VI. CONFERENCE OF
THE ASSOCIATION OF GENERAL PRACTICE/FAMILY MEDICINE OF SOUTH-EAST EUROPE
AGPFMSEE - EDİRNE

14-17 NOVEMBER 2019
BALKAN CONGRESS CENTER – EDİRNE – TURKEY

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Comparison of nicotine dependence severity and diabetes risk status in cigarette smokers based on screening tools

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Keywords: diabetes mellitus, diabetes risk test, FINDRISC test, nicotine addiction, smoking

Aim:
To compare characteristics of low and high diabetes risk in smokers according to nicotine dependence severity.

Method:
A cross-sectional evaluation of 527 patients admitted for smoking cessation treatment to the family medicine outpatients clinics at a training and research hospital between February 2019 and July 2019. A questionnaire including information on demographics, Fagerstrom Test for Nicotine Dependence (FTND), American Diabetes Association (ADA) Diabetes Risk Test, and Finnish Diabetes Risk Score (FINDRISK) Test, were applied by face to face method. Data were analyzed with the NCSS 10 (2015.Kaysville, Utah, USA) program.

Results:
Out of 527 patients (M age = 40.1; SD age = 11.46), 210 (39.8%) were female and 317 (60.2%) were male. The mean cigarette consumption was 28.48±22.63 packs/year, and 33.6% of all were in heavy nicotine dependence level (NDL) group. The mean of fasting blood glucose (FBG) and body mass index (BMI) were 82.70±14.80 mg/dl and 26.50±4.60 kg/m2, respectively. The mean total FINDRISC and diabetes risk test scores of all patients were 7.90±5.29 and 3.10±1.78, respectively. 10.4% of cases had FBG higher than 100 mg/dl. The risk of diabetes was defined 11.6% by FINDRISC test and 20.5% by ADA Diabetes Risk Test. According to both screening tools, the nicotine dependence score (FTND score) of those at risk for diabetes was significantly higher than those without diabetes risk.

Conclusions:
The FINDRISC test outputs of the present study were observed to be similar to the incidence of the general population’s diabetes risk compared to ADA diabetes risk test outputs.

Presentation on 15/11/2019 14:15 in "Oral Presentations 1" by Melike Mercan Başpınar.
Coronary heart disease patients’ assessment of chronic illness care and its correlation with quality of care

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Keywords: coronary heart disease patients, patients’ assessment of chronic illness care, quality of care.

Aim:
Patient-centered assessment of chronic illness care is replacing the assessment of satisfaction, which does not cover all dimensions of care. Patient assessments reflect both the quality of chronic illness care and provide feedback to healthcare workers about their work. The study aim was to investigate the patient-centered assessment of coronary heart disease (CHD) patients and its correlation with the care that was delivered.

Method:
This cross-sectional study evaluated data obtained from the patient medical records and surveyed patients using the Patient Assessment of Chronic Illness Care (PACIC) questionnaire. A descriptive analysis of the overall and domain-specific responses to the PACIC questionnaire was conducted and the association of the results with delivery of care data in the patient records was determined by Pearson’s correlation coefficient.

Results:
The study sample included 768 of 1080 CHD patients (71.1%) at 36 family medicine practices who completed the PACIC questionnaire. The mean age of the respondents was 68.3 ± 10.7 years and the overall PACIC score was 3.3 ± 0.9. The highest PACIC scores were delivery system design (3.7), patient activation (3.7), and problem solving (3.6). Follow-up received the lowest score (2.8). Quality of delivered care and PACIC scores were correlated (r = 0.10, p = 0.009).

Conclusions:
CHD patients highly rated all aspects of chronic care included in the PACIC questionnaire. They were least satisfied with the follow-up and coordination aspects of chronic care. The process indicators of care were positively correlate with patient assessment of care.

Presentation on 15/11/2019 14:15 in "Oral Presentations 1" by Ksenija Tušek Bunc.
The evaluation of nutrition, pressure sores and falling risk status and related factors of Hassa Government Hospital’s home care patients

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Keywords: Mini Nutritional Assessment Test, Itaki Fall Risk Score, Norton Scale, home care patients

Aim:
Home care is supportive care provided in the home. Therefore the evaluation of home care patients is different from the other cares. Our aim is to evaluate of nutrition, pressure sores and falling risk status and related factors of Hassa Government Hospital’s Home Care Patients.

Method:
The socio-demographic feature (age, gender, education status), care status (care givers, feeding type and self-hygen) and nutrition, pressure sores and falling risk scores were recorded from files. Nutrition status was examine according to Mini Nutritional Assessment Test Short Form (MNA-SF). Falling risk scores were measured according to Itaki fall risk score. Pressure sores risk measured according to Norton Scale. Data were analyzed with SPSS 16 and p<0.05 was considered statistically significant.

Results:
102 patients were included study and mean age was 70.16±1.87; most of them was women (62.7%; n=64) and was uneducated (69.6%; n=71). Self-hygen was mostly good (93.1%; n=95). Only 20 (19.6%) of them were need someone else for feeding. Care giver was mostly family (n=93; 91.2%). MNA-SF mean was 8.79±3.31 and most patients were at the risk of malnutrition (42.2%; n=43). MNA-SF status were not related with age, gender, self-hygen and education status (p≥0.05). But MNA-SF status were related with care giver and type of feeding (p=0.028; 0.000). Falling Scores mean was 12.53±4.52 and most patients were at the risk of fall (n=99; 97.1%). Norton scale mean was 24.19±3.82 and 49%(n=50) was on at the risk of pressure sores. Pressure sores risk scores and MNA-SF was related (p=0.002). Pressure sores risk increased with bad nutrition.

Conclusions:
Malnutrition was found as a risk factor for pressure sores. Nutrition status, Falling risk and Pressure sores risk status must evaluate to every home care patients.

Presentation on 15/11/2019 14:15 in "Oral Presentations 1" by Yagmur Gokseven.
Comparison of serum lipid parameters and serum vitamin B12 levels

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Keywords: vitamin B12, obesity, lipid parameters

Aim:
We think that vitamin B12 may affect serum lipid parameters because it is a cofactor of the enzyme that plays a role in fatty acid catabolism, and also because of its association with obesity and increased risk of myocardial infarction in its deficiency. In this study, we aimed to investigate whether vitamin B12 insufficiency, which is common and associated with many diseases, is related to serum lipid parameters.

Method:
This is a cross-sectional retrospective study. In this study data such as serum vitamin B12, glucose, lipid, thyroid function tests, ferritin and demographic data such as age, gender from records of the retrospective examinations of the patients who applied to the family medicine polyclinic was used. The study included 228 patients who underwent concurrent lipid and vitamin B12 analysis and who met the inclusion criteria. Patients who met the exclusion criteria were not included in the study.

Results:
There was a statistically significant, low positive correlation ($r = 0.278$, $p = 0.001$, $n = 228$) between serum HDL and vitamin B12 levels. There was a statistically significant low negative correlation ($r = 0.322$, $p = 0.001$, $n = 228$) between serum triglycerides and vitamin B12 levels.

Conclusions:
As a result, we can say that serum vitamin B12 levels affect lipid parameters. We may suggest that the risk of diabetes, obesity and coronary artery disease may increase due to high triglyceride or low HDL levels in the absence of vitamin B12. We suggest that more extensive work should be done on this subject.
Determination of vitamin D levels in the prison detainees of Sivas center

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Keywords: deficiency, inmate, insufficiency, prisoner, vitamin D levels

Aim:
Although our country is exposed to sun rays in all seasons, it has been found that vitamin D levels (VDLs) are below the required values in every part of our society. The purpose of this study was to determine the status of VDLs in jail prisoners (closed (CJP) and open jail prisoners (OJP)) and to compare the vitamin D status between jailed and non-jailed individuals.

Method:
This case-control study was supported by the CUBAP with project number T-697. Considering the prevalence of vitamin D deficiency as 51.8%, we included 308 inmates of Sivas Central Prison as case group and then formed a control group of the same number from non-jailed healthy volunteers. The survey containing questions about age, sociodemographic characteristics, smoking, alcohol or drug addiction, exercise, duration of being imprisoned, daily time of outdoor permissance and the Frequency of Nutrient Consumption Form were filled by the researcher. Height, weight, waist circumference were measured and venous blood samples were taken for VDLs which were determined by the LC-MS/MS method. SPSS program was used for evaluation; with 0.05 error level.

