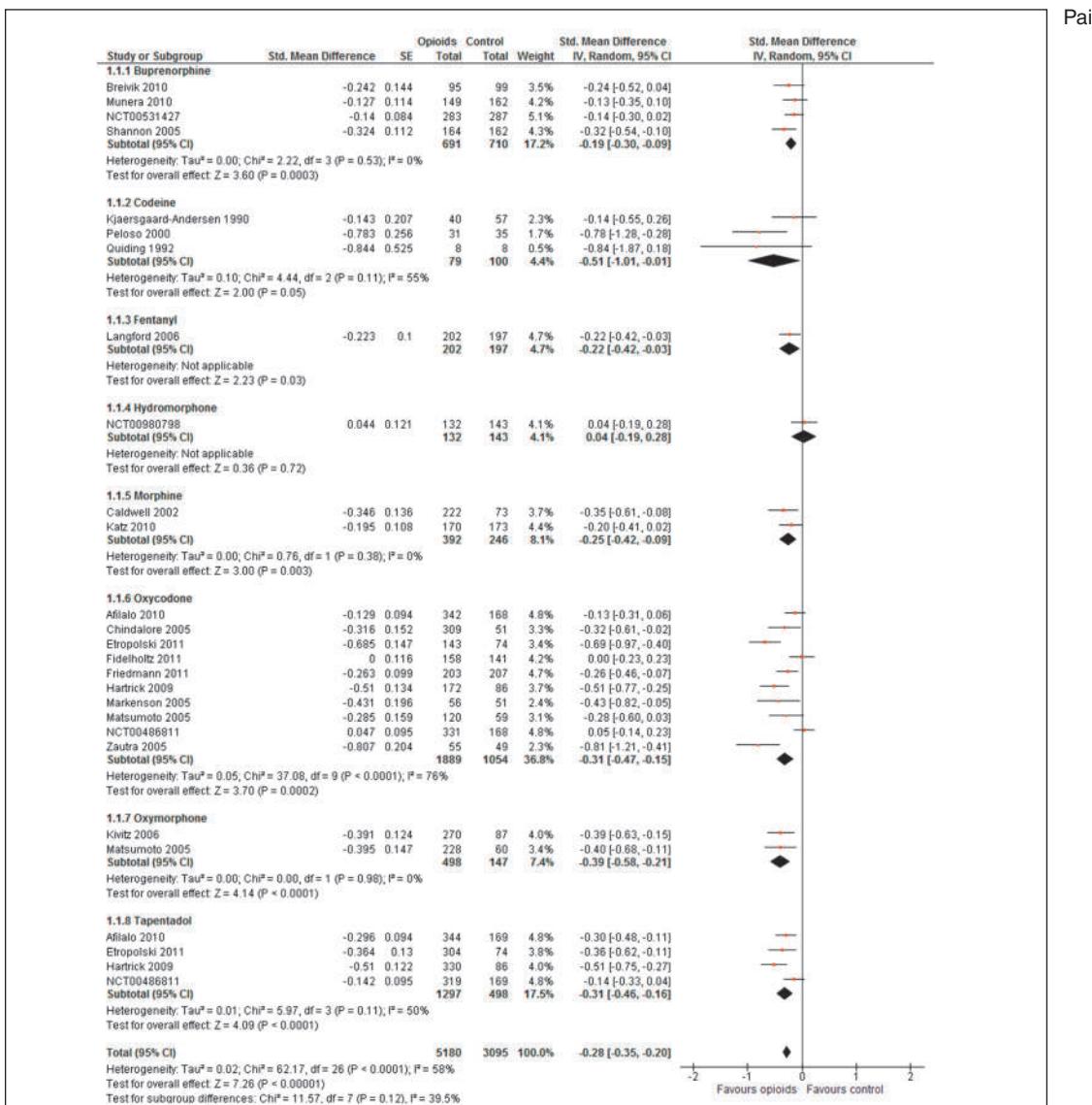
FC4

Oral or transdermal opioids for osteoarthritis of the knee or hip: a systematic review and meta-analysis

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Background: Osteoarthritis is the most common form of joint disease and the leading cause of pain and physical disability in older people. Opioids may be a viable treatment option if people have severe pain or if other analgesics are contraindicated. However, the evidence about their effectiveness and safety is contradictory. The objective of our review was to summarize the current evidence from randomised clinical trials on the effects on pain, function, safety, and addiction of oral or transdermal opioids compared with placebo or no intervention in people with knee or hip osteoarthritis.

Methods: We searched the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE and CINAHL (up to 15 August 2012), checked conference proceedings, reference lists, and contacted authors. We included randomised or quasi-randomised controlled trials



that compared oral or transdermal opioids with placebo or no treatment in people with knee or hip osteoarthritis. We extracted data in duplicate. We combined trials using an inverse-variance random-effects meta-analysis.

Results: We identified 22 trials with 8275 patients. Opioids were more beneficial in pain reduction than control interventions (SMD -0.28, 95% CI -0.35 to -0.20). Improvement of function was larger in opioid-treated patients compared with control groups (SMD -0.26, 95% CI -0.35 to -0.17). We did not find substantial differences in effects according to type of opioid, analgesic potency, route of administration, daily dose, methodological quality of trials, and type of funding. Trials with treatment durations of four weeks or less showed larger pain relief than trials with longer treatment duration (P value for interaction = 0.001). Adverse events were more frequent in patients receiving opioids compared with control. The pooled risk ratio was 1.49 (95% CI 1.35 to 1.63) for any adverse event, 3.76 (95% CI 2.93 to 4.82) for drop-outs due to adverse events, and 3.35 (95% CI 0.83 to 13.56) for serious adverse events. Withdrawal symptoms occurred more often in opioid compared with control treatment (odds ratio (OR) 2.76, 95% CI 2.02 to 3.77).

Conclusions: The small mean benefit of non-tramadol opioids are contrasted by significant increases in the risk of adverse events. For the pain outcome in particular, observed effects were of questionable clinical relevance since the 95% CI did not include the minimal clinically important difference of 0.37 SMDs, which corresponds to 0.9 cm on a 10-cm VAS.

Clinical and haematological predictors of antibiotic prescribing for acute cough in adults in Swiss practices – an observational study

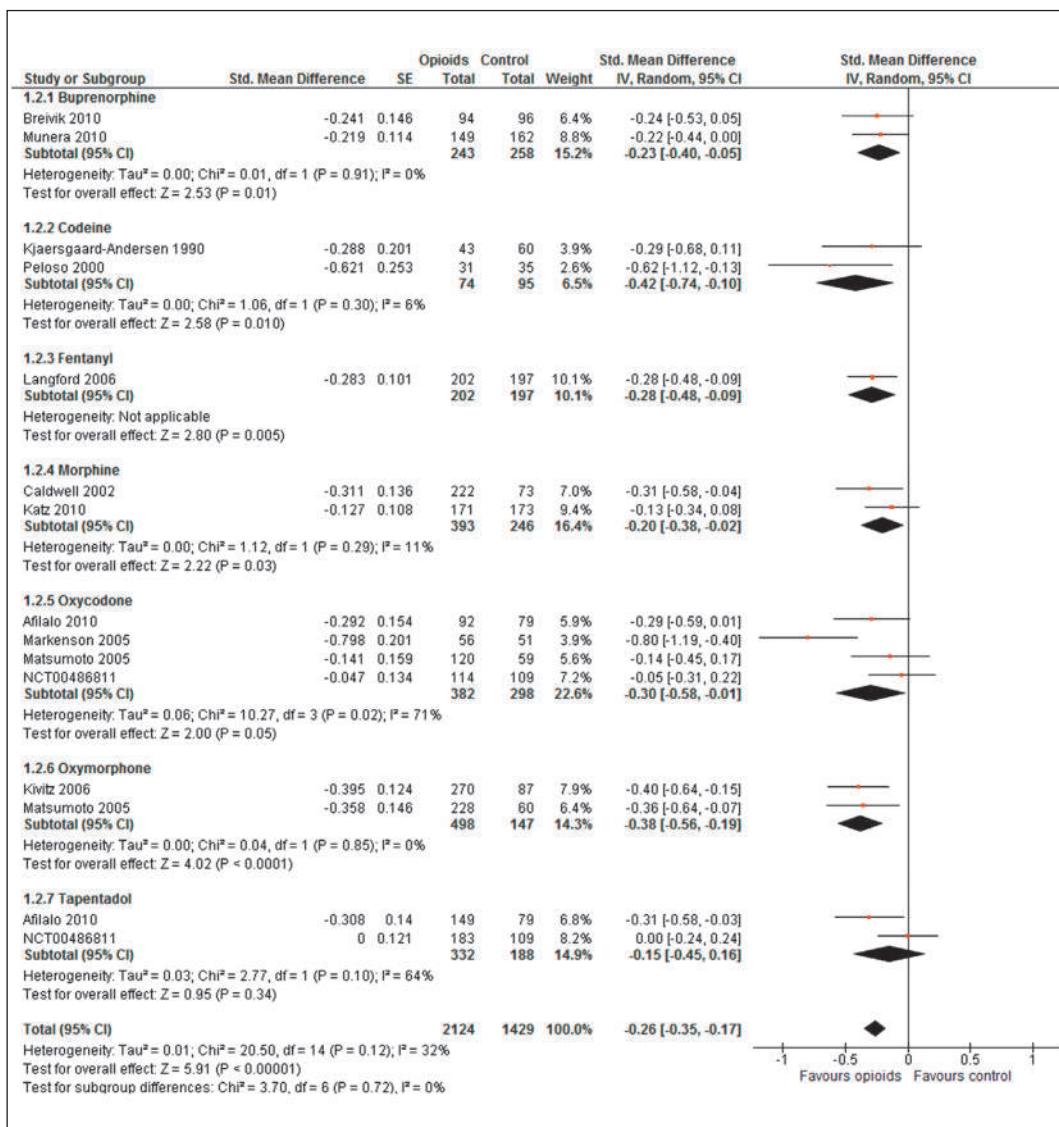
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Background: Acute cough is a common problem in general practice and is often caused by a self-limiting, viral infection. Nonetheless, antibiotics are often prescribed in this situation, which may lead to unnecessary side effects and, even worse, the development of antibiotic resistant microorganisms worldwide. This study assessed the role of point-of-care C-reactive protein (CRP) testing and other predictors of antibiotic prescription in patients who present with acute cough in general practice.

Methods: Patient characteristics, symptoms, signs, and laboratory and X-ray findings from 348 patients presenting to 39 general practitioners with acute cough, as well as the GPs themselves, were recorded by fourth-year medical students during their three-week clerkships in general practice. Patient and clinician characteristics of those prescribed and not-prescribed antibiotics were compared using a mixed-effects model.

Results: Of 315 patients included in the study, 22% were prescribed antibiotics. The two groups of patients, those prescribed antibiotics and those treated symptomatically, differed significantly in age, demand for antibiotics, days of cough, rhinitis, lung auscultation,



haemoglobin level, white blood cell count, CRP level and the GP's license to self-dispense antibiotics. After regression analysis, only the CRP level, the white blood cell count and the duration of the symptoms were statistically significant predictors of antibiotic prescription.

Conclusions: The antibiotic prescription rate of 22% in adult patients with acute cough in the Swiss primary care setting is low compared to other countries. GPs appear to use point-of-care CRP testing in addition to the duration of clinical symptoms to help them decide whether or not to prescribe antibiotics.

Reference to publication: Streit S, Frey P, Singer S, Bollag U, Meli DN. Clinical and haematological predictors of antibiotic prescribing for acute cough in adults in Swiss practices – an observational study. BMC Fam Pract. 2015;16(1):15.

FC6

Association between primary care practice organizational models and patient care delivery outputs in Switzerland

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Introduction: Little is known about the association between primary care (PC) models and patient care delivery outputs. A multiple factorial approach was previously employed to develop a typology of 200 Swiss PC practices and create two composite variables: comprehensiveness of services and workforce development.* Those variables are now used to assess associations between PC practice models and patient care delivery outputs in the same practices.

Methods: Data from cross-sectional patient and practice surveys conducted in 2012 as part of the Quality and Costs of PrimaryCare in Europe (QUALICOPC) study. A random selection was made of 200 PC practices from throughout Switzerland, and 1791 patients were included from these same practices. Eleven patient variables were selected from 3 different domains: access (ex: Ease of getting an appointment), continuity and care coordination (ex: Physician knows results after a specialist visit) and use of healthcare services (ex: visits to the emergency room). A first analysis explored links between practice characteristics and the 11 variables. A second multivariate analysis on selected variables assessed the influence of practice characteristics while controlling for patient socio-demographic characteristics.