Results:
130 prisoners from open jail, 178 inmates from closed jail were included to the case group. Vitamin D deficiency and inadequacy were found in 88% of OJP, 90% of CJP and 84% of control group (p <0.05). The mean values of VDLs in OJP, CJP and healthy controls were respectively 21.88±7.58, 14.99±7.46 and 22.34±13.17 ng/ml (p=0.000). When VDLs were examined according to prison types, the difference was found to be statistically significant (p₌0.001). While 46.9% of OJP were deficient and 40.8% were insufficient; this rates were 77% and 20.2% in CJP. 49% of healthy control had deficiency and 35.1% had insufficiency. Male OJP had statistically higher VDLs from women (p₌0.02).

Conclusions:
The prisoners are in the increased risk group for lower VDLs.

Presentation on 15/11/2019 16:00 in "Oral Presentations 2" by Sanem Nemmezi Karaca.
Evaluation of the knowledge and attitudes of adults about organ donation and transplantation (example from Turkish population)

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Keywords: transplantation, donation, organ

Aim:
Organ transplantation is often the only treatment of end stage organ failure. The aim of this current study was to determine and evaluate of knowledge levels and attitudes about organ donation and transplantation of adults.

Method:
This study was performed with participants (aged between 18 and 65) who were admitted to Sisli Etfal Training and Research Hospital for any reason at July 2019. Health professionals were excluded from the study. The data was collected by using a questionnaire (totally 34 questions) by face to face interview. Data were analyzed and p<0.05 was considered statistically significant.

Results:
Mean age of 145 participants were 40.36±11.97. 54.5% (n=79) of them were man, 76.6% (n=111) had education in high school and over. 11 (7.6%) of participants were organ donors. This was not related with age, gender and education status (p≥0.05) but related with knowing a person that need transplantation (p=0.018). The answer of how informed about organ donation and transplantation was mostly (75.2%; n=109) from media (TV, newspapers etc). The three most answers of which one/s of the organ/s can be transplanted were Kidney (100%; n=145), Heart (85.5%; n=124), Liver (83.4%; n=121) according to rates. 77.9% (n=113) of participants said that can donate when they are alive and death. This was related with the increase of education status (p=0.034). Mostly answer of the question why they want to donate was to help people and save lives (74.3%; n=84). Only 7 (4.7%) participants don't want to donate. Mostly answer of the question why they don’t want to donate was fear, not feeling ready (57.1%; n=4).

Conclusions:
In study most participants said that they can be an organ donor, but donor rate was very low. Participants obtained informations mostly from media about donation and transplantation, so educations that performed in media can increase the donation.
The relationship between sleep quality and smoking among adults

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Keywords: smoking, sleep quality, the Pittsburgh Sleep Quality Index

Aim:
Many patients admitted to our smoking cessation clinic gave feedback about better sleeping quality and feel energy at morning after smoking cession. We aimed to examine relation between sleep quality and smoking among adults.

Method:
156 participants (age between 18-65) who came to Sisli Hamidiye Etfal Training and Research Hospital Family Medicine Clinics for any reasons was included. Excluding criterias were having a history about sleeping problems, medicine or illness that will effect sleep and psychological illness. We applied The Pittsburgh Sleep Quality Index(PSQI) to every participants then examine into two groups according to smoking.
Smoking participant’s smoking story ( packet/year; starting age) and The Fagerstrom Test for Nicotine Dependence(FGND) scores were noticed.
Data were analyzed by using SPSS 20.0; p<0.05 was considered statistically significant.

Results:
73 of 156 participants were women (46.8%) and 83 of them were men (53.2%). 59 (37.8%) participants reported that they are smokers. Smoking and gender were not statistically significant (p=0,645).
89 (57.1%) of them have good sleep quality index score and 67 (42.9%) of them have poor sleep quality index score. According to BMI; 32.1% (n=50) were overweight or obese. BMI and sleeping quality were not related (p=0,222). Based on gender, 44(60,3%) of women reported good sleep quality. 45(54.6%) of men reported good sleep quality.
Poor sleep quality was more prevalent among men than women. 30 (50.85%) of smokers have good sleep quality index score. 59 (60.82%) of non-smokers have good sleep quality index score. Compared to non-smokers, smokers got slightly poorer sleep quality index score but not statistically significant (p=0,222). And there were no relation between FGND scores, packet/year smoking and starting age to smoke.

Conclusions:
Sleeping quality was not related with smoking but was better in nonsmoker group.

Presentation on 15/11/2019 16:00 in "Oral Presentations 2" by Didem Taner.
An important side effect of pseudoefedrin used in cold flu treatment

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Keywords: pseudoefedrin, cold flu treatment, atrial fibrillation

Introduction:
Cold flu is one of the most common infections in the community. Pseudoephedrine Hydrochloride (PEH) is a sympathomimetic agent that stimulates Alfa and Beta-2 adrenergic receptors commonly used in upper respiratory tract infections. Alfa adrenergic effect causes vascular smooth muscle constriction and consequently decreases mucosal edema and inflammation findings; bronchodilator effect by induction of beta 2 adrenergic receptors in bronchial smooth muscle.

Case:
A patient with known history of Hypertension (HT) and Coronary Artery Disease (CAD) without known cardiac arrhythmia history was taking the drug containing PEH 3 times a day for 2 days due to cold flu. The patient was referred to the emergency department due to palpitations, faintness, and chest pain. General condition was evaluated as good, anxious, conscious open, oriented, coopered. In vital signs; blood pressure: 170/110 mm Hg, pulse: 170/min. Rapid ventricular atrial fibrillation (velocity: 170-180/min) was detected in the ECG of the patient. The patient's medical story and hospital records showed that he had never had atrial fibrillation, palpitations, or any arrhythmia. This was evaluated as atrial fibrillation provoked by a drug containing PEH. The patient was given a 25 mg diltiazem slowly and then isotonic sodium hydration was added. The patient whose symptoms were improved and the sinus rhythm were obtained at ECG, and blood tests did not reveal any significant pathology was discharged with the recommendation of cardiology outpatient clinic.

Discussion:
Despite side effects, PEH-containing preparations can be prescribed very frequently by physicians interested in treating colds for symptomatic treatment. In fact, some patients can obtain these medicines without prescription. Especially in patients with diabetes mellitus, hypertension, hyperthyroidism, epilepsy, coronary artery disease and cardiac disease, PEH-containing medicines can have serious side effects. For this reason, doctors should consider these serious side effects when prescribing PEH-containing medicines.
Undescended testis which was noticed in adolescent- a tragic application process

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Keywords: undescended testis, adolescent, primary care

Introduction:
Undescended testis is the most common genitourinary anomaly in boys. Early detection is important, it is easy to doubt but needs attention, it has the potential to cause serious problems.

Case:
The adolescent boy (11 years and 8 months old) who applied to the family healthcare center to receive a medical report to take up a sport activity didn’t have an active complaint. During routine examination, testes didn’t appear in the scrotum and inguinal region was swollen while the right testis was non-palpable neither in the scrotum nor the inguinal tract, the left testis was non-palpable in the scrotum and palpable in the proximal zone of the inguinal tract, but it couldn’t be taken down to the scrotum through manipulation. Pubic hair development had just begun, the penis size was approximately 7 cm (Tanner phase 2) and he was circumcised. There wasn’t axillary hair development. Other physical examination findings were normal. His prenatal, natal and postnatal history were normal, it was found that he was circumcised by a person (conventional circumciser) who wasn’t a doctor in his home when he was 6 years old as a traditional practice. There wasn’t such diagnosis in his family history. Complete blood count, kidney and liver function tests, electrolytes, complete urine analysis of the patient who was referred to the pediatric surgery with the early diagnosis of undescended testis and examined there were normal. Bilateral orchiopexy operation was performed on the patient who was diagnosed with bilateral undescended testis in consequence of preoperative evaluation.

Discussion:
Parents are required to have a part in the process, observe their child scrutinisingly, and consult a physician when needed. It is compulsory for primary care physicians to provide their patients with service by performing a full examination. Parents must not trust ‘conventional circumcisers’ and report them.

Presentation on 15/11/2019 16:00 in “Oral Presentations 3” by Gökçe İşcan.
**Determination of people who self-referred in an emergency department during office hours: semi-structured study in Turkey**

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**Keywords:** emergency department, family physician

**Aim:**
The aim of this study was to determine people who self-referred to choose a hospital rather than consulting to a health care center during day time and to understand people’s motivation about choosing a hospital's emergency service instead of their family physician.

**Method:**
The study conducted at the emergency department an education & training hospital, in the green area between 9:00 am and 4:00 pm, at a time when the interviewer was also present. Patients were recruited using a sampling method. Candidates were asked to participate in the study and were informed; the questionnaire was asked and filled by the interviewer. The questionnaire consisted of demographic data, comorbidities, the main aim to self-referring to the emergency service, knowledge of their family physician and an open-ended question about the reason for their preference. Those included participation: (a) over the age of 18 years, (b) Turkish citizens. The study was registered and approved by Erzincan Binali Yıldırım University Medical Research Ethics Committee.

**Results:**
Total of 351 people attended the study. Of the participants, the mean age was 34.76±1.6. The female participants were 45.3% and male participants were 54.7% of all. The reasons of people to choose emergency service instead of family physician: 1) Get examined (76.1%), 2) Emergency (9.4%) 3) Other issues (8.5%) 4) Consultation (1.4%) The participants who had chronic diseases were 23.1% of all. From the participants of 77.2% of them had known the name of the family physician. Of the participants the highest range of the reason was the problem with the family physician (31.3%), the second reason was they were in severe pain (18.2%), the lowest range was the participants who don’t want to tell their reasons (2.8%).

**Conclusions:**
The findings show that the most important reason behind emergency service self-referral during office hours was family physician problems.

Presentation on 16/11/2019 10:30 in "Oral Presentations 4" by Canan Tuz.
Relationship between marital adjustment rates and smoking cessation in married patients admitted to Ondokuz Mayıs University Smoking Cessation Clinic

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Keywords: marital support, spouse support, smoking, cessation, primary care

Aim:
Individuals in the smoking cessation stage may face many difficulties. At this stage, the importance of the social support received by the people who quit smoking is very well known. A very important part of this support is that the spouses provide each other. One of the important factors affecting whether this support is positive or negative is marital harmony between spouses. In this study, the effect of marital adjustment between married couples on smoking cessation was investigated.

Method:
The study consisted of 210 married patients admitted to our outpatient clinic between 2016 and 2018. During the admission of these cases to the outpatient clinic, the spouse compliance questionnaire and the spouse support questionnaire were completed. Afterwards, medical treatment was started according to the Fagerstrom nicotine addiction test score. Smoking status was questioned one year after admission. Smoking status and other questionnaires were evaluated in terms of gender.

Results:
Of these cases, 55% were male and 45% were female. There was no difference between the ages of male and female cases (mean = 36.3 years t = 0.847, p = 0.547). The mean duration of marriage was 3.8 ± 1.9 years. There was no difference between the scores of men and women in the marital adjustment questionnaire (t = 0.544, p = 0.687). When the patients were called after a year, 35.7% of them stated that they still do not smoke. The scores of the patients who quit smoking from the cohesion questionnaire and the peer support questionnaire (t = 1.987, p <0.001 and t = 1.578, p < 0.001, respectively). is still higher than recurrent smokers.

Conclusions:
Marital adjustment between spouses and spousal support during smoking cessation have significant long-term effects on smoking cessation.

Presentation on 16/11/2019 10:30 in "Oral Presentations 4" by Esra Yalçın.
The evidence based review of smoking cessation products which are marketed online

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Keywords: pseudoscience, smoking, cessation, internet

Aim:
Cigarette addiction is a common public health problem in our country. There may be people / institutions who want to abuse the desire of people who want to quit smoking. They may be marketing ineffective or placebo products without any real scientific and beneficial effects to individuals by making use of legal gaps. The aim of this study is to investigate how scientific cigarette products are sold online.

Method:
We searched search engines such as Google and Yandex et al. with some keywords such as "Stop Smoking" and "Smoking Cessation Products" and web-based marketing sites. In this context, 64 different plant products were identified. Whether these products are pseudobilimical (pseudoscience) has been examined by some evidence-based medical criteria.

Results:
There is no valid evidence-based scientific data for 62 (96.8%) products. 64 product (100%) describes how the product works. Valid scientific evidence is given for 3 (4.6%) products. A return guarantee of 58 (90.6%) items is provided. 14 (21.8%) products company name is stated. 53 (82.3%) product reviews of the users have been added to the web page. 48 (75%) products have a contact number where they can be contacted. 2 (3.1%) products referenced a scientist and his work on the product. There are information that 62 (96.8%) products were used safely in the past. 2 (3.1%) of the items stated that the product T.C. It has security certificate of Ministry of Health / Ministry of Agriculture.

Conclusions:
Our study shows that most of the products sold over the internet are not based on a scientific infrastructure
The progression rate of prediabetes to type 2 diabetes within a 10 years period in subjects between age of 30-45

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Keywords: fasting blood glucose, normoglycemic subjects, prediabetes, type 2 diabetes

Aim:
Prediabetes is defined as blood glucose concentrations higher than normal, but lower than established thresholds for diabetes. The rate of prediabetes which has a high risk of developing type 2 diabetes is increasing globally. The aim of this study is to evaluate the current status of patients whose fasting plasma glucose (FPG) levels had been prediabetic at the time of admission to our hospital in 2007, the current levels of serum glucose parameters and some risk factors causing diabetes.

Method:
This study was supported by the CUBAP with project number T-747 and was conducted on 285 prediabetic individuals between the age of 30-45 years old at the time of admission. Participants were determined by systematic sampling. These patients were called by phone and invited to outpatient clinic. The questionnaire form was filled out in the face to face interviews and body weight, height, waist and hip circumference were measured by the researcher. Venous blood samples were taken for measuring the levels of FPG, 2nd hour postprandial blood glucose, HbA1c, insulin, cortisol and cholesterol. Body Mass Index (BMI) and insulin resistance (IR) were calculated. All analysis was performed with SPSS, the significance level was considered as 0.05.

Results:
After 10 years, 112 (39.3%) of participants were normoglycemic, 85 (29.8%) were prediabetic, and 88 (30.9%) were diabetic. BMI, body weight and waist circumference measurements were found to be highest in diabetic patients and lowest in normoglycemics and the difference was significance (p<0.01). Insulin level and IR were higher in prediabetics than in normoglycemic individuals. HDL, LDL and total cholesterol levels were not different between the groups.

Conclusions:
In this study, transition from prediabetes to diabetes was similar to that in literature. Thus, we believe that exercise, diet, or appropriate drug treatment should be recommended to prediabetic patients.

Presentation on 16/11/2019 10:30 in "Oral Presentations 4" by Sanem Nemmezi Karaca.
A rare cause of peripheral facial palsy: Ramsay Hunt Syndrome

Sultan Zortul, Zeynep Gurlek Akol

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Keywords: Ramsay hunt syndrome, vesicular rash, peripheral facial palsy

Introduction:
Ramsey hunt syndrome is a rare type of peripheral facial paralysis, also known as herpes zoster oticus. It is the type of peripheral facial paralysis with vesicular rash. Vesicles are important to manage treatment before palsy occurred.

Case:
A 84 year old woman presented with vesicular rashes on right ear, closure disability of eye, ear pain and right-sided facial paralysis, neurological and other exams were normal except the right side deviation of tongue. 3x500 mg Acyclovir and steroid 1 mg / kg was started. Vitamin B complex was added, rivanol mixture was recommended for the vesicular rashes on the ear and was referred to ENT and neurology clinics for further examination.

Discussion:
Peripheral facial nerve palsy is due to various causes which may be detectable or idiopathic. Ramsay Hunt syndrome is rare and a severe type of peripheral facial nerve palsy often with vesicular rash on ear. It is accompanied by symptoms like vertigo, tinnitus and hearing loss. It is caused by varicella zoster. Vesicular rash should be followed carefully to start treatment immediately. treatment within the first 72 hour with prednisone and acyclovir may improve outcome of recovery. Bell's palsy is associated with hsv but without vesicles. It is mostly seen between all cause of periferal facial nerve palsy. Treatments are similar but this palsy is more likely to recover completely.

Presentation on 16/11/2019 10:30 in "Oral Presentations 5" by Zeynep Gurlek Akol.
Acute limb ischemia – case report

Milena Kostić, Olga Radosavljević, Maja Vučković, Svetlana Kolaković

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Keywords: acute limb ischemia, thromboembolism, heart disorders

Introduction:
Acute limb ischemia is an urgent medical condition with significant complications and mortality. Lower extremities are more commonly affected, and the causes are most commonly heart disorders (ischemic heart disease, atrial fibrillation, valvular disease).

Case:
Female patient S.T., aged 77 years, suffering from diabetes and hypertension, nonsmoker, with implanted pacemaker (6 years ago), visited her GP on April 30, 2018 early in the morning because of a dizziness in the last few days and difficulty relying on her right leg. Physical findings on heart and lungs, and ECG within physiological limits, TA 150/80 mmHg; Glycemia 16.1 mmol / l; in neurological finding preserved gross motor power, without focal neurological deficits; cannot rely on the right leg because of pain, weakened pedal pulses on the right leg, without changes in skin color and temperature. Urgently referred to the on-duty neurologist and vascular surgeon. Thromboembolism of the right common femoral artery was diagnosed and a transfemoral thromboembolectomy was performed on the same day. On May 3, 2018, she was released home in good general condition, revascularized right leg, palpable pedal pulse. In the next year without complications, at repeated Holter monitoring of ECG detected episodes of atrial fibrillation, the anticoagulant therapy continued.