Results: Practices offering a wider range of services rated better in terms of ease of getting an appointment (ordinal logit regression: OR = 0.28, p-value 10⁻⁵⁷) and their patients were less likely to visit a specialist (OR = 0.07, p-value 10⁻⁷), while those with a narrower set of services inquired more often about aspects of health other than the chief complaint (OR = 0.05, p-value 10⁻³).

Conclusions: This study, using a new approach to define typologies of PC practices, showed that specific PC practices models are strongly associated with some patient care delivery outputs. Notably, practices with a wider range of services are associated with improved access and fewer visits to a specialist, but a lower likelihood of asking about other aspects of health than the chief complaint.

FC7

Développement et validation d'un outil d'évaluation formative des compétences pédagogiques des superviseurs cliniques ou cliniciens enseignants

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Contexte/problématique: La nécessité de se former en pédagogie pour assurer les différents rôles relatifs à l'enseignement médical est maintenant largement reconnue dans le domaine des sciences de la santé et de nombreux travaux se sont attachés à définir les compétences nécessaires au clinicien enseignant.

L'importance de l'évaluation de ces compétences est également reconnue même s'il persiste un débat sur la façon concrète de procéder. Une des méthodes recommandée est l'évaluation par les pairs. Plusieurs outils d'évaluation existent pour cette méthode mais manquent parfois de suggestions d'amélioration et ne sont pas assez centrés sur les besoins de l'enseignant évalué.

Question spécifique d'étude: objectifs/hypothèses: Développer et valider un outil d'évaluation formative des compétences d'enseignement utilisable lors de séances d'évaluation par les pairs.

Méthodes: Un processus de recherche action a été développé, en collaboration avec les participants cliniciens enseignants du département. Cette méthode de recherche participative a permis d'identifier les comportements reflétant les principes théoriques de pédagogie et d'améliorer leur acquisition par les cliniciens enseignants. Une grille d'observation a été ensuite progressivement validation de son contenu s'est effectuée à travers plusieurs séances itératives d'application et d'affinage avec les chercheurs ainsi

qu'avec des experts en pédagogie médicale externes à l'institution.

Discussion et conclusion: Cet outil formatif d'observation des compétences d'enseignement a l'avantage d'être très objectif avec un descripteur concret du comportement attendu pour chaque niveau de compétence. Le développement de cette grille en collaboration avec des experts en pédagogie a permis d'assurer le contenu théorique et la collaboration avec les enseignants cliniciens a certainement aidé à leur acquisition des compétences en enseignement.

Ce modèle de développement pourrait aider d'autres centres à développer leur propre outil d'observation des compétences pédagogiques et à assurer l'acquisition de stratégies utiles et efficaces à l'enseignement en pratique médicale quotidienne.

FC8

Symptomatic therapy of uncomplicated lower urinary tract infections in the ambulatory setting. A randomized, double blind trial (NCT01039545)

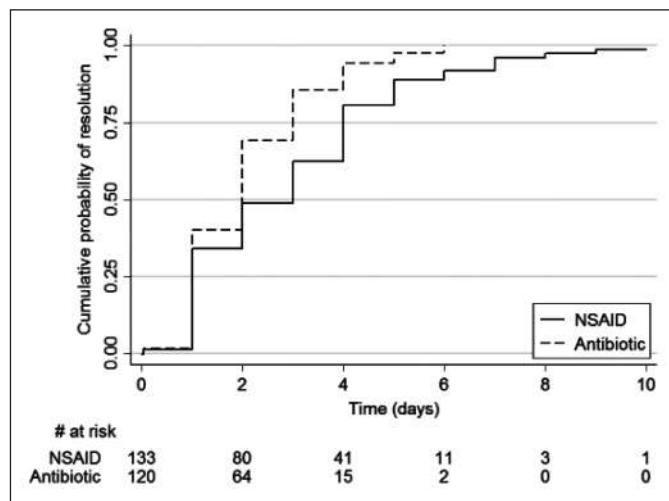
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¹Bern

Objective: To determine whether treating uncomplicated lower urinary tract infections (UTI) in adult women with the non-steroidal anti-inflammatory drug diclofenac for three days is non-inferior to treatment with norfloxacin for three days.

Methods: Randomized, double-blind trial in 17 general practices in Switzerland. Women between 18 and 70 years of age, presenting to a study practice with at least one typical symptom of acute lower UTI (dysuria, frequency, macrohaematuria, cloudy or smelly urine or self-diagnosed cystitis) were eligible if urine dipstick was positive for nitrite and/or leucocytes. Exclusion criteria were pregnancy, signs of invasive infection (fever, lumbar pain), functional or anatomical abnormalities of the urinary tract and intolerance to any of the medications. Patients were randomly assigned to diclofenac duo release 2 × 75 mg for 3 days or the control antibiotic norfloxacin 400 mg 2 × 400 mg for 3 days. Primary outcome was the resolution of symptoms on day 3 defined as scoring ≤2 on all of the 5 following components assessed on a Likert scale from 0 ("no symptoms") to 6 ("as bad as it could be"): dysuria, frequency, urgency, abdominal pain when passing urine, and pain or tenderness in the lower back or loin. Patients received one dose of fosfomycin 3g as rescue therapy for day 3 if relevant symptoms persisted.

Results: 253 patients were randomized and included in the intention-to-treat analysis. Non-inferiority was missed. Resolution of symptoms at day three was lower with diclofenac as compared with norfloxacin (50 vs., 77%, risk difference 27%, 95% CI 15–38%). The same was true for day 7 (81 vs., 93%, risk difference 12%, 95% CI 4–21%). 61% of patients in the diclofenac group ever consumed antibiotics. Re-consultations because of urinary tract infections were higher in the diclofenac group (19 vs., 9%, risk difference 10%, 95% CI 1–19%). Adverse events did not differ significantly. One patient allocated to diclofenac experienced a serious adverse event with a hospitalization for intravenous antibiotic therapy because of pyelonephritis. Mean time until resolution was 3.1 days in the diclofenac vs., 2.3 days for the antibiotic group (difference 0.8 days, p = 0.002, fig. 1).

Conclusion: Symptomatic therapy of uncomplicated lower urinary tract infections in adult women with diclofenac instead of norfloxacin was inferior in term of resolution of symptoms at 3 and 7 days and time to resolution.



FC9

Using Plan Do Check Act (PDCA) quality improvement cycles to test contextual solutions to implement prevention recommendations among PCPs in Switzerland

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Background: The EviPrev collaboration, a group of primary care physicians (PCPs), has developed a table that grades and summarizes the prevention topics such as smoking cessation counseling and cancer screening based on their evidence in the literature. However, little is known about the adequate formal to facilitate dissemination of the table among PCPs. We aimed to collect PCPs' current practices and needs for communication tools and to test solutions to facilitate implementation of the EviPrev table.

Methods: We conducted sequential, semi-qualitative interviews among a convenience sample of PCPs. We performed two Plan, Do Check, Act (PDCA) quality improvement cycles to collect process outcomes (type of tools used: brochures, websites), PCPs' needs, and to test proposed solutions from PCPs. We used a backwards mapping approach, aiming at identifying and testing contextual solutions to facilitate future dissemination of the findings.

Results: 10 PCPs and 2 medical assistants coming from two regions of the State of Vaud, Switzerland were involved, including senior and junior PCPs, individual and group practices in rural and urban areas. Additionally, we surveyed 5 PCPs at a University Polyclinic. An academic researcher met each study participant between 2 to 3 times, for 30 to 80 minutes, over a 6 month period. In the first round, over 90% of PCPs found the table useful. Most regretted the lack of useful communication tools available and coordination from public health agencies; they were interested in automated solutions for some topics such as colon screening. They reported that they needed simple to read tools for their patients and high quality information for their own continuous medical education. In the second cycle, a smaller pocket version of the table and an online interactive table with links to recommended brochures and websites was successfully tested. However, we were limited by the quality of available communication tools to be linked with the EviPrev table.

Conclusion: PCPs need Coordination from prevention agencies, solutions to Automate prevention, Simple and High quality communication tools (CASH). Most available tools do not meet these criteria. Our proposed method using a cyclic approach to elicit needs and test contextual solutions allowed us to tailor an interactive table meeting PCPs needs. An additional PDCA cycle if foreseen before implementation and dissemination of the tested prevention tools among other PCPs in Switzerland.

FC10

Communicating the magnitude of treatment effects on continuous variables: a survey of clinicians in eight countries

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Background: Meta-analyses of continuous variables typically provide enough information for decision makers to evaluate the extent to which can explain apparent differences between interventions. The interpretation of the magnitude of treatment effects – from trivial to large – can, however, be challenging.

Objectives: To investigate clinicians' understanding and perceptions of 6 statistical formats (standardized mean difference, minimal important difference units, natural units, ratio of means, relative risk, and risk difference) for presenting continuous outcomes from meta-analyses.

Methods: We invited 610 staff and trainees in family medicine and internal medicine programs in 8 countries in Europe, North and South America, and the Middle East to participate. Participants received paper-based, self-administered questionnaires presenting summary estimates of hypothetical interventions versus placebo for chronic pain, with results demonstrating either a small or large effect for each of the 6 presentation approaches. Questions addressed clinician understanding of the magnitude of treatment effects and clinician preferences. We randomized participants to size of effect and order.

Results: 531 clinicians responded (87% response) (table 1). Risk Difference was the approach best understood by clinicians, followed by the Relative Risk and Ratio of Means (fig. 1). Clinicians generally found dichotomous presentation of continuous outcomes (Relative Risk; Risk Difference) most useful, and other approaches less useful (fig. 2). As compared to family medicine, internal medicine had better understanding and reported higher perceived usefulness of the various presentation approaches ($p < 0.005$) (fig. 3).

Conclusions: Clinicians best understood continuous outcomes when presented as dichotomies (relative and absolute risk differences) and found these presentations most useful. Presenting results as SMD, the longest standing and most widely used approach, was poorly understood and not perceived as useful. Further efforts in both undergraduate and postgraduate education regarding understanding research results are necessary.

Posters

P1

Dépistage de la tuberculose en milieu scolaire chez les jeunes immigrants d'arrivée récente à Genève: contraintes et bénéfices

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Introduction: La visite de santé en milieu scolaire permet de repérer les besoins de santé des jeunes migrants et de les orienter. A Genève, un dépistage de la tuberculose par test cutané à la tuberculine (test de Mantoux) est proposé à tous les jeunes immigrants d'arrivée récente venant d'un pays à haute endémie selon les critères de l'Organisation Mondiale de la Santé (OMS) pendant leur première année de scolarisation. Les recommandations dans des populations à faible risque varient: l'OMS ainsi que les experts cliniques à Genève soutiennent cette pratique alors que la Ligue pulmonaire suisse n'estime pas le risque suffisamment élevé pour un dépistage systématique. Le but de notre étude est de revoir les données genevoises disponibles ainsi que les procédures actuelles et de les comparer aux données de la littérature.

Méthode: L'analyse porte sur les tests de Mantoux (nombre total, tests positifs et catamnèse) effectués chez des jeunes immigrants d'arrivée récente de 16 à 19 ans sur une année scolaire (2013–2014) dans un

établissement scolaire. En cas de réaction de 5mm ou plus les jeunes ont été adressés chez un médecin pour un test IGRA (test sanguin de détection de la production d'interféron gamma). Une revue de la littérature internationale sur le dépistage scolaire de la tuberculose a également été effectuée.

Résultats: Sur une année, 57 tests tuberculiniques ont été effectués. Sept élèves (12%) ont été adressés à un médecin, dont 5 avaient un test IGRA positif: 4 avec une tuberculose latente et une tuberculose pulmonaire active. La revue de littérature montre que les tests tuberculiniques sont plus souvent utilisés pour le dépistage que les IGRA, pour des raisons de coût. Les jeunes immigrants d'arrivée récente venant de pays à haute endémie représentent une population à risque et le dépistage se justifie. Ces études n'ont pas abordé le bénéfice du contact avec l'infirmière scolaire pour ces jeunes.