Discussion:
In the daily work of a general practitioner, which often involves examining a large number of patients throughout the day, with patients often unable to express their problems, the timely diagnosis and treatment of various disorders in acutely ill patients can be a true art. Success is based on well taken medical history, complete physical examination, good knowledge of the risk factors for the occurrence of certain health disorders, as well as communication skills. In order to achieve this, continuing education of general practitioners is necessary in the various fields of his work.

Presentation on 16/11/2019 10:30 in "Oral Presentations 5" by Milena Kostić.
All other expert could not diagnose you? Let your family medicine specialist give it a try

Meşide Gündüzöz

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Keywords: clinical management, family medicine specialist, undiagnosed cases

Introduction:
The aim of this study is to present the importance of clinical management of a family physician through a case study.

Case:
A 43-year-old male patient had complaints of urinary and fecal incontinence and weakness in his right leg for the last 3 months and was admitted to the family medicine clinic of our hospital. The patient who had examined by all other specialities in the primary, secondary and tertiary health centers, could not be diagnosed. The patient admitted to the management of the family medicine clinic and hospitalized. The patient was consulted to all relevant specialities and the etiology of the complaints could not be determined. Only lead height was detected in the patient and chelation therapy began. After the chelation, the patient's complaints did not regress. The patient was re-admitted to the neurology clinic. The imaging tests were renewed in coordination with the family medicine specialist and neurology clinic. Thoracic Magnetic Resonance Imaging (MRI) of the patient was actively interpreted by a family physician and radiologist at the same time and revealed arteriovenous malformation of the spinal cord which was previously missed. The patient was referred to the tertiary health center for interventional procedures. Incontinence and the loss of strength complaints has recovered after treatment.

Discussion:
The patient had been examined at the second and third level health centers before applied our clinic but could not be diagnosed. Interdisciplinary coordination for the patient was achieved by the family medicine clinic. The patient was reevaluated, all of the required examinations were re-made, imaging examinations were performed again and the radiology specialist was contacted face-to-face and the clinical and imaging results were interpreted simultaneously.
This presentation is a case study in order to demonstrate the necessity of evaluation of undiagnosed diseases by clinical management of family medicine.

Presentation on 16/11/2019 10:30 in "Oral Presentations 5" by Meşide Gündüzöz.
Antihypertensive prescription pattern and related factors in primary care in Turkey

İrep Karataş Eray, Özlem Nimet Yılmaz, Pınar Çelik

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Keywords: antihypertensive drug, primary health care physician, drug choise

Aim:
There are national and international guidelines on the prevention, detection, evaluation and treatment of hypertension and the most appropriate first-line drug therapy in the treatment of hypertension. Despite broad dissemination of these guidelines, prescribing practices have long remained discrepant with recommendations. This study was aimed to evaluate the antihypertensive drug preferences of family physicians and related factors.

Method:
A survey study was carried out with e-mail in Turkey during June and August 2018. A total of 1098 family physicians were included in the study. The questionnaire was filled by the doctors. IBM SPSS V23 was used for statistical analysis.

Results:
We included 1098 individuals (317 female and 781 male) into our study. 78.9% of the physicians stated that lifestyle change always suggested, 66.8% stated that they frequently used pharmacotherapy and 39.7% stated that they rarely used complementary therapy. 60.7% of physicians stated that prescribe ACE-i drug group firstly in monotherapy. There was no statistically significant difference between physicians’ use of any guideline and first choice antihypertensive drugs (χ²=6.941, p=0.225). Statistically significant difference was found between suggesting lifestyle change treatment option and / or pharmacotherapy option and physicians’ use of any guideline.(respectively χ²=18.272, p<0.001; χ²=25.221, p<0.001)

Conclusions:
In this study, antihypertensive prescribing pattern is not influenced by guidelines. However, guidelines were effective in determining the type of treatment proposed to the patient. Based on these results, taking some steps such as organizing periodic in-service trainings for physicians practicing in the field, updating and disseminating the free of charge Guidelines of Diagnosis and Treatment for Primary Health Care to relevant personnel and improving diagnostic capability of primary health care facilities could be recommended.

Presentation on 16/11/2019 10:30 in "Oral Presentations 5" by İrep Karataş Eray.
Quality of life patients suffering from chronic rheumatic diseases

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Keywords: rheumatism, quality of life, activity

Aim:
Estimate the quality of life of patients suffering from chronic rheumatic diseases.

Method:
The research was conducted from July 22 to August 9, 2019 by 2 GP in 2 primary care institutions. The EQ-5D health questionnaire was used as a research instrument.

Results:
The research included 130 patients, 59.2% were women. The average age of the respondents was 61.4 years. 11.5% were patients with inflammatory rheumatic diseases, with lumbar discopathy (30.0%) and neck and lumbar spondyloarthrosis (29.2%) being the most prevalent of degenerative diseases. 45.3% of patients are treated for another rheumatic disease, and 84.6% for other non-rheumatic disease. In terms of mobility as a measure of health quality, 52.3% are fully mobile, 6.1% are bed-bound. 82.3% of respondents do not have any problem with taking care of themselves, while 5.4% cannot dress or wash themselves. 70.0% of the respondents have some problem with performing their usual activities (work, housework, leisure activities). 97.7% of respondents feel pain at the time of questioning. 52.3% are not concerned about their health, 8.5% are extremely concerned or depressed. On the scale of health status related to their rheumatic diseases, 26.9% patients indicated 50% and less, 42.3% indicated 51-80%, 30.8% indicated their health on a scale with over 80%.

Conclusions:
The quality of life of our patients is most affected by the presence of pain, as well as the ability to perform normal activities. The best results are in terms of patient care about themselves, the mobility of patients is moderately impaired, a significant number of them are concerned about their health, while the personal assessment of patients about their health is diverse. Proposed measures to improve the quality of life of patients with chronic rheumatic diseases: appropriate pain therapy, educating patients about therapeutic options to maintain as much mobility as possible, control of other chronic diseases.
Family physicians' views on the effect of scientific activities on daily clinical practice within the scope of continuing medical education

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Keywords: education, questionnaires, family physician

Aim:
The effect of CME activities on physicians' behaviors has been investigated in literature. According to the theory of education, effectiveness increases when training is based on the experiences and needs of the learner. In this study, we aimed to evaluate the opinions and experiences of family medicine (FM) residents and FM specialists and general practitioners attending the related CME activities about the effect of CME on their daily clinical practice.

Method:
A questionnaire developed by the researchers was used during the CME activities. It was composed of multiple-choice, open-ended, Likert-type questions about sociodemographic characteristics, daily practice and professional experience, attitudes, opinions and experiences of participants about CME activities and their effect on their daily clinical practice. Variables were analyzed by descriptive statistical tests.

Results:
A total of 247 doctors participated in the study. There were 112 residents, 106 specialists and 29 general practitioners. While general practitioners reported that the CME meetings in which they participated had more impact in early diagnosis and treatment than the other groups (p=0.0001), there was no difference between the reports of all groups on effects of CME on chronic disease follow-up (p=0.078). The residents stated that these meetings were more useful in the recognition of chronic disease follow-up (p=0.006). The most frequently mentioned barriers that made it difficult to participate in CME activities were economic reasons, time constraints and administrative permits.

Conclusions:
Family physicians believe that scientific activities and meetings improve daily clinical practice. All participants stated that they benefited from CME activities in the follow-up of chronic diseases, in early diagnosis and treatment approaches, and recognition of new medications; respectively. Needs assessment prior to the meetings and affordability may increase participation.

Presentation on 16/11/2019 14:15 in "Oral Presentations 6" by Didem Kafadar.
Long-term cessation rates of people who have been diagnosed with a psychiatric disease

Esra Yalçın, Bektas Murat Yalcin, Mustafa Unal

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Keywords: smoking, psychiatric diseases, cessation, long term

Aim:
There is a strong correlation between smoking dependence and psychiatric disorders. The aim of this study was to determine the smoking cessation rates in the long-term with the smoking cessation treatment program applied to patients who were admitted to our smoking cessation clinic and who had any psychiatric diagnosis.

Method:
Among 2052 smokers who applied to Ondokuz Mayis University Family Medicine Smoking Cessation Clinic between May 2015 and June 2018, a total of 1732 were included in the study by phone calls. 492 patients (28.8%) with any psychiatric diagnosis were accepted as study and remaining 1240 (71.2%) subjects were accepted, as control group. After first administration individualized smoking cessation treatment was initiated for three months. We interviewed subjects one year after their first application and learn their smoking status. The data between the two groups were compared.

Results:
The mean age of the subjects was 43.34 ± 11.21 years. Fagerström Nicotine Dependence Test scores of the study group (6.38 ± 2.32) were higher than the control group (t = 1,200, p = 0.02). 340 (69.1%) of the participants had dysthymic disorder, 64 (13.0%) had major depression, 48 (9.8%) had bipolar affective disorder, 24 (4.9%) were diagnosed with anxiety disorder and 16 (3.3%) were diagnosed with alcohol / substance addiction. Lifestyle modification change and motivational approach (LSM+ MY) were applied to all patients and 30.9% of them were treated with Nicotine Replacement Therapy (NRT) alone. 36.6% of the participants received NRT and drug treatment. Accordingly, 602 (34.7%) of the control group and 112 (22.7%) of the study group stated that they quit smoking (χ² = 13,680, p <0.001).

Conclusions:
The rate of smoking cessation was lower in patients who had a psychiatric diagnosis in one-year period compared to control group. Further studies are needed to examine a more intensive approach for these patients.

Presentation on 16/11/2019 14:15 in "Oral Presentations 6" by Bektas Murat Yalcin.
The effects of clinical night shifts on ACTH, cortisol and white cell counts of family assistants

Bektas Murat Yalcin, Tugce Yilmaz, Esra Yalçın, Mustafa Unal

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Keywords: night shifts, Beck Anxiety Inventory, ACTH, cortisole, WBC, stress, sleep

Aim:
Medicine has a higher stress level compared than many professions. In this study, we investigated changes in various physiological parameters in response to the stress of family physician residents who have clinical night shifts.

Method:
The participants were selected from volunteered OMU, Family Practice Medicine (n=48). residents (n = 23) who were planned for night shifts in the next month period (Study Group), and the residents (n = 25) who will stay in department without night shifts (Control Group). Both groups’ blood samples were taken in order to provide data for total blood count, ACTH and Cortisol levels just before the residents in the study group begin their night shift period. All of the participants also filled the Berlin Sleep Questionnaire and Beck Anxiety Inventory. The study group then had at least five night shifts in different clinical departments in a month, while the control group were stayed in department. At the last night shift of the month both test were retaken from all of the participants . The test results of both groups were compared with each other.

Results:
There was no difference between baseline white blood cell count, sedimentation, CRP, ACTH and Cortisol values in both groups (p> 0.05). The number of white blood cells in the morning of the last night shift of the study group was lower than their initial test and the control group (p <0.001). In addition, the ACTH and Cortisol levels of the study group were higher than those of the control group (p <0.001). There was a negative relationship between total missed sleep hours with WBC (r = 0.541, p <0.001), ACTH (r = 0.471, p <0.001) and Cortisol (r = 0.502, p <0.001) levels in the study group.

Conclusions:
It was understood that clinical night shifts may have important effects on physicians' physiological systems

Presentation on 16/11/2019 14:15 in "Oral Presentations 6" by Bektas Murat Yalcın.
Oral Presentation / Research

The most common causes of pneumonia in our ambulance in North Macedonia

Dragan Gjorgjievskski, Svetlana Stojkova

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Keywords: streptococcus pneumonia, pneumonia, therapy, most common causes.

Aim:
Indication of the main common causes of pneumonia in our ambulance in North Macedonia.

Method:
Processed data from health records of 20 patients aged 18-100 years with high temperature, productive cough and suspicion of pneumonia. Processing is used descriptive and analytical method. Sputum examined for detection of the causative agent, CRP, lung RTG, and atypical pneumoslide.

Results:
The analysis of 20 patients Streptococcus pneumonia was found in 12 (60%), Mycoplasma pneumonia in 3 (15%) in 2 of them H.influence (10%), while in 3 (15%) were discovered viral agents. Laboratory analysis of CRP> 80 in 10, CRP> 60 in 7 cases and in a 3 cases CRP> 20. From X-ray findings in 14 it is determined pneumonia while in 6 there are no clear signs rtg. In the therapy used: Amoxicillin, Cefuroxime, Azithromycin, doxycycline.

Conclusions:
The most common cause is Streptococcus pneumonia. Microbiological testing is necessary to determine the cause and determining treatment of him, allowing earlier treatment and better prognosis.

Presentation on 16/11/2019 14:15 in "Oral Presentations 6" by Dragan Gjorgjievskski.
Bakım evinde geriyatrik hastaların kişisel bakım planı örnekleri

Yeliz Abdieva Abduramanova, Katarina Stavrikj, Ljubin Shukriev, Katerina Kovachevikj, Marta Tundzeva, Biljana Tanevska

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Keywords: kişisel bakım planı, bakım standardı

Review:
Standart geriyatrik bakımını kapsayan sağlık bakım, bakım evlerinde profesyonel yazılı not ve belgeler halinde geriyatrik hastaların günlük yaşantıları notedilmektedir. Bu, tüm yaşılara verilen hizmetin doğru orantılı ve planlı bir şekilde hizmet alması demektir. Kalite standartını yükseltmek amaçlı sosyomedikal bakım Dünya sağlık örgütünün geriyatrik hastalar için geliştirilmiş bakım modeli „RUPER JUCHLI“ 12 yaşam ilkesini baz almaktadır. Bu belgelerde kantitatif ve kalitatif sağlık bakım ile ilgili aktiteler düzenli olarak notedilmektedir. Geriyatrik hastaları kişisel durumlarına göre kategorize etmek; fonksiyonel, kognitif, duygusal ve medikal hizmet ihtiyaçının seviyesini belirlemek

Aile hekimliğinin yürütüğü (2018 yılına) "hasta bakıcı ve hemşireler için geriyatrik hastaların bakım eğitimi" projesinden derlediğimiz örnek kişisel hasta bakım planları sunulması planlanmaktadır.

Challenges in management of hearth failure in family medicine

Ksenija Tušek Bunc

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Keywords: heart failure, management, family doctor

Review:
Management of patient with heart failure (HF) in family medicine in challenging. HF is associated with poor quality of life and bad prognosis. Beside various forms of heart disease which can lead to HF the most common causes are coronary heart disease and arterial hypertension. European guidelines for management HF require confirmation of structural or functional heart disease. Guidelines are based on the poor sensitivity and specificity of presenting signs and symptoms, and better diagnostic procedures now available to identify structural heart disease before it leads to clinical HF.

Although the guidelines for diagnosing and treating of patients with HF have been known for years, their implementation is poor due to the lack of availability of certain investigations. In particular, echocardiography is the standard diagnostic tool used to diagnosis HF, but its use by family practitioners is low due to lack of accessibility.

Therefore, diagnosis of HF is often based on medical history and clinical examination. Unfortunately, the signs and symptoms of HF are relatively common and not specific, especially among the elderly. Their predictive value is low, requiring further diagnostic testing. This, and poor availability of echocardiography, means the diagnosis of HF is often arrived at a later stage of the disease. Family doctors could more quickly diagnose HF with the use of brain natriuretic peptide (BNP) and NT-proBNP for screening, and with quick access to echocardiography.

Management of HF consists first of nonpharmacological action (advice about healthy lifestyle), then reducing morbidity, improving survival and quality of life, reducing frequency of hospitalisations and, lastly, palliative care for advanced HF. Throughout this process, it is necessary to pay more attention to education, so these patients become equal partners in managing their disease.

With appropriate diagnostic tests available, family practice doctors can competently and responsibly manage patients with HF.


Oral Presentation / Review

Palyatif hasta bakımında tıbbi hatalar-örnek vakalar

Yeliz Abdieva Abduramanova, Katarina Stavrijk, Ljubin Shukriev, Katerina Kovachevikj, Marta Tundzeva, Biljana Tanevska

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Keywords: palyatif bakım, tıbbi hata, tıbbi hasar

Review:

Presentation on 16/11/2019 14:15 in "Oral Presentations 7" by Yeliz Abdieva Abduramanova.
The effect of urinary incontinence on quality of life in elderly living in hospice and at home

Nurver Turfaner Sipahioglu, Tugba Durdu, Asena Cosgun, Hakan Yavuzer

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Keywords: elderly, home, hospice, incontinence, quality of life

Aim:
The aim of the study was to compare the effect of urinary incontinence on the quality of life of elderly people living at home and those living in a hospice and focus on the affecting demographic and health related factors

Method:
The study was conducted between December 2015 and June 2016. Fifty participants aged ≥ 65 years were randomly selected. Twenty-five of them applied to faculty’s geriatric outpatient clinic with the complaint of incontinence. The other 25 were selected from elderly people living in the Darulaceze Institute. The International Consultation on Incontinence Questionnaire-Short Form (ICIQ-SF), Incontinence Quality of Life (I-QOL) scale, and Katz Activities of Daily Living scale were used with all the individuals. Other variables were assessed using a demographic data form.