Discussion: Le dépistage scolaire a permis de détecter 4 cas de tuberculose latente et une tuberculose active, mais les résultats sont limités à un établissement scolaire. La poursuite de ce projet se justifie afin d'obtenir des données plus complètes et de s'intéresser à la compliance au traitement de la tuberculose latente ainsi qu'aux trajectoires de soins de ces jeunes. La coordination entre la santé scolaire et les médecins de premier recours est primordiale tant pour les aspects psychosociaux que la prévention des maladies infectieuses.

P2

Patient satisfaction is biased by renovations to the interior of a primary care office: a pretest-posttest assessment

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Objectives: We assessed the effect of a change of interior design on patient satisfaction in a primary care office. We hypothesized that renovating the interior would increase patients' overall satisfaction with the quality of medical care.

Design: Pretest-Posttest analysis.

Setting: A recently renovated primary care office in Grenchen, Switzerland.

Participants: Two consecutive samples of patients presenting at the primary care office before ($n = 153$) and after ($n = 153$) interior design renovation (fig. 1).

Interventions: We distributed a questionnaire before and after renovation and assessed patient satisfaction with a Likert scale from 1 (very poor) to 6 (very good) in four domains, using a total of 12 quality indicators.

Primary and secondary outcome: Patient satisfaction was the only outcome we assessed.

Results: Response rate was high (overall 85%). The sample was similar to the enlisted patient collective, but the sample population was older (60 years) than the collective (52 years). All domains of patient satisfaction improved after the office was renovated ($p < 0.01$ –0.001, fig. 2). For all domains, results were unchanged after we included potential confounders in the multivariable model ($p < 0.01$).

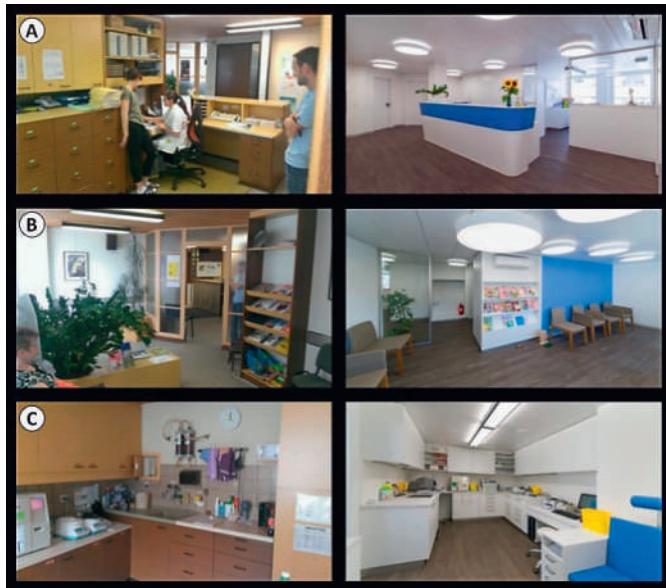
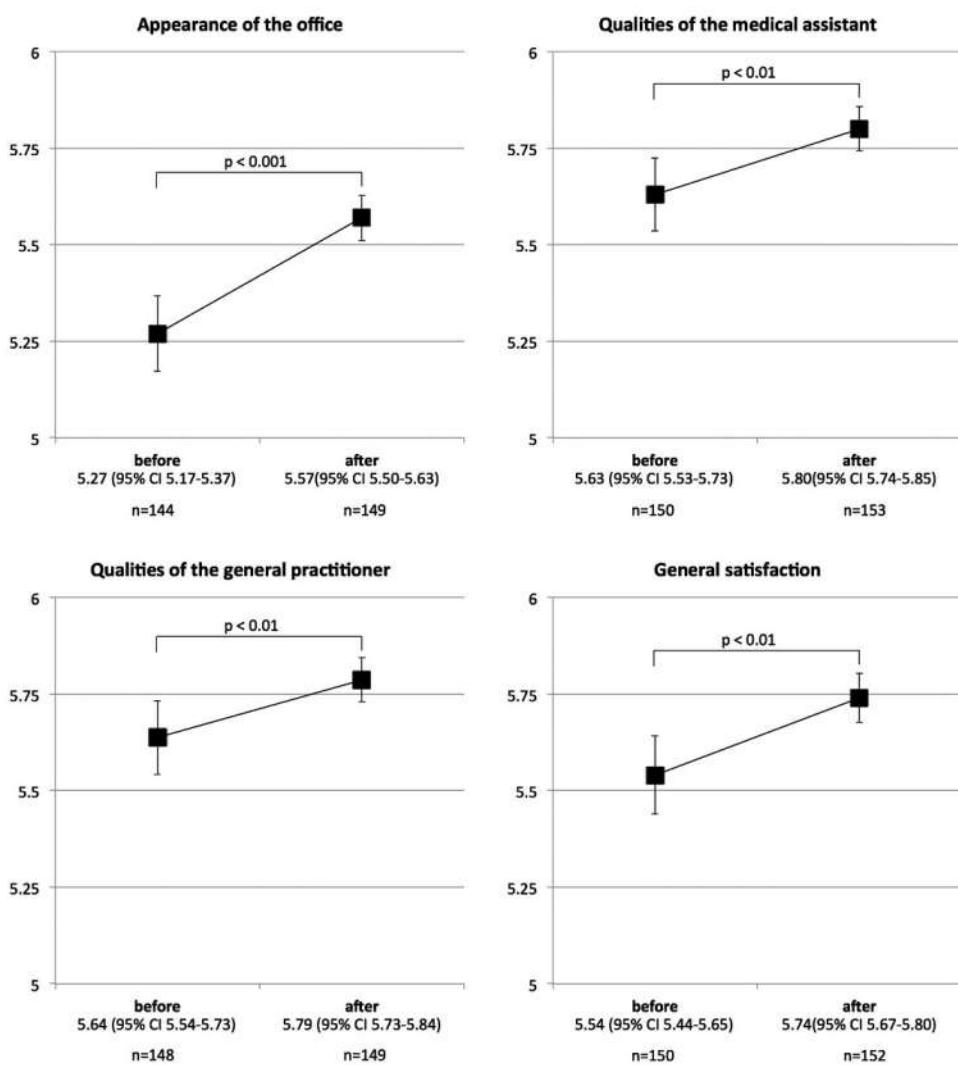


Figure 1

Figure 2. Patient satisfaction per domain before and after renovation.



Conclusions: Renovating the interior of a primary care office was associated with overall improvement in patient satisfaction, including domains where nothing had been changed. Physician skills and patient satisfaction are depend greatly on surrounding factors that may bias patient assessment of the quality of medical care, and these biases should be factored in when patients are asked to make such assessments.

P3

Primary Care in Switzerland gains strength – an update, track and international comparison of health system evolution

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¹Zürich

Background: Little is known about the development of the primary care (PC) status over time in specific countries with a traditionally weak primary care sector such as Switzerland.

Objective: We aimed to assess the current strength of PC in the Swiss health care system and to compare it with published results of earlier PC assessments in Switzerland and other countries.

Methods: A survey of experts and stakeholders of the Swiss health care system was carried out between February and March 2014. We used a self-administered questionnaire based on a set of 15 indicators for the assessment of PC strength. Concordance between the indicators of a strong PC system and the real situation in Swiss PC was rated with 0–2 points (low–high concordance).

Results: The response rate was 62.5%. Participants assigned 13 of 30 possible points to Swiss PC. Low scores were assigned because of an inequitable local distribution of medical resources, relatively low earnings of PC practitioners compared to specialists, low priority of PC in medical education and training, lack of formal guidelines for information transfer between PC practitioners and specialists and disregard of clinical routine data in the context of medical service planning.

Conclusion: Since an earlier assessment in 1995, an improvement of 7 indicators could be stated. As a result, Switzerland previously classified as a country with a low PC strength was reclassified as country with intermediate PC strength compared to 14 other countries. Low scored characteristics represent possible targets of future health care reforms.

P4

Leistungssportler in der Hausarztpraxis – Eishockeyprofi mit Rückenschmerzen, Schwächeepisoden und erhöhten Infektparametern

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Fallbeschreibung: 27 jähriger Eishockeyprofi mit Rückenschmerzen seit 4 Tagen. Zusätzlich verminderte Leistungsfähigkeit und Schwächeepisoden. Offene Blase an der rechten Ferse.

Klinik und Diagnostik: Reduzierter AZ. Temp. axillär 38.2°. BD stabil. Normocard. Kardial-pulmonal kompensiert. Druckdolenz über den Dornfortsätzen lumbal. Finger-Boden-Abstand >50 cm. Lasègue und Brudzinski negativ. Sensomotorik regelrecht. Sensibilität perianal und Hoden o. A. ASR und PSR symmetrisch. Superinfizierte Blase bei Haglund-Ferse rechts (Abb. 1). Laborchemisch deutlich erhöhte Infektparameter. Die weitere Abklärung erfolgt stationär. Die MRI-Beurteilung der LWS (Abb. 2) zeigte eine Spondylitis im Bereich des rechten Querfortsatzes von LWK 5. Im kleinen Becken konnte ein Abszess des M. obturator externus rechts (Abb. 3) sowie ein Knochmarksödem des Os pubis beidseits (Abb. 4) dokumentiert werden. Die Blutkulturen waren positiv auf Staphylokokkus aureus. Echokardiografisch normale Herzfunktion, keine Vegetation. Im Verlauf Dyspnoe mit O₂ Sättigungswerten <90%. Im Thorax-CT (Abb. 5) zeigten sich basal beider Lungen pneumonische Infiltrate.

Therapie: Resistenzgerechte Antibiose mit rascher Regredienz der pulmonalen und lumbalen sowie der Beschwerden im Bereich der Symphyse. Das Verlaufs-MRI nach 3 Monaten zeigte keine MR-morphologischen Hinweise mehr auf eine Spondylitis und muskuläre Abszessformationen.

Diskussion: Wahrscheinliche Eintrittspforte und Ursache der Staphylokokkensepsis war die superinfizierte Blase der rechten Ferse. Während der laufenden Antibiose wurde zur Infektbehandlung strikte körperliche Schonung verordnet um eine ständige Hyperämie der infizierten Areale bei Belastungen zu vermeiden. Die körperlichen Belastungen gingen dabei nicht über die Verrichtungen des alltäglichen Lebens hinaus. Eine Symphysitis mit Begleitabszessen braucht etwa 2–3 Monate zum Ausheilen. In diesem Fall wurde das



Abbildung 1



Abbildung 5

Training 3½ Monate nach Diagnosestellung wieder aufgenommen. Die Belastung konnte bei beschwerdefreiem Verlauf rasch gesteigert werden, so dass 4½ Monate nach Diagnosestellung das erste NLA-Spiel absolviert werden konnte.