Results:
The demographics of the two groups were not significantly different in terms of age, gender, smoking, education, obesity, alcohol use, occupation and income. There was no difference between the quality of life scores. The most affected subdomain for both groups was the restriction of the social life. Urinary incontinence psychologically affected individuals between the ages of 65 and 75 years more than those > 75 years of age in the hospice. The general scale score and behavioral restriction scores were also lower in this group. For both groups, frequent incontinence episodes were indicative of a significantly lower quality of life than rare episodes. A higher incontinence urinary output lowered behavioral restriction scores only in hospice patients. Mixed type incontinence affected the quality of life more than stress and urge incontinence.

Conclusions:
The ICIQ-SF can be used alone to and is sufficient to evaluate the quality of life instead of using the I-QOL in incontinence. Further studies demonstrating the effect of demographic factors on incontinence both in home and hospice patients should be performed in order to increase I-QOL.
Communication with families in palliative care

Ljubin Shukriev, Katarina Stavrikj, Marta Tundzeva, Katerina Kovachevikj, Mihajlo Kjulumov, Ljupco Zahariev, Biljana Tanevska, Nikola Rizankoska Anteska

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Keywords: communications, palliative care, patient, family

Review:
Communication is crucial when a person enters the last days of their life. Dying is an act of important psychological changes, social and spiritual life. It is important that the dying person and loved ones in a certain way prepare for that act. Poor and bad communication at this stage can lead to possible misunderstandings and unnecessary stress on those close and also the dying person. This reduces the priceless time they could use to say goodbye to each other as well as losing confidence in the healthcare staff who consciously and conscientiously perform their duties. The most important source of psychological and physical support for most patients is likely to be a family member. Some family members may look more painful and more tired of their dying relative due to increased pressure, new roles and expectations, and others with a threatening and harsh attitude. What is recommended is to be close to the truth of death by recognizing some of the signs – for example: A gradual increase in drowsiness and/or weakness. The presence of a close relative, holding hands, touching, praying, etc. is recommended. Willingness to talk about cultural issues and support cultural needs is recommended as long as the patient is alive. Listening to communication, recording and transmitting everything that is ambiguous, desired or amenable to the patient is recommended. Family meetings are recommended to facilitate end-of-life conversation and to transmit what is being recorded. Collaborative practice involves good communication, understanding of each other’s roles and trust. Families will benefit if doctors are aware of their abilities and limitations and kept documentation.

Presentation on 16/11/2019 16:00 in "Oral Presentations 8" by Ljubin Shukriev.
Evaluation of the use of the MISTIK score and the modified CENTOR score in sore throat

Selçuk Mistik, Hümeýra Aslaner, Hacı Ahmet Aslaner, Fahri Alpay Onuk

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Keywords: The Mistik score, the modified CENTOR score, sore throat, rapid antigen test, primary care

Aim:
The aim of the study was to evaluate the use of Mistik Score and Modified Centor Score by Family Physicians in sore throat patients in primary care.

Method:
One hundred twenty five patients between the ages of 3-80 years who admitted to Family Health Centre with sore throat were included in the study. Physical examinations of the patients were performed and the Mistik Score and the Modified Centor Scores were determined. Rapid antigen test was applied to the patients. Family Physicians filled out a questionnaire at the end of the study about the evaluation of the use of rapid antigen test the Mistik Score and the Modified Centor Score.

Results:
Rapid antigen test was positive in 16 (12.8%) and negative in 109 (87.2%) patients. Four of 125 patients (3.7%) had 4 or more Modified Centor Scores, In 25 patients (23%) the Mistik Score was found 4 and more. The optimal cut off value for the Modified Centor Score was 3, with a sensitivity of 87.5% and a specificity of 86.2%, a positive predictive value of 48.3%, a negative cut-off of 97.9%. The optimal cut off value for the Mistik Score was 3, with a sensitivity of 61% and a sensitivity of 87.5%, a positive predictive value of 97%.

Conclusions:
The use of the Mistik Score and the Modified Centor Score will enable Family Physicians to make more appropriate treatment decisions in sore throat. We recommend use of Mistik Score in sore throat patients.

Presentation on 16/11/2019 16:00 in "Oral Presentations 8" by Selçuk Mistik.
The role of Association of General Practitioners/Family Doctors in strengthening the primary health care in Republic North Macedonia

Katerina Kovachevikj, Katarina Stavrikj, Ljubin Shukriev, Marta Tundzeva, Elizabeta Kostovska Prilepcanska, Katerina Kikerkovska, Vanco Apostolovski, Ljupco Zahariev

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Keywords: primary health care, family medicine, strengthen

Review:
The association of general practitioners /family doctors in R. North Macedonia is a national, professional association established in 1947. The main goal of the association is continuous medical education and professional development according the principles of Evidence Based Medicine, in order to improve the quality in patient oriented care on primary level of health care. Scientific research activity in collaboration with the Center for family medicine, Medical faculty Skopje and AGP/FM SEE gives us the opportunity to see the real picture in the field of PHC and provide guidance on improving the quality of patient care. The biggest transformation in PHC began in 2007 with the document-Healthcare strategy 2020, in which the main reform was to produce category specialized family doctors in PHC. Despite our expectations, the PHC did not achieve its progress. We are faced with unhealthy life style, low health literacy, increased prevalence and mortality from non-communicable diseases, the world population is ageing, more people are living with disabilities including mental health conditions, physical disability. Challenged in creating a better health system for the citizens, in 2018 the Ministry of health conducted a WHO assisted health system assessment involving all health policy makers. Following the adoption of the Astana Declaration in 2018, the MOH began aligning its activities with the principles of the Astana Declaration in order to provide integrated health care. In order to strengthen the PHC in North Macedonia, we need high political commitment, strong support from the international organizations, Center for Family medicine, Active professional associations. The Association of General practitioners/family doctors in North Macedonia has a key role in strengthening and establishing a better primary health care system in North Macedonia.

Presentation on 16/11/2019 16:00 in "Oral Presentations 8" by Katerina Kovachevikj.
What is needed to be done when someone is dying?

Marta Tundzeva, Katarina Stavrikj, Ljubin Shukriev, Katerina Kovachevikj, Biljana Tanevska, Nikolina Rizankoska Anteska

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Keywords: death, palliative care, patients

Review:
It is well known that the palliative care facility alleviates the suffering at the terminal stage of the disease. Communication is designed to address ethical issues related to two basic aspects of palliative care - to explain the notion of good death and to address the patient's conflicting family needs. Autonomy is a priority for adults with cognitive capacity in decision making. Pain relief is a key ethical duty in medicine and palliative care. The public is afraid and thinks that drugs such as sedatives and opioids prescribed in the patient's terminal phase speed up the process of death. Appropriate medical professionals should dispel that opinion among people. End-of-life care is an ethical and medical challenge. The main actions arising from the needs at that moment are to recognize pain, reduced ability to feed, dress, eliminate, nausea, vomit, reduced air passage, decubitus, constipation and dyspnoea. All of these procedures cannot be performed without communication. Deciding on the right place for care giving is the top priority for professionals. There are numerous side effects such as pain, fatigue, dyspnoea, constipation, bowel obstruction, depression, confusion and insomnia. There are steps in the dying process within palliative care. It is recommended that the patient and family be prepared for death.

It is highly recommended to encourage professional awareness to provide empathy, patience and self-control. Communication with the family in times of mourning is also recommended. It is advisable to manage communication with a trusted team member and have everything documented.

Presentation on 16/11/2019 16:00 in "Oral Presentations 8" by Katarina Stavrikj.
Where is the professional omission?

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Keywords: communication, palliative care, healthcare

Review:
Patients with advanced life-threatening diseases that are no longer treatable are having physical, psychosocial and spiritual needs. No individual can answer that. Communication between healthcare professionals is often poor. Poor communication is not only a waste of time, but also a threat to patient care and a source of stress for employees. Palliative care is provided in many areas, for example, home, community hospital, nursing home, hospice and hospital.

Interactive lecture with quiz scenarios planned to address gaps in the work of palliative care professionals. Specialist palliative care teams often work on interactivity between curative and palliative care. Palliative care teams need to work together with teams of different health professionals, volunteers and legal agencies. Health professionals tend to work independently. A multidisciplinary team that communicates inefficiently will be prone to inter-professional and intra-professional rivalries, clashes and delayed decision-making. The most common omissions are when referrals, interdisciplinary assessment, confidentiality, continuity of care, discharge planning, terminal staging and grief care, organizational problems, communication and stress occur.

Presentation on 16/11/2019 16:00 in "Oral Presentations 8" by Katarina Stavrikj.
Abdominal pain - a challenge for general practitioners

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Keywords: abdominal pain, varicella zoster

Introduction:
Abdominal pain can be caused by many conditions. Herpes zoster sometimes mimics acute abdomen especially before the appearance of skin rashes. We present an atypical case of varicella zoster with abdominal pain mimicking acute abdomen.

Case:
A 72-year-old male patient reported to his doctor for a severe abdominal pain that had lasted for about two days. A clinical examination was performed. The abdomen, on palpatory examination it was sensitive and painful diffusely, more localized in the right upper hypochondrium. Since the patient had a history of gallbladder calculus, and considering that he had had fatty meals in the previous days, he was referred for further diagnosis. Abdominal ultrasound, laboratory and abdominal x-ray examinations were performed. Nothing specific was found in all the obtained results. He was discharged home and advised to undergo a hygienic diet regimen. The next day he reported again to the general practitioner and complained of the pain with a different localization: the pain was moving down into the lower right quadrant, toward the inguinal region. Due to suspected appendicitis and the inguinal pain, he was examined, respectively, by a surgeon and a urologist, and once again the results were within the normal range. The patient was considered to be retained at the hospital, but since the abdominal MRI scan was also normal, the patient was sent home. On the fourth day after the onset of the pain, the patient reported to the his doctor for the pain that was still present, but also for erythematous changes in the abdomen with blisters, where the pain was located. Only then was the diagnosis clear – Herpes zoster. An adequate therapy (Acyclovir, Analgesic) was administered and the problems soon subsided.

Discussion:
An overlapping of the symptoms of various organs can lead to a wrong diagnosis.
Adolescent evaluation in the first stage (adolescent pregnancy)

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Keywords: adolescent, HEEADSSS, first stage

Introduction:
Adolescence is an important period in terms of physical and psychological transition in children. Although the beginning and the end of adolescence hasn't been defined clearly, WHO accepts adolescence to be the period between the ages of 10-19. Adolescents constitute 20% of the world population. According to the 2013 data of the Turkey Population Health Survey this rate is 17.2% in Turkey. The HEEADSSS form has been used to determine the psychosocial status of adolescents.

- Home
- Education-Employment
- Eating
- Activities Drugs
- Sexuality
- Suicide-Depression
- Safety

Case:
An 18-year-old girl presented with nausea, vomiting, dizziness, mild abdominal pain, and watery stool. She told that these complaints were present for two weeks, but increased in recent days. Vital signs were blood pressure: 90/60 mmHg, Pulse: 101 / min., and BMI: 18.5 (15% P). We evaluated the psychosocial status of the adolescent by using the HEEADSSS form.

Pregnancy was suspected, depending on the complaints and the detailed anamnesis of the case who claims to be married despite being single in the official records. Further laboratory studies revealed positive Beta-HCG, and vitamin D and iron deficiency. Treatment was started with Folic acid at a dose of 400 micrograms/day, iron preparation 100-120 mg/day, and vitamin D 1200 IU/day.

Discussion:
Adolescents constitute an important part of the world population. Approximately 25% of all pregnant women are adolescents and 80% of these pregnancies are unwanted or unplanned. In pregnant adolescent s, support should not be limited only to antenatal and perinatal period, but involve postpartum period. The problems regarding this period are an important public health problem due to the potential to lead to bigger problems later. We suggest strengthening the cooperation between healthcare workers, parents and education stuff; to enhance guidance activities; and medical screening to involve both physical and psychiatric screening.
Back pain as the first sign lung cancer

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Keywords: back pain, lung cancer

Introduction:
Back pain is common in primary care and sometimes may mask potentially serious diseases. There are a number of causes of back pain. It is important to point out the significance of back pain as the possible symptom of serious diseases.

Case:
Sixty-nine-year-old female patient reported having had back pains during the past week, which she ascribed to gardening chores. A year before, she had had similar problems and undergone a lumbosacral spine X-ray, which showed no pathological changes. Since then, she had occasionally experienced pain after physical labor, with no other problems. She was referred to a physiatrist. While waiting for the appointment, the patient expressed the wish to undergo the adipose tissue intervention as well. As part of the preoperative preparation, X-ray lung was also performed. The X-ray image showed the presence of a soft-tissue shadow in the middle lobe of the right lung. Further diagnostics revealed CA of the lung, while a lumbosacral spine MRI also showed meta-changes. The patient has undergone surgery and is currently undergoing oncology therapy.

Discussion:
Performing an appropriate medical history and detailed physical examination can lead to an accurate diagnosis.
Clinical method in family medicine: a patient’s experiences-based on whom?

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Keywords: time management, preventive medicine, family practice

Introduction:
Clinical method is a way that allows to understand both the patient and disease. This perspective is different than disease-centred method which only concentrates on doctor’s agenda.

Case:
Ms. S. is 50 years old, married, retired government employee with personal history of menopause at the age of 44, inguinal hernia operation 10 years ago and no history of smoking or alcohol use. At 2010 she went to her family physician with complaints of whole body pain, chills and hip ache for the last two to three years. First line examinations resulted in no abnormalities other than vitamin D deficiency. Patient was directed for DEXA and the result was osteoporosis. In the meantime she went to different specialists for her complaints, including orthopedics, physical therapy and rehabilitation, brain surgery. They told her that there is no need for surgery. She was hospitalized for physical therapy and rehabilitation program for several times. She used oral bisphosphonate for one year. Also spondolisthesis and disc hernia were detected by imaging and examinations. With recommendations of diet and exercise programs, the patient received manipulation treatment for disk hernia. Five years has passed until the patients complaints has lessened.

Discussion:
Ms. S. suffered a lot from her symptoms and their anxieties. All doctors were right from their perspectives and showed sufficient care in terms of their specialties.

Being a gatekeeper in the health system is one of the key points in family medicine, and plays an important role in preventing wasting time. The working environment for both physicians and patients should be ideal to allocate sufficient time and to alleviate spiritual burden for the patients.
Depression in patients with COPD in general practice in Macedonia

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Keywords: COPD, depression, general practice

Aim:
Due to the daily strain and stress in the life of patient with COPD, the risk of depression is very high. Our aim was to measure the prevalence and the severity of underlying symptoms in patients with COPD in general practice.

Method:
138 patients with COPD were ask to fill in a PHQ9 depression self-assessment questionnaire. In which nine symptoms were scored from 0 to 3 depending on their occurrence in the last 2 weeks.

Results:
The average age of the subjects was 58, 58% were female and 12 % lived in rural areas. The most commonly expressed depression symptoms were tiredness and lack of energy. In 26% of patients, depression was present; 20% of the cases had subsyndromal depression, 3.5% had mild depression episode, 2.3% had moderately heavy depression episode whereas 0.8% had heavy depression episode. There was no correlation in the linear regression between the age, gender, location and severity and presence of depression. The independent predictors of the severity of depression were the nine questions from the questionnaire.

Conclusions:
The prevalence of depression in patients with COPD in general practice appears not to be higher than reported for the general population worldwide. This is due to the high level of disease awareness and modern therapy, which is available for the treatment of the disease.
Dermatologic changes with occupational exposure to antineoplastic drugs

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Keywords: antineoplastic drugs, prevention, occupational exposure, adverse effects

Introduction:
In this report we report new onset ecchymotic lesions that are thought to be associated with exposure to antineoplastic drugs in four patients studying in antineoplastic agents preparation department of a pharmaceutical company.

Case:
In 2015, 4 laboratory workers in a factory’s R&D department applied to the outpatient clinic with ecchymotic lesions on their arms. Three employees experienced fatigue, dizziness and unexplained fatigue during the period they were working with zoledronic acid. Two workers had fatigue, headache and nausea during the period they were working with bortezomib. One of them stated that these symptoms recurred every time he worked with bortezomib. Two employees had significant hair loss during the period when they were working with MMF. Physical examinations were normal except one Romberg test was found to be positive. All of the biochemical tests were normal. A visit was conducted to observe the working conditions in place and it was observed that strict audits were taken and attention was paid to national and international standards. However, it was observed that a worker working in a biological safety cabinet with a HEPA filter and working with cytotoxic drugs, although wearing a special clothing, worked without taking off the watch. This suggests that the introduction of cytotoxic particles with the HEPA filter may lead to the retention of the particles by the skin and the clock, and thus exposure. The patients were followed with HMG, aPTT, PT, AST, LDH, BUN, creatinine, electrolytes, Fe, vitB12, folic acid and sedimentation over a period of 3 year to detect the long-term consequences of exposure. There were no ecchymotic lesions and no pathology was detected during the control examinations.

Discussion:
Although working standards are tried to be observed, this report suggests that safety measures in laboratory in need to be revised and in place observation is very important.
Public health activities in the student dorms on the occasion of the day of students of Belgrade University

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Keywords: preventive activities, community, student dorms, students

Introduction:
The preventive activities were organized in the student dormitorys on April 4, 2018 and 2019 by the Institute for Student’s Health of Belgrade. The aim is to demonstrate how effective is preventive work in the community.