P5

Surgical versus Conservative Treatment for Lumbar Disc Herniation: A Prospective Cohort Study

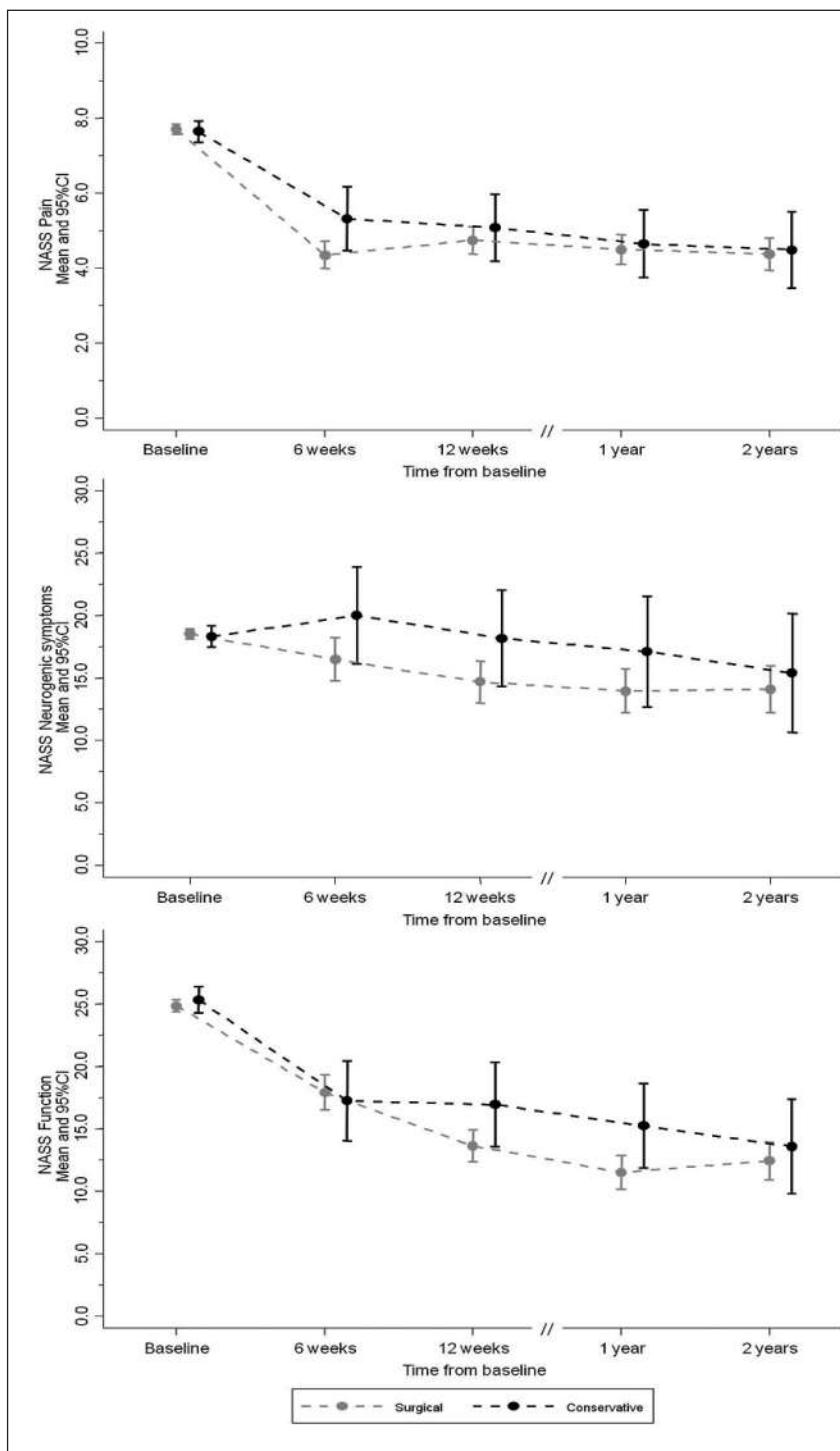
B. Da Costa¹, M. Gugliotta², E. Dabis², R. Theiler², P. Jüni¹,

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Background: There is controversy in current evidence when comparing the effectiveness of surgical and conservative treatment of symptomatic lumbar disc herniation. Our objective was to compare the effectiveness of surgical and conservative treatment in patients with symptomatic lumbar disc herniation at short- and long-term.

Methods: 370 patients with symptomatic lumbar disc herniation were included in this prospective cohort study within routine clinical practice registry from the Cantonal Hospital Aarau in Switzerland. We used validated instruments (North American Spine Society (NASS) questionnaire and SF-36) to assess patient-reported back pain, physical function, neurogenic symptoms, and quality of life. Primary outcomes were pain symptoms at 6 and 12 weeks after the end of the treatment. Surgical treatment consisted of a standard open discectomy, and conservative treatment mainly of analgesia, physical therapy, and periradicular infiltrations and/or radicular pulsed radiofrequency application. We assessed treatment effectiveness at 6, 12, 52, and 104 weeks after the end of the treatment. Only patients with non-missing values for the primary outcome were included in the analysis. We used multiple-imputation to fill missing values of outcome variables. Analyses were based on mixed-effects models to account



for repeated measures within patients, and inverse probability of treatment weighting was used to adjust for baseline group differences in relevant prognostic indicators.

Results: Patients receiving surgical treatment reported less back pain than patients receiving conservative treatment at 6 weeks follow-up (-0.97; 95% confidence interval -1.89 to -0.09), had a higher proportion of patients reporting ≥50% decrease in back pain symptoms from baseline to 6 weeks (48% vs 17%, risk difference: 0.34; 95% confidence interval 0.16 to 0.47), and reported less physical function disability at 1 year follow-up (-3.7; 95% confidence interval -7.4 to -0.1). For other assessments and other time points, between-group differences were minimal for all outcomes, with confidence intervals including the null effect.

Conclusions: Surgical treatment seems to provide a faster relief than conservative treatment from back pain symptoms of patients with lumbar disc herniation. However, surgical treatment did not show a clear benefit over conservative treatment in mid- and long-term follow-up.

P6 Prevalence of calcinosis and acro-osteolysis in systemic sclerosis patients and association with other clinical manifestations

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Principles: Calcinosis and acro-osteolysis are often described in systemic sclerosis patients. Nevertheless, they are little investigated. Our purpose was to investigate the prevalence of both features and their association with other serious clinical manifestations.

Methods: This was a retrospective study in which 170 patients with SSc and available hand radiographs till June 2012 were analyzed for calcinosis and acro-osteolysis. Secondly, we collected other data such as sex, age, subtype of disease (systemic or localized), age of symptoms onset and clinical manifestations (ischemic lesions, flexion contractures, joint involvement, gastrointestinal manifestations, cardiac manifestations and pulmonary arterial hypertension), in order to establish possible associations with calcinosis and acro-osteolysis.

Results: Calcinosis and acro-osteolysis were present in 15% and 20% of cases, respectively. Calcinosis was associated with ischemic lesions (OR = 2.54, p = 0.046), joint involvement (OR = 0.37, p = 0.026) and pulmonary hypertension (OR = 4.14, p = 0.018). In case of acro-osteolysis, we found associations with ischemic lesions (OR = 3.9, p = 0.002), flexion contractures (OR = 4.34, p = 0.007) and gastrointestinal manifestations (OR = 3.34, p = 0.029).

Conclusion: Calcinosis and acro-osteolysis were strongly associated with ischemic lesions. The vascular damage appears to be a common mechanism in the development of these clinical features. Further studies need to be developed to investigate its relevance.

Keywords: SSc, calcinosis, acro-osteolysis, hand radiographs.

Wohin überweise ich Herrn Müller mit dem Bandscheibenvorfall? – Nach welchen Kriterien die Grundversorger ein Spital auswählen Ergebnisse einer Befragung der Partnerärztinnen und -ärzte von mediX bern durch die Helsana Versicherung

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Worum geht es? Die Patientensteuerung ist ein tragender Pfeiler der Qualität in der integrierten Versorgung. mediX bern erarbeitet an den Qualitätszirkeln sogenannte «Preferred Provider-Listen» als Empfehlungen für den Ort der Überweisung bei bestimmten Fachgebieten oder Indikationen. Die Helsana Krankenversicherung entwickelt zurzeit eine 360°-Beurteilung von Kliniken. Die «Zuweiser-Bewertung», also die Sicht der überweisenden Ärztinnen und Ärzte, bildet dabei eine von sechs Qualitätsdimensionen. In einer Pilotbefragung bei den Ärztinnen und Ärzten von mediX bern wurden die Kriterien für eine Zuweisung in einem Fragebogen systematisch erhoben.

Was haben wir gemacht? Der Fragebogen umfasste 36 Kriterien in den 6 Kategorien Strukturen, Professionalität, Patientenperspektive, Zusammenarbeit bei Diagnose und Behandlung, allgemeine/persönliche Zusammenarbeit und Marketing. Der Fragebogen wurde per E-Mail als Link an die 121 Ärztinnen und Ärzte von mediX bern versandt. Nach 4 Wochen waren 64 Fragebogen (53%) vollständig ausgefüllt und wurden ausgewertet.

Was haben wir gefunden? Kriterien mit der häufigsten Bewertung «sehr wichtig» und «wichtig»:

- Gute Erfahrungen bei der Zusammenarbeit
- Telefonische Erreichbarkeit (administrativ)
- Zuverlässigkeit und Kontinuität bei der Zusammenarbeit
- Respektvoller/freundlicher Umgang

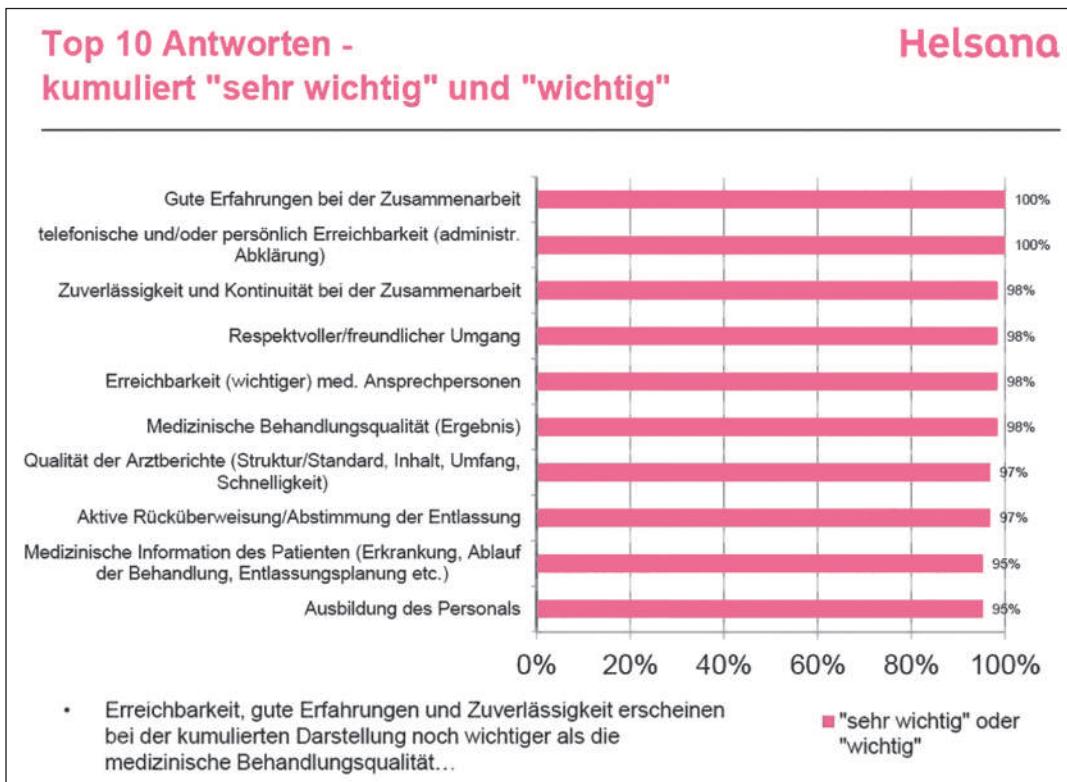


Abbildung 1: Zuweiserkriterien sehr wichtig – wichtig

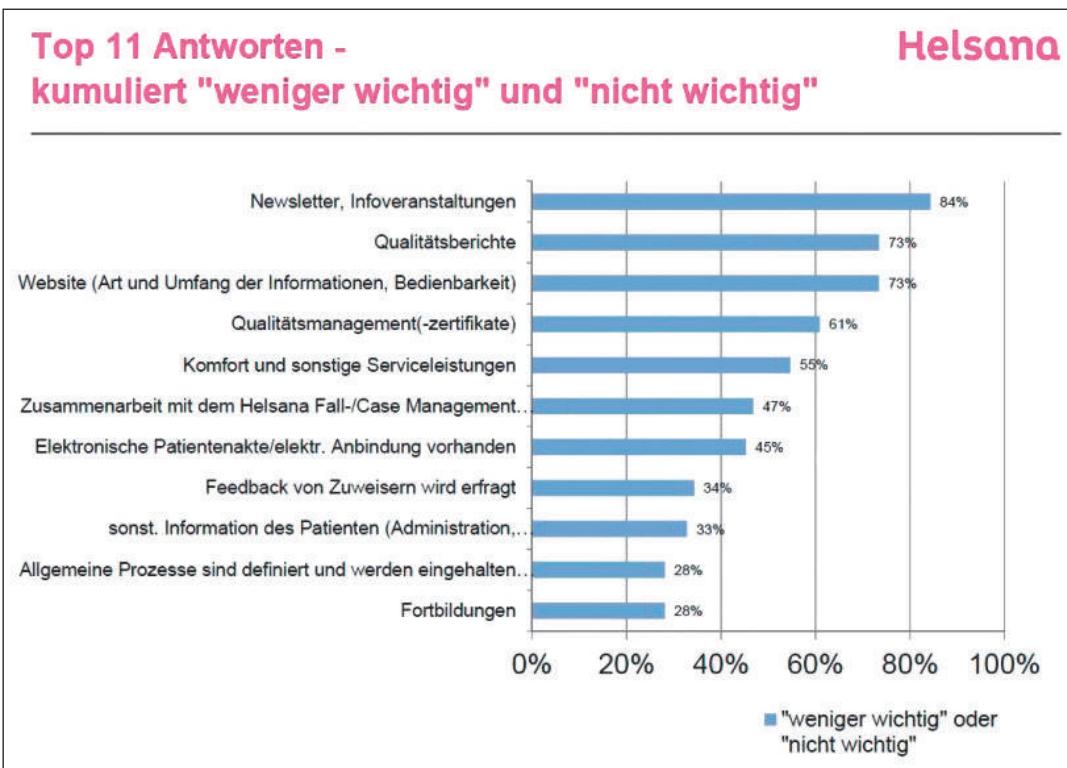


Abbildung 2: Zuweiserkriterien weniger – nicht wichtig

- Erreichbarkeit wichtiger medizinischer Ansprechpersonen
- Medizinische Behandlungsqualität (Ergebnis)
- Qualität der Arztberichte
- Aktive Rücküberweisung/Abstimmung der Entlassung
- Kriterien mit der häufigsten Bewertung «weniger wichtig» und «nicht wichtig»:
- Newsletter, Infoveranstaltungen
- Qualitätsberichte
- Website
- Qualitätsmanagement(-zertifikate)
- Komfort und sonstige Serviceleistungen
- Zusammenarbeit mit dem Helsana Case Management
- Elektronische Patientenakte/elektr. Anbindung
- Feedback von Zuweisern wird erfragt

Was schliessen wir daraus?

Für den Zuweisungsentscheid sind «weiche» Kriterien ausschlaggebend. Im Mittelpunkt stehen dabei das Vertrauen und die Kommunikation. Der Aufbau von Vertrauen braucht Zeit und positive Erlebnisse und kann rasch wieder zunichte gemacht werden. Kommunikation bedingt die Bereitstellung von Ressourcen, beispielsweise durch eine zuweiserfreundliche Erreichbarkeit und rasche Berichterstattung. Die Patientensteuerung ist nur bedingt durch ein Netz „von oben“ dekretierbar, sie erfolgt durch die Hausärztinnen und Hausärzte aufgrund persönlicher Erfahrungen.

P8

STRAW «STRoke AWareness» – Wer erkennt den Schlaganfall?

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Einleitung: Der Schlaganfall ist ein vaskulärer Notfall. Eine Akutbehandlung ist in Form revaskularisierender Massnahmen wie etwa der systemischen Thrombolyse verfügbar in den ersten 4.5 h nach Symptombeginn.

Entscheidend ist das rasche Erkennen der Schlaganfallsymptome durch den Betroffenen oder Angehörigen. Ziel dieser Studie ist es, die Kenntnisse in der Allgemeinbevölkerung zum Thema Schlaganfall zu untersuchen.

Methode: Befragung von Patienten in Grundversorgerpraxen im Werdenberg und Sarganserland mittels eines 9-teiligen Fragebogens. Die Auswertung der Studie soll helfen, zielgerichtete Informationen an die Bevölkerung weiterzugeben.

Ergebnisse: Im Zeitraum von April bis Juni 2013 nahmen insgesamt 11 Grundversorgerpraxen an dieser Studie teil. Insgesamt 550 Personen (303 Männer, 247 Frauen) füllten den Fragebogen aus. Dabei hatten 12% keine Ausbildung, 70% eine Berufsausbildung und 18% einen Fach-/Hochschulabschluss. Die Altersgruppen teilten sich wie folgt auf: 18–30 Jahre 18%, 31–50 Jahre 32%, 51–70 Jahre 37% und >71 Jahre 13%.

Die meisten Befragten erkannten die Hemiparese, den hängenden Mundwinkel und eine gestörte Sprache als häufigste Schlaganfallsymptome. Allerdings würden 24% den Hausarzt verständigen bei einer Halbseitenlähmung. 86% der Befragten würden eine Notaufnahme im Spital aufsuchen oder 144 verständigen bei einer plötzlichen Sprachstörung. 56% würden bei einem plötzlichen Sehverlust auf einem Auge zuerst den Augenarzt aufsuchen. Nur 60% der Befragten wussten, dass es eine medikamentöse Behandlung für den akuten Schlaganfall gibt.

Diskussion: Während die Kenntnisse der möglichen Schlaganfallsymptome in der Bevölkerung recht weit verbreitet sind, fehlen vielfach Kenntnisse von den Möglichkeiten der akuten Schlaganfallbehandlung. Zwischen 24% bis der 56% der Befragten würden zuerst den Hausarzt oder Spezialisten aufsuchen, wenn ein Schlaganfallsymptom auftrete.

Die Kenntnisse der Bevölkerung über die moderne Schlaganfallbehandlung und den schnellst möglichen Weg dorthin müssen verbessert werden.

P9

Behandlungscompliance bei juveniler Skoliose

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¹Sargans

Ausgangslage: Die Behandlung der juvenilen Skoliose ist für die Betroffenen zeitaufwendig und ein möglicher Behandlungserfolg nicht sofort sicht- oder spürbar. Die Behandlung fällt in den eher schwierigen pubertären Lebensabschnitt

Zielsetzung: Es interessiert, wie die therapiebedürftige juvenile Skoliose behandelt wird, wie gross die Akzeptanz und v.a. die Umsetzung der vorgeschlagenen Massnahmen ist.

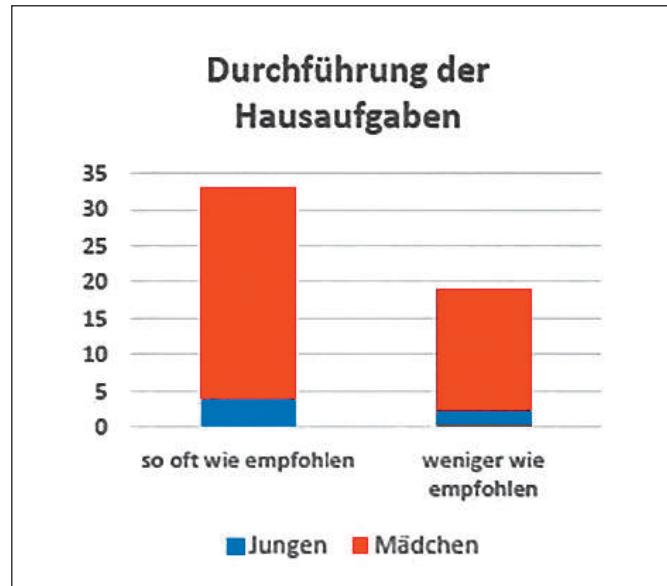
Methode: Im Rahmen einer Maturaarbeit an der Kantonsschule Sargans wurden in verschiedenen Physio-Instituten Jugendliche zu den Therapiemethoden, deren Akzeptanz und ihrer Compliance befragt. Bedingungen waren:

- Es handelt sich um eine primäre Skoliose
- Sie wird mind. mit Physiotherapie behandelt
- Die Behandlung begann vor dem 16. Lebensjahr
- Die Befragten sind nicht älter als 21-jährig

Resultate: Es konnten 52 Fragebögen von 46 Mädchen und 6 Knaben mit Durchschnittsalter 14,2 Jahren ausgewertet werden:

- Alle 52 Jugendliche haben von den Physiotherapeuten Hausaufgaben erhalten
- 33 halten sich an die Vorgaben der Therapeuten, 19 führen das Heimprogramm nicht so aus wie empfohlen
- Das Motiv die instruierten Übungen regelmässig auszuführen war:
 - bei 90% der Befragten die Meinung, dass die Skoliose sich verbessere
 - bei 10% die Meinung, dass die Beschwerden sich verbessern
- Gründe die instruierten Übungen nicht regelmässig auszuführen waren:
 - bei 80% der Befragten Lifestyle Probleme wie «keine Lust», «keine Zeit», «bin müde»
 - bei 20% der Befragten fehlende Beschwerden
- 21 behandeln die Skoliose ohne Korsett, 18 tragen aktuell ein Korsett und 13 trugen oder werden noch eines tragen
- Das Alter zu Beginn der Korsett-Therapie war bei Knaben 13,5, bei Mädchen 11,9 Jahre
- 12 halten sich an die empfohlene Korsett-Tragezeit, 6 tragen das Korsett weniger lang als empfohlen
- Als Gründe für das Nicht-Tragen des Korsets wurden je gleich oft angegeben:
 - Beschwerden wie Schmerzen und Bewegungs-einschränkung durch das Korsett
 - Lifestyle Probleme wie «sichtbar unter den Kleidern», «ist anstrengend», «keine Lust»

Diskussion: Die Physiotherapie gehört standardmäßig zur juvenilen Skoliosetherapie und wird auch so instruiert, wobei die grosse Mehrheit meint durch das Heimprogramm verbessere sich die Skoliose. Hauptgrund für das Nichteinhalten der Vorgaben waren sowohl bei der einfachen Physiotherapie als auch bei der zusätzlichen Korsettbehandlung Lifestyle Probleme. Durch verbesserte Aufklärung und Information der Jugendlichen könnte allenfalls die Compliance verbessert werden.



P10

Evaluation des besoins en formation post-graduée dans le domaine de la tabacologie chez des médecins assistants visant le titre de médecine interne générale

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¹Lausanne

Des notions de base en tabacologie sont enseignées aux étudiants en médecine lors de la formation pré-graduée et des cours de formation continue existent dans ce domaine pour les médecins

installés. A notre connaissance, il n'existe par contre aucun cours destiné aux médecins en formation post-graduée. Nous avons souhaité savoir si une telle formation répondrait à un besoin des médecins assistants et quels sujets devraient y être abordés. Un questionnaire a été distribué par voie informatique aux 37 médecins assistants travaillant au Centre de Médecine Générale de la PMU en janvier 2015. Sur les 23 médecins ayant rempli le questionnaire (taux de réponse de 62%), 12 sont des femmes et 11 des hommes. Environ la moitié (52%) de ces médecins ont 5 ans ou plus de formation post-graduée, 35% entre 3 et 4 ans et 13% moins de deux ans de formation. Un titre FMH en médecine interne générale est visé par 87% des participants. Deux personnes se destinent à des sous-spécialités de médecine interne et une à la médecine du travail. Seule une personne était en possession d'un titre FMH ou équivalent au moment de l'enquête.

Près de 60% de ces médecins assistants n'ont jamais suivi de formation en tabacologie et 48% estiment leurs connaissances dans ce domaine comme lacunaires. Seuls 30% se sentent la plupart du temps à l'aise pour conseiller leurs patients. A la question de savoir si une formation post-graduée structurée en tabacologie devrait faire partie du cursus de l'interniste-généraliste, 52% répondent qu'ils sont tout à fait d'accord et 35% plutôt d'accord. Une grande majorité des médecins interrogés (91%) est prête à consacrer une demi-journée ou une journée entière à cette formation. Les sujets plébiscités par les médecins assistants sont les recommandations de pratique actuelle, les bases théoriques de la désaccoutumance et surtout le traitement pharmacologique, avec 96% de participants souhaitant que ce point soit abordé dans la formation.

Ces résultats, bien que basés sur un petit collectif, mettent en évidence d'une part les lacunes de formation dans le domaine de la tabacologie et d'autre part l'intérêt que les médecins visant le titre de médecine interne générale ont pour cette problématique. Dans ce contexte, il nous semblerait pertinent de mettre en place une formation spécifiquement destinée aux médecins en formation post-graduée.

P11

Intérêt de l'anthropologie dans la recherche en médecine générale : une expérience originale

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¹Grenoble; ²Lausanne

Introduction: La mondialisation transforme nos sociétés contemporaines et influence le travail du médecin de famille. On assiste à la mobilité des patients et des soignants, à l'émergence d'un pluralisme thérapeutique, à de nouvelles formes de gestion, à l'introduction de nouvelles technologies en même temps qu'à la valorisation de patients autonomes de diverses origines. Pris entre des politiques de santé publique en quête d'efficience, et l'expression d'une diversité plurielle des patients, les médecins de famille sont confrontés à la complexité et à l'avènement de nouvelles formes d'incertitude. Les ajustements nouveaux permanents auxquels ils doivent faire face justifient un dialogue entre sciences sociales et médecine pour mieux comprendre l'influence de la mondialisation dans notre pratique. L'institut universitaire de MF et l'institut des sciences sociales de Lausanne ont récemment créé une plateforme de recherche collaborative.

Objectif: Implémentation d'une collaboration médecin/anthropologue pour l'enseignement et la recherche en pré- et postgrade dans les 2 facultés.

Méthode: Un groupe de professionnels, MG et anthropologues, a été constitué.

Un programme d'enseignement commun en pré-grade dans les deux facultés est en voie d'élaboration.

Une première recherche commune a été effectuée en Inde et fait l'objet d'un travail de master. La question de recherche commune explorait l'offre de soins de premier recours disponible dans la ville de Santiniketan (West Bengal). Des interviews semi-dirigées de praticiens de différentes obédiences ont été conduites. L'échantillon raisonné a été établi en vue de maximiser la diversité. Les interviews se faisaient en anglais par une paire médecin/anthropologue.

Résultat: Enrichissement mutuel et constructif apporté par ce travail interprofessionnel. Les différentes manières d'élaborer un enseignement ou une question de recherche, de formuler des hypothèses ont été discutées. La méthode qualitative s'est ouverte à une approche plus immersive et observationnelle. Sollicitation des compétences réflexives et de décentrement, essentielles dans notre pratique clinique face à des situations de plus en plus complexes.

Conclusion: Une collaboration médecine de famille – anthropologie est un enrichissement indispensable dans le monde actuel en profonde mutation par la mondialisation et ses enjeux complexes pour le médecin de famille.

P12

Supervision de l'enseignement dans une polyclinique médico-chirurgicale universitaire par des médecins de famille installés: un modèle pertinent

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Au cœur de Lausanne, les médecins assistants de la Polyclinique médicale universitaire (PMU) conduisent depuis 2010 les consultations médico-chirurgicales demandées par les patients se présentant sans rendez-vous dans la Permanence PMU- FLON. La spécificité du modèle d'enseignement dans cette polyclinique est la supervision directe de chaque consultation par un médecin de famille installé, consacrant entre 10 et 20% de son temps de travail à cet enseignement. Après cinq ans d'activité, une évaluation du modèle de fonctionnement a été conduite en octobre 2014 auprès des médecins-assistants. Un questionnaire anonyme (5 items démographiques et 20 questions fermées de type likert) a été adressé aux médecins assistants et chefs de clinique en poste à la PMU. Sur 56 envois, 34 questionnaires ont été retournés. La supervision systématique pour chaque consultation est appréciée (91% avis favorables et très favorables). Différents items relatifs à l'enseignement, tant du savoir faire que du savoir être par un pair aîné, ont été évalués et jugés positivement par les médecins-assistants.

En conclusion, le modèle de supervision des médecins-assistants par des médecins de famille installés dans le cadre de notre polyclinique médico-chirurgicale est apprécié, original et pertinent. En complément à la supervision habituelle par les chefs de clinique, il permet un élargissement et un assouplissement des attitudes de prise en charge en adéquation avec une médecine de famille de qualité. De surcroît, il favorise la transition vers l'installation en pratique indépendante.

P13

Rôle de la médecine de premier recours dans la prise en charge des troubles du sommeil à l'adolescence

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¹Riddes; ²Gland; ³Genève

Introduction: Il existe peu d'études sur la prévalence des troubles du sommeil chez les jeunes mais la majorité d'entre elles montre qu'ils sont fréquents. Nous n'avons pas trouvé de données concernant cette prévalence dans la pratique en cabinet de premier recours. Il est important d'identifier les troubles du sommeil puisqu'ils peuvent être à la fois la cause et la conséquence d'autres problèmes de santé. Les médecins de premier recours (MPR) semblent bien placés pour aborder cette problématique chez les jeunes. En effet la plupart des jeunes consultent un MPR au moins une fois par an. Les objectifs de cette étude sont d'identifier le type et la fréquence des troubles du sommeil chez les jeunes consultant un MPR, leur perception de cette problématique et les méthodes utilisées par les MPR pour investiguer ces troubles.

Méthode: Etude transversale incluant des MPR installés dans le canton de Genève et leurs patients. Les médecins ont rempli un questionnaire en ligne sur les troubles du sommeil touchant leurs patients entre 15 et 24 ans. Les jeunes de 15 à 24 ans consultant ces médecins pour n'importe quel motif ont complété un questionnaire sur leur sommeil et leurs attentes envers les MPR à propos de celui-ci. Ces questionnaires ont été récoltés sur une période d'un mois entre novembre 2014 et février 2015.

Résultats: 10 MPR et 33 patients entre 15 et 24 ans ont été inclus dans l'étude. Les troubles fréquents chez les jeunes sont le manque de sommeil (27% des jeunes), les difficultés d'endormissement (58%), les difficultés de se réveiller le matin (79%) et la fatigue diurne (76%). Pourtant 70% des jeunes ne trouvent pas leur sommeil problématique et seuls 6% ont déjà consulté spécifiquement pour cela. 70% des MPR recherchent des troubles du sommeil dans des situations spécifiques, mais seuls 10% les investiguent systématiquement chez les jeunes, principalement parce que ceux-ci n'abordent pas le sujet. Pourtant 58% des jeunes trouvent important qu'ils le fassent. 60% des MPR trouvent leur formation sur le sommeil chez les jeunes insatisfaisante.

Conclusion: Les troubles du sommeil semblent être banalisés par les jeunes ce qui rend difficile leur détection par les MPR. Pourtant une détection plus précoce serait importante pour prévenir l'impact sur la qualité de vie. Des propositions de formation pour les MPR (outils diagnostiques et thérapeutiques) et la prévention primaire offrent des pistes pour y parvenir.

P14

Identification of chronic conditions in the ICPC-2 for the use in multimorbid patients in primary care in Switzerland

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The burden of chronic diseases in primary care is high, especially in multimorbid patients. Several definitions for chronic conditions exist, as well as, several lists of chronic conditions for inclusion in studies. A single list was established using the International Classification of Primary Care – second edition (ICPC-2) (O'Halloran et al., 2004). This list contained 147 items relating to chronic conditions. But, no indication on the frequency of these conditions in practice in family medicine or their relevance in the context of multimorbidity are given. Within the frame of the Swiss Academy of Family Medicine consortium, we aimed at establishing a list of chronic conditions based on the ICPC-2 classification to be used for the inclusion of multimorbid patients in studies conducted in primary care in Switzerland. We conducted a nationwide survey of general practitioners using Delphi and RAND methods. We started with all the items of the ICPC-2 classification and proceeded to a step-by-step elimination of items deemed not relating to a chronic condition. We used experts from five different regions: Basel, Zürich, Bern, Vaud and Geneva and the survey was conducted in German and French. The survey consisted in four steps. First a focus group of five experts was conducted to remove from the ICPC-2 classification irrelevant items in the context of chronic conditions. Then a three-steps online survey of experts was conducted. For each step the experts had to score 1) the chronic aspect of each remaining items (step 2 and 3) and 2) the relevance of each items in the context of multimorbidity (step 4). Data were analysed using the RAND/UCLA appropriateness method for the establishment of the final list of items.

Reference:

O'Halloran J, Miller GC, Britt H: Defining chronic conditions for primary care with ICPC-2. *Family Practice*. 2004;21(4):381–6.

P16

Patient's experience in family medicine in Switzerland

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Context: Patient experience is recognized as an important component of the good functioning of a primary care system. It is usually explored through several dimensions such as access, communication, coordination, comprehensiveness and patient involvement; as a part of the latter, patient activation seems interesting to explore.

Objective: To describe patient's experience regarding the family medicine in Switzerland with particular attention to the ability for the patient to cope better with health problems, for which we studied the links with personal patients' characteristics.

Design: Secondary analysis of Swiss 2012 study on Quality and Costs of Primary Care (QUALICOPC), a cross sectional survey on primary care including most of the European countries. In Switzerland, a randomly drawn sample of 200 physicians, and 1751 patients participated. Patient's experience was explored through a large set of questions we classified as suggested by Wong and Haggerty. Patient activation was assessed through the item: "After this visit, I feel I can cope better with my health problem".

Results: 97% of the patients would recommend their doctor to a relative. Access and communication also globally obtained high rates. Patients declared a lack of information transmission (with other general practitioners (62%) and specialists (52%)) and prevention (41%). Around 79% of the patients feel they can cope better with their health problem after having seen their physician. In multivariate analysis, a better patient's activation is associated with female gender ($OR = 1.42 [0.99–2.05]$), older age ($OR = 1.73 [1.16–2.58]$) and the absence of longstanding disease ($OR = 1.58 [1.07–2.32]$).

Conclusion: In Switzerland, patients are globally satisfied regarding their experience of family medicine; however coordination and comprehensiveness could be improved. Moreover, patients' experience may vary with their age or health status.

P15

An innovative approach to define organizational dimensions and typology of primary care practices in Switzerland

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¹Lausanne; ²St-Légier

Context: The classical approach to define and compare primary care (PC) systems is to use a limited number of characteristics empirically considered as discriminative features. In order to more globally and objectively describe PC models, it would be of interest to develop new approaches that are able to integrate globally many characteristics at a time, with taking into account of the *a priori* defined hierarchical structuring of questionnaires and data. This approach could allow the elaboration of a more relevant typology of PC practices.

Objective: Defining a general typology of PC practices in Switzerland based on a survey collecting standardized structural, organizational and demographic characteristics

Design: Secondary analysis of QUALICOPC GP surveys using a multiple factorial approach which has been performed on 74 variables selected from the QUALICOPC questionnaire (infrastructures, clinical care, workforces, accessibility and geographic location)

Settings & participants: 200 GPs randomly selected in Switzerland

Results: The analysis extracted two orthogonal axes summarizing 17% of the global variance. The first axe is mainly associated with the two dimensions related to the comprehensiveness of services, namely "clinical care" (Pearson's $r = 0.73$) and "Infrastructures" ($r = 0.78$). The less comprehensive practices were more oriented on psychosocial care, while the more comprehensive being more oriented on somatic care, the latest being also more rural. The second axe is mainly associated with the workforces in the practices such as the number of GP's or other health workers ($r = 0.69$). All practices could be mapped using these two axes.

Conclusions: This innovative approach provides a detailed typology of general practices in Switzerland. Two main axes were identified: comprehensiveness of services and workforces' development. This exploratory study shows a promising and powerful way to assess how global dimensions of PC organization might reveal type of clinical care provided as well as the impact on patients' outcomes.

P18

Médecine de premier recours et pratiques en matière d'addictions : enquête transversale dans le canton de Genève

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Introduction: La majorité des patients présentant une addiction sont pris en charge en médecine de premier recours. Dans le cadre d'une étude franco-suisse, nous avons exploré les pratiques en matière d'addiction des médecins de premier recours genevois.

Méthode: Etude transversale par questionnaire postal adressé à tous les médecins de premier recours (internistes généralistes et médecins praticiens, n = 526) du canton de Genève en 2013. Les questions visaient à la fois l'identification des représentations des médecins et la description de leurs pratiques en matière de médecine des addictions.

Résultats: Le taux de réponse était de 46% (244 médecins, 55% hommes) après un rappel. La majorité (>80%) estime qu'il est facile d'aborder la consommation de tabac, de l'alcool et du cannabis avec les patients, un peu moins (67%) se sentent à l'aise d'aborder la question des opiacés. Une majorité aborde effectivement la consommation de tabac et d'alcool (82% et 71%) au moins une fois avec tous leurs patients. En revanche seul environ un quart des médecins parle systématiquement de consommation de drogues illégales, et 18 à 24% des médecins pensent qu'il n'est pas leur rôle de prendre en charge ces addictions. Excepté pour le tabac, la plupart des médecins collaborent avec un spécialiste pour la prise en charge de ces patients. Près de 90% des médecins indiquent pratiquer le conseil minimal. Deux tiers des médecins ont suivi au moins une formation dans le domaine des addictions et environ un tiers participent à un réseau addiction.

Conclusion: Les médecins de premier recours genevois reconnaissent qu'ils ont un rôle à jouer dans la prise en charge des patients présentant une addiction, et la majorité pratiquent le conseil minimal auprès de leurs patients consommateurs. Cependant seule une minorité de médecins explore systématiquement la consommation de drogues illégales, et ils collaborent souvent avec des spécialistes des addictions pour la prise en charge des patients avec un problème d'alcool, de cannabis ou d'opiacés. Ces informations sont utiles pour la planification des soins et de la formation en matière d'addiction dans notre région.

P19

Electronic Vigilance System EIViS

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¹Bern

Both in Switzerland and internationally, the spontaneous reporting of suspected adverse drug reactions (ADR) remains the most important tool for identifying new medicinal product risks that become known after market launch and learning more about risks that are already known. Information technology has made an important contribution to the establishment and rapid development of these reporting systems in recent years.

Efficient reporting systems and high-quality reports are particularly important because risks need to be identified as soon as possible in spite of the increasing number of reports. However, a spontaneous reporting system can only provide a successful risk defence tool if physicians, pharmacists and other Health Care Professionals (HCP) play an active role in it, since new findings on the safety of medicines are derived primarily from a detailed analysis of carefully documented individual cases.

Since October 2014, Swissmedic's EIViS has been available for directly reporting suspected ADR on the internet. HCP who have hitherto been using reporting forms to notify the Regional Pharmacovigilance Centers of suspected cases can now do so online. Moreover, pharmaceutical companies with no direct gateway connection to the Swissmedic database (usually small and medium-sized companies), can also submit their reports electronically to Swissmedic. No special software is required, and only a few minutes are required to complete the one-time self-registration process for HCP. EIViS can also be used to submit case-related documents, such as laboratory reports or hospital discharge letters. Once their report has been successfully sent, users can save the report and acknowledgement of receipt on their computer's hard drive for their own records. Data protection and security satisfy the most stringent requirements. EIViS is available to HCP in four languages.

In the first six months since EIViS was launched, more than 140 HCP and almost 50 companies have registered. Approximately 180 suspected ADR have been reported.

This is a very encouraging result and proves that the new user-friendly way of reporting ADR is making a further contribution to improving

drug safety. Swissmedic hopes that it will intensify the communication, improve the mandatory reporting among HCP and enhance the quality of reports.

P20

eKG und ePatientendossier: Wunsch und Realität in der elektronischen Vernetzung bei Grundversorgern des Netzes PizolCare

U. Keller
Wangs/Sargans

Ausgangslage: eHealth Suisse und EPDG (Patientendossiergesetz) sind in den Medien und vielen Arbeitsgruppen präsent. Bei der prakt. Umsetzung besteht wenig Begeisterung außer bei IT-Fachpersonen, die auch geschäftliche Interessen haben. Gem. einer gfs-Studie vom Feb. 2013 arbeiteten damals 60% der Hausärzte mit einer eKG, wovon 77% ihre Lösung als sehr oder eher zufriedenstellend bezeichneten.¹

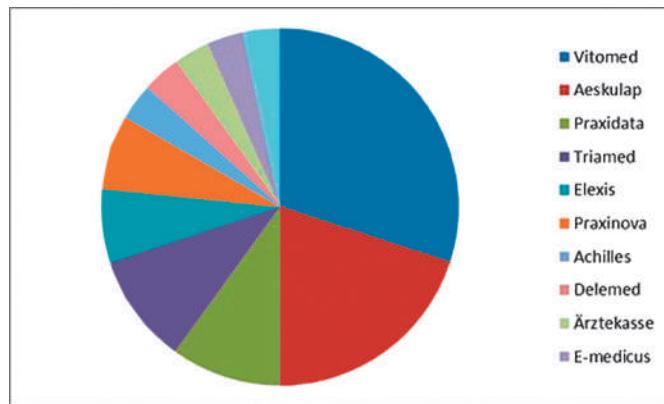
Zielsetzung: Es soll ein aktueller Ist-Zustand und die Bedürfnisse und Wünsche der PizolCare Hausärzte im südl. Kt. SG betreffend elektronische KG, IT-Vernetzung mit Spitätern und elektronischer Datenaustausch erhoben werden.

Methode: Mittels IT-basierter Umfrage wurden die QZ-Mitglieder der 2 PizolCare-Grundversorger-QZ befragt. Die Fragen waren geordnet nach aktuellem Ist-Zustand, Wunsch nach Art der IT-Vernetzung, dem Verhältnis zum ePD und der Bereitschaft auch Kosten zu übernehmen. Die Resultate wurden anschliessend in den beiden QZ diskutiert.

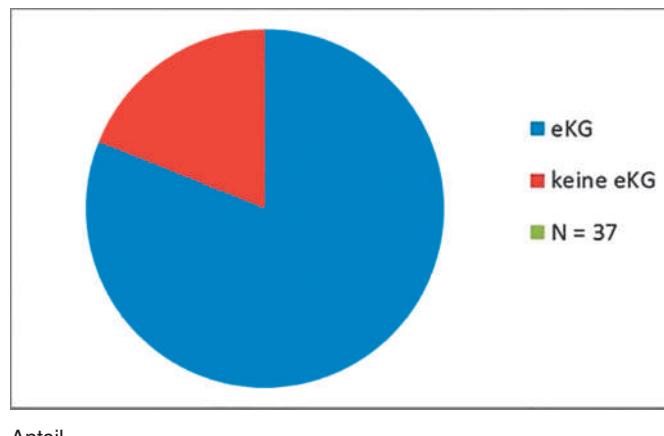
Resultate: 37 der 40 (93%) PizolCare-Grundversorgerpraxen beantworteten die Umfrage vollständig

- 30 (81%) arbeiten mit einer eKG, u.a. 9 mit Vitomed, 6 mit Äskulap, je 3 mit Praxidata und Triamed, je 2 mit Praxinova und Elexis
- 27 (68%) geben an, die Dokumente unseres Spital-Partners (SR RWS) elektronisch als pdf zu erhalten, wobei 36 diese so erhalten möchten
- 20 erhalten die Dokumente auch noch persönlich überbracht
- 22 möchten die Unterlagen nicht mehr als Briefpost
- 36 sind mit der Radiologie SR RWS am meisten zufrieden
- 17 wurden ein- oder mehrmals mit dem elektr. Impfausweis konfrontiert

Abbildung: Schlussbericht Swiss eHealth Barometer, gfs. bern, 28. Februar 2013, Software Programme, Anteil EKG



Softwareprogramme



Anteil

- 25 wünschen die doppelte Freiwilligkeit beim ePD
 - 21 wollen sich nicht an den Kosten beteiligen, weder einmalig noch an Lizenzgebühren
- Diskussion:** In den QZ wurden die Resultate diskutiert und festgestellt, dass
- Im PizolCare-Netz überdurchschnittlich viele Praxen mit einer eKG arbeiten
 - Die Mehrheit die Dokumente immer noch 3x einfügt: gescannt als überbrachtes Dokument, als Kurzaustrittsbericht und als definitiver Bericht
 - Die Dokumente nur noch als pdf gewünscht werden, datenschutzkonform via HIN-Verschlüsselung übermittelt
 - Keine Bereitschaft vorhanden ist sich für den elektr. Datenaustausch finanziell zu beteiligen
 - Der Datenaustausch mit unserem Akutspital-Partner noch verbessert werden kann
 - Bei den anderen Spitätern besteht noch grösseres Verbesserungspotential
 - Die Umsetzung von eHealth bei der Bevölkerung noch auf wenig Interesse stösst.

¹Schlussbericht Swiss eHealth Barometer, gfs.bern, 28. Februar 2013
Software Programme eKG Anteil

erachten diese Komplikationsraten als zu hoch. Die klinische Erfahrung dieser Hausärzte lässt vermuten, dass die Komplikations- und Hospitalisationsraten niedriger sind. Um diese Frage zu untersuchen, führten wir 2007–2011 eine retrospektive Beobachtungsstudie bei allen Mitgliedern des Schweizerischen Vereins Homöopathischer Ärzte SVHA mit FA Hom durch.

Methode: In einer retrospektiven Umfrage wurden für den Zeitraum vom 1.1.2007 bis 31.12.2011 Daten zu Alter, Geschlecht, Nationalität, Impfstatus der Patienten sowie Diagnosestellung, Krankheitsdauer, aufgetretenen Komplikationen und allfälligen Residuen der Erkrankung von Patienten in Hausarzt-Praxen mit FA Hom mittels e-mail Fragebogen in deutscher oder französischer Sprache erfasst. Die gewonnenen Daten wurden extrahiert und zur Auswertung in ein Statistikprogramm (SPSS 18.0) importiert. Anschliessend wurden die erhobenen Daten mit den vom BAG publizierten Zahlen aus der Masernepidemie 2007–2009 verglichen und mittels Chi-quadrat-Test hinsichtlich der Signifikanz geprüft.

Ergebnisse: Es erfolgten 360 Zugriffe auf den Fragebogen. In 327 Fällen wurden alle relevanten Daten angegeben. Die meisten Verläufe der Krankheit waren unkompliziert (92%). Von den Masernpatienten in den untersuchten Praxen entwickelten n = 23 (7.5%) als Komplikationen eine Otitis media, eine Pneumonie oder beides. Von den teilnehmenden Ärzten wurde 1 Fall von Enzephalitis und kein Fall mit Residuen der Masernerkrankung gemeldet. Dies sind signifikant weniger Komplikationen als in der Gesamtzahl der Masernerkrankten während der letzten Epidemie 2007–2009 dem BAG gemeldet wurden ($p = 0.01$; Effektstärke 0.15, Teststärke 0.74). In den befragten Praxen war der Anteil hospitalisierter Fälle mit 1.3% (n = 4) hochsignifikant geringer ($p < 0.001$; Effektstärke 0.25, Teststärke 0.96). Die Masernpatienten der Ärzte mit FA Hom waren zudem im Durchschnitt jünger als die Gesamtheit der Masernpatienten und fast alle Patienten waren nicht geimpft (97%). Dieser Anteil ist im Vergleich zu den Daten des BAG signifikant höher (93%, $p = 0.01$; Effektstärke 0.15, Teststärke (G-Power) 0.71).

P21

Electronic health record implementation reconsidered: a poor surrogate for health IT adoption in Swiss ambulatory care

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¹Zürich

Background: The successful implementation of health information technology (IT) is most often measured by the adoption rate of electronic health records (EHR). However, this approach denies that the variety of EHR definitions and applications in use limit the validity of this surrogate outcome.

Objective: We aim to provide a detailed overview over the implementation of health IT in Swiss ambulatory care by stepwise assessing how medical patient information is usually received, processed and transferred and identify barriers towards physicians' use of structured electronic data exchange.

Methods: Between May and July 2013, we conducted a cross-sectional survey of 1200 practice based physicians in Switzerland.

Participants were asked to report on their technical means and where applicable their paper-based workarounds to process laboratory data, examination results, referral letters and physicians' letters. Physicians' attitude towards health IT use was determined by a composite score.

Results: The response rate was 57.1% (n = 685). The sample was considered to be representative for physicians in Swiss ambulatory care. 35.2% of the participants used an EHR as a longitudinal electronic record of patients' health status generated by one or more encounters in the practice. Thereof <40% used electronic laboratory order systems. 31–75% (depending on laboratory test) received laboratory results as structured electronic data. <50% received examination results as structured electronic data or electronic document, respectively. 52.3% dispatched referrals to other physicians occasionally (median 20% of all referrals) via e-mail. A positive scoring on the composite score scale had moderate impact on EHR adoption (OR 1.30, CI 1.24–1.37) and the use of health IT processing laboratory data, examination results, referral letters and physicians' letters (OR 1.04–1.1, all $p < 0.05$).

Conclusion: Although the one third of Swiss physicians records patients' health status with the help of software, the extent of health IT implementation varies with only a small minority of physicians realizing a seamless exchange of medical data. Paper-based workarounds concern individual tasks within a workflow and occur particularly when data need to be converted or transferred. In the absence of regulatory obligations or incentives, physicians' individual attitude towards health IT had only minor impact upon the use behavior or behavioral intention of physicians.

P22

Masernerkrankungen 2007 bis 2011 in Praxen von Schweizer Hausärzten mit Fähigkeitsausweis Homöopathie FMH/SVHA

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¹Bern

Hintergrund: Ende 2006 bis August 2011 kam es in der Schweiz wiederholt zu einer Masernepidemie mit insgesamt 5083 gemeldeten Krankheitsfällen. 2006–9 traten bei 15% der Erkrankten Komplikationen auf, knapp 8% mussten hospitalisiert werden.

Hausärzte mit Fähigkeitsausweis Homöopathie FMH/SVHA (FA Hom)

P23

Lehrärzte für Hausarztmedizin: Eine treibende Kraft für die medizinische Lehre

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¹Bern

Ausgangslage: Seit dem akademischen Jahr 2007/2008 absolvieren die Medizinstudenten¹ an der Universität Bern obligatorische Hausarztpraktika in den ersten vier Studienjahren. Unter Federführung von Mireille Schaufelberger wurde dazu ein riesiges Lehrärzten-Netzwerk aufgebaut. Das Netzwerk besteht mittlerweile aus über 650 praktizierenden Hausärzten und Pädiatern, welche in ihren Praxen Studenten unterrichten.

Entsprechend umfassend und zahlreich sind auch die Erlebnisse und Beobachtungen, welche die Lehrärzte im Rahmen von Evaluationen und Einzelmeldungen dem Berner Institut für Hausarztmedizin mitteilen. Wir zeigen anhand einiger Beispiele, wie diese Rückmeldungen die Entwicklung der universitären Lehre an der Medizinischen Fakultät Bern beeinflussen.

Resultate: Feedbacks der Lehrärzte im Rahmen von Evaluationen und Einzel-Rückmeldungen führten unter anderem zur Entwicklung folgender Lehrangebote an der Universität: Blended Learning «Schweigeplikt» im 1. Studienjahr; Blended Learning «Rezepte schreiben» im 4. Studienjahr; Training «Telefonische Notfallkonsultationen» im 5. Studienjahr. Diese Angebote wurden in Kooperation mit dem Institut für Medizinische Lehre der Universität Bern entwickelt, «Schweigeplikt» zudem mit dem Institut für Rechtsmedizin und seit 2014 mit der Berner Fachhochschule Gesundheit. Auf Initiative des BIHAM (Mireille Schaufelberger) wurden zudem im 4. und 6. Studienjahr Kommunikationstrainings mit Schauspielpatienten implementiert. Diese werden in Zusammenarbeit mit dem Institut für Medizinische Lehre sowie zahlreichen Universitätskliniken des Inselspitals durchgeführt. Evaluationsresultate über die professionelle Haltung von Studierenden führten dazu, dass sich die gesamte Medizinische Fakultät mit dem Thema Professionalität bei Medizinstudierenden auseinandersetzt.

Schlussfolgerungen: Der «Impact» von Lehrärztlinnen und Lehrärzten für Hausarztmedizin reicht weit über das Anbieten von Hausarztpraktika hinaus. Beobachtungen und Rückmeldungen von Lehrärzten dürfen als eigentliche «Triebfedern» für die Weiterentwicklung der medizinischen Lehre bezeichnet werden. Die angestossenen Lehrprojekte fördern zudem die interdisziplinäre und interprofessionelle Zusammenarbeit innerhalb der Medizinischen Fakultät und mit Partnerinstitutionen.

¹ Es sind im gesamten Text beide Geschlechter gemeint.

P24

**Familiengründung im Medizin-Studium:
Ein Trend bei den jungen Medizinstudierenden?**

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Hintergrund: Noch immer stehen zukünftige Ärzte/innen vor der schwierigen Entscheidung, den Zeitpunkt für die Familiengründung in der langen Aus- und Weiterbildungszeit zu wählen.
Methode: Ein Fragebogen mit 22 Fragen bezüglich Kriterien der angestrebten beruflichen Tätigkeit, Einschätzung der Familiengründung in Studium/Arbeitsleben sowie persönlicher Familiengründungspläne wurde den Studierenden des 1. Jahreskurses der Universität Basel im Oktober 2014 während einer obligatorischen Veranstaltung verteilt. Die Rücklaufrate betrug 94.5% (159 von 168 Studierenden).

Resultate: Mit 20.3 Jahren (17–31 Jahre) bei Studienbeginn waren die Studierenden bereits etwas älter, da 67.3% (N = 107) das Studium nicht bereits nach der Matur (32.7%, N = 52), sondern nach Zwischenjahr (36.5%, N = 58), Studienwechsel (23.3%, N = 37) oder Erstausbildung (7.5%, N = 12) begannen. Die Studierenden erachteten den Zeitpunkt nach der Assistenzzeit (54.1%, N = 86) als den idealsten Zeitpunkt für die Familiengründung, gefolgt von während der Assistenzzeit (35.2%, N = 56) und während dem Studium (8.8%, N = 14). Dass der Arztberuf nicht mit einem Familienleben vereinbar sei findet eine Minderheit (1.3%). Nach den persönlichen Familiengründungsplänen gefragt, ist der Zeitpunkt dafür für die Mehrheit der Studierenden unklar (32.7%, N = 52; keine Antwort bei 0.6%, N = 1). Ungefähr je ein Viertel der Studierenden plant während der Assistenzzeit (23.9%, N = 38) oder nach der Assistenzzeit (26.4%, N = 42) Kinder zu bekommen. Jede/r Zehnte kann sich vorstellen, Kinder während dem Studium zu bekommen (10.2%, N = 16), jemand plant dies konkret (0.6%, N = 1) und drei haben bereits Kind(er) bzw. sind schwanger (1.9%, N = 3).

Konklusion: Die Hälfte der Medizin-Studentenschaft im 1. Jahreskurs erachtet den Zeitpunkt nach der Assistentenzeit als ideal für die Familiengründung. Unerwartet war die Tatsache, dass sich jeder 10. der Befragten vorstellen kann, während dem Medizinstudium eine Familie zu gründen. Es stellt sich die Frage, ob sich dieser Trend im Laufe des Studiums ändert. Die Auswertung der Jahreskurse 2 bis 6 ist im Gange.

P25

Abdominal hematoma and aortic aneurysm

C. Sicorschi
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Introduction: Abdominal aortic aneurysm remains a challenge in daily practice. Aneurysms that produce symptoms (usually abdominal, back or flank pain) are at an increased risk for rupture, which is associated with high mortality rates. This is why the clinical suspicion and history of abdominal pain is so important for a correct differential diagnosis.

Material and methods: An 83-year old man with history of hypercholesterolemia presented to the Emergency Room with large abdominal hematoma localised in umbilical and pelvic area (image 1). Admitted 5 days ago for lower abdominal pain irradiated to lumbar region, he was discharged with painkillers and antibiotics for suspicion of urinary tract infection (abdominal radiograph and blood test analysis were normal. Urinary analysis showed presence of leucocytes). A new blood test and a CT scan were performed.

Results: In last blood test haemoglobin levels dropped off 4 points till 8.1 g/dL. Abdominal computed tomography with intravenous contrast



Image 1

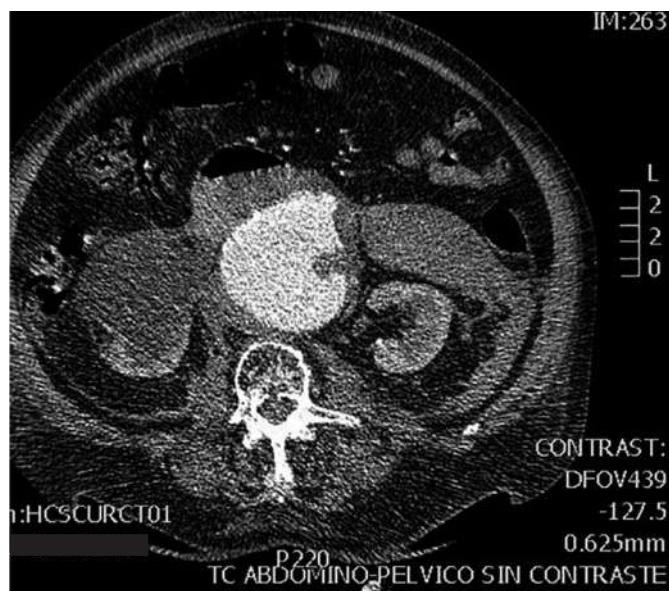


Image 2

revealed rupture of abdominal aortic aneurysm which needed immediate surgery (image 2). Unfortunately the outcome was disastrous and patient deceased due to a multi-organic failure.

Conclusion: Abdominal pain is a frequent motive of complaint in daily medical practice that can be a manifestation of serious pathologies such as ruptured aneurysms. A correct differential diagnosis is the key to early interventions that can save patient's life.

Key words: Aortic aneurysm, Hematoma, Abdominal pain.

P26

Swiss Survey of anticoagulation treatment in Patients with Atrial Fibrillation (ACT-AF)

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Introduction: There is limited data available on the day-to-day application of anticoagulation therapy for patients with non-valvular atrial fibrillation (NVAF) in Switzerland.

Objectives: To get insights into the practical use of anticoagulation in patients with NVAF in Switzerland i.e., which patients received anticoagulation treatment, what medication was prescribed and what were the reasons for choosing the various anticoagulants.

Method: Retrospective data collection on the utilisation of anticoagulation medication for NVAF patients in a cross-sectional survey from January to June 2014 (GPs and cardiologists in private practice). The CRF could be completed online (via a coded and password-protected web link) or on paper.

Study Population: routine medical data were documented by 163 participating physicians on 1938 NVAF patients who were anticoagulated according to the doctors' decision.

Results: Mean age of the included patients was 75.9 ± 10.6 yrs (32–103 yrs). 36.3% of patients had *paroxysmal* NVAF (for a mean of 49.2 ± 52.9 months), 21.5% had *persistent* NVAF (mean of 64.4 ± 65.6 months), and 42.2% had *permanent* NVAF (mean of 83.4 ± 68.7 months). The most frequently used anticoagulant (74%) was VKA (Marcoumar®, Sintrom®). VKAs were predominantly used in patients ≥ 80 years (602 of 739 patients) as well as in patients who have been treated for longer than 3 years (904 of 1003 patients). Xarelto® (rivaroxaban) was the most frequently (83%) documented NOAC and was mostly used in patients with a disease duration of less than 2 years. Efficacy, safety, compliance and costs were considered by the participating doctors when choosing the appropriate anticoagulant therapy. The doctors planned to continue the medication in the majority (92%) of NVAF patients.

Summary: Rivaroxaban was predominantly prescribed for NVAF diagnosed within 2 years before the survey. VKAs were the most commonly used anticoagulants for stroke prevention in NVAF and rivaroxaban was by far the most frequently documented NOAC in relatively younger patients and when NVAF had been diagnosed quite recently.

This survey was initiated and funded by Bayer (Schweiz) AG, and managed by Healthworld (Schweiz) AG.

P27**CEA and CYFRA21-1 improve the specificity of a 29-gene blood-based test for early detection of colorectal cancer**

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Background: An effective and convenient test for colorectal cancer (CRC) screening is needed in order to increase compliance and reduce mortality from CRC. Recent studies^{1,2} demonstrate that an effective blood test could be an attractive alternative to increase participation rate to CRC screening. Previously³ we validated a novel blood test for the detection of CRC and large adenomas based on a 29-gene panel in peripheral blood mononuclear cells. The aim of this study was to investigate how addition of CEA, CYFRA21-1, CA125 and CA19-9, circulating protein tumor biomarkers used in the management of different cancers, could improve accuracy of the 29-gene test.

Methods: Subject enrolled in the DGNP-COL-0310 study, a multi-center case-control study previously described³, were older than 50 years and referred for screening/diagnostic colonoscopy or scheduled for surgical removal of CRC. 371 plasma samples from the Swiss participants, including 118 samples from CRC patients, 103 from patients with adenomas ≥1cm and 150 from subjects without colorectal lesions (controls), were used to measure protein

concentration on the Architect platform (Abbott Diagnostics). Subjects were assigned to training, validation, and test set, using the same design used to develop the 29-gene classifier. Training and validation set were used to select the most relevant circulating protein tumor markers and to determine a new predictive algorithm combining the protein biomarkers with the existing 29-gene classifier. The test set was used to validate the predictive algorithm on the independent data set.

Results: Among the 4 tested proteins, CEA and CYFRA21-1, alone or in combination, showed the highest predictive accuracy for CRC discrimination and were included in the final predictive algorithm. When validated on an independent test set, including 73 CRC, 42 adenomas and 74 controls, the algorithm showed a specificity of 92% and a sensitivity of 78% for CRC and of 52% for adenoma detection.

Conclusion: The addition of the tumor biomarkers CEA and CYFRA21-1 improved the specificity of our 29-gene algorithm, which increased from 88% to 92%. Sensitivity for CRC and large adenomas only slightly increased. Thus, we confirmed that this blood test could be an effective complement to colonoscopy to increase compliance to CRC screening. The test has now been launched on the Swiss market under the trade name Colox®.

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