Case:
Activities offered the lung function test - spirometry, capillary blood glucose determination, blood pressure measurement, as well as advice in order to reduce the risk of chronic noncommunicable disease. A “mini marathon” was organized to promote physical activity in preserving and improving health. During the activity 2018 was done: 65 spirometry examinations (10 students requiring further monitoring), 85 capillary blood glucose determination (1 student requiring monitoring), and 2019. was done: 45 spirometry examinations (4 students requiring further monitoring), 55 capillary blood glucose determination (1 student requiring monitoring).

Discussion:
Community activity has been proven to be effective, as shown by data: in the period from January 1, 2017. until December 31, 2017. the Institute were performed capillary blood glucose determination total 31 (during the activity 85); lung function test – spirometry total 178 (during the activity 65); in the period from January 1, 2018. until December 31, 2018. the Institute were performed capillary blood glucose determination total 214 (during the activity 55); spirometry total 252 (during the activity 45). A great student response shows of the importance of organizing public health activities outside institutions, in the community, in the space where the target population lives and works / learns. And the increase in the total number of services indicates the importance of community activities for promoting institutional services.
Role of general practitioners in smoking cessation - case report

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Keywords: general practitioner, smoking, motivation

Introduction:
Cigarette nicotine is a proven tumor - causing factor, causing addiction and cardiovascular disease. A general practitioner (GP) is a major driver of smoking cessation in patients.

Case:
A female patient, 63 years of age, body weight 40kg, height 157cm, BMI 16 (malnutrition), suffering from hypertension and hyperlipidemia, smoker for 40 years, 25 cigarettes per day. Due to weight loss, GP is advised to stop smoking. She took 20 Cytisine tablets as a smoking cessation aid. After two days of stopping smoking, she no longer felt suffocated, did not cough, no longer had leg pain while walking, no oscillation of blood pressure, no dizziness. Her skin is tighter, more moody and she eats better. She gained 13 kg, BMI 21, after two years of smoking cessation. Now she is very happy with her health and appearance.

Discussion:
Great importance in the fight against smoking has a GP because he can draw the patient’s attention to the harmful effects of cigarettes and benefit that comes from quitting. Patient satisfaction and improvement of his or her health status after smoking cessation is a great success for both GPs and patients, as we have proved in this paper.
Stress at workplace in primary healthcare

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Keywords: Burnout Syndrome, stress at workplace, primary healthcare

Aim:
Define the occurrence of stress on the workplace and burnout syndrome to employers in primary health care and define if there are any differences in experiencing stress at work and burnout syndrome in primary health care environment.

Method:
A cross sectional study. The survey was conducted on 111 subjects that work in Health Care Center Bijelo Polje. Anonymous questionnaires were used as a survey method: questionnaire on healthcare worker’s satisfaction, standardized questionnaire on subjective perception of stress and questionnaire for burnout syndrome.

Results:
Based on the conducted research, it was concluded that 42.34% subjects were exposed to average stress level, while 57.66% are experiencing high-level stress at work. The burnout syndrome is experienced by 88.28% of our subjects. 5.41% of subjects are experiencing the burnout syndrome (3rd degree) 47.75% of subjects are candidates for burnout syndrome (2nd level) and 35.13% of subjects are at risk of developing this syndrome, while 11.71% of subjects do not have symptoms of the burnout syndrome.

Conclusions:
The results of the conducted research display high stress levels at work and high presence of the burnout syndrome with workers who work in primary healthcare.
The effect of dietary habits on rheumatologic disease

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Aim:
Several studies have shown a connection between consuming certain types of food and the inflammation that characterizes autoimmune conditions. We aimed to explore the relation between food types and rheumatologic diseases.

Method:
A survey questioning demographic factors and eating habits was handed out to 30 patients with a diagnosis of a rheumatologic disease (Rheumatoid arthritis, polymyozitis, systemic lupus erythamosus, scleroderma) who are in and outpatients of Rheumatology Department in our university. A healthy group of 30 people was included as control. Randomized sampling method was used. Results were evaluated with chi-square and Fisher’s exact test.

Results:
Groups were homogeneous in terms of gender. The education level and social status of the patient group were lower than the healthy group. Chronic illnesses such as hypertension, coronary heart disease and chronic venous insufficiency were significantly higher than the patient group. Consumption of high carbohydrate foods and legumes were found to be more frequent in the patient group while meat and deli consumption was higher in the control group.

Conclusions:
It may be predicted that a protein rich diet may be protective against rheumatologic diseases whereas a diet rich in carbohydrates may increase disease tendency.
The injuries during work used as an indicator of the safety of a working place

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Keywords: work injuries, safety working places

Aim:
To show how we can evaluate the safety of working places, as well as the safety of certain categories of occupations, by using the most frequent injuries during work.

Method:
The work injuries of railway workers employed at the railway station in Bijelo Polje were analyzed in the period from 2010 to 2017.
An examined group consists of 51 cases of injuries during work of the people employed on the railway.

Results:
During the observed period there were 51 cases of injuries during work with 3460 lost working days and the average sick leave of 67.84 days per injury. The analysis of data shows the railway worker and mechanics to be safest. Also, the degree of qualification correlates to safety at work. The least safe are unqualified workers who have 50% of all injuries, and that is certainly connected with their working places.
We didn't have any major oscillations in the number of injuries, which was 5 – 9 with an average of 7.28 injuries per year, during the observed period. The data that the workers with the working experience of over 20 years and the workers with the working experience from 11 to 20 years had the greatest number of injuries should be considered with reserve, because almost 100% of employees have working experience ranging from 11 to 20 or more years.

Conclusions:
The work injuries in the railway represent an important problem. Future studies should pay more attention to degree of qualification that is correlated to injuries, according to our analysis.
The level of knowledge, behaviours towards tobacco use among adolescents in Shkodra city

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Keywords: school, shkoder, student, tobacco

Aim:
Tobacco is the only preventable cause of mortality. Tobacco use kills more than 7 million people each year. Despite anti-smoking prevention programs, many adolescents start smoking at school age. The aim of this study is to evidence the knowledge and behaviors towards tobacco use among adolescents in Shkodra city.

Method:
This is a punctual, transversal, cross-sectional study. In this study participated 100 students at high school of Shkodra city. The sample selection was randomized. In this study were included students 14-17 years old. The period of time of the study was January 2019. The information was gathered from face to face interviews using standardized questionnaires Global School-based Student Health Survey (GSHS) 2003, Core-Expanded Questions for the tobacco use module (adapted). The information collected by the questionnaires was confident, self-report and with permission of school. All data were calculated with Microsoft Office 2010.

Results:
44% of students included in this study are female and 56% are male. More than 40% of students have no smoking. 47% of them are exposed to tobacco everyday. 54% of the respondents have none of the parents or guardians of tobacco users, 44% have only father users, 2% have mothers users.

Conclusions:
More than 95% of students are informed about the tobacco use risks. This information is provided by school curricula, media and other social activities. The most part of adolescents are exposed to smoking and its risk.
Wegener's granulomatosis-difficulties in establishing a diagnosis

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Keywords: Wegener's granulomatosis

Introduction:
Wegener’s granulomatosis is a systemic disease of unknown aetiology. It is characterized by granulomatous inflammation of the respiratory system, necrotizing small blood vessel vasculitis, and focal necrotizing glomerulonephritis. A rare disease, with incidence of 2-15/1,000,000.

Case:
Patient S.M. aged 74, admitted for clinical treatment to a Pulmonology Clinic for diagnosis of bilateral infiltrative changes in the lungs, confirmed by chest radiographs due to problems of scarce hemoptysis expectoration, fever up to 37.4°C, treated with antibiotic therapy without any improvement. Bacteriological examination of sputum-Klebsiella Enterobacter sp., antibiogram treatment, showed clinical and subjective improvement, chest radiographs showed adequate regression of described changes. Treated under dg Pneumonia bill. After ten days the patient coughed up snore content repeatedly and was re-hospitalized at the Pulmonology Clinic. Laboratory analysis Se greater than 150, Le 9.09, Ne82.86% Er 2.19, Hg62, CRP 103.5, urea 20, creatinine364. Auscultatory on the lungs, inspiratory fissures bilateral basally. RTG thorax striped shaded left lung diffused and lower lung field right. Bronchologic examination, bronchial aspirate on BC neg were performed. According to the progressive azotemia of the immunological analysis performed pANCA 1: 640, ANA neg. On suspected vasculitis the patient was transfered to the Clinic for nephrology, a biopsy was performed and a diagnosis was made. Treated with Thy boluses of KS and cyclophosphamide without a therapeutic response and hemodialysis treatment was initiated. ORL perforation of the nasal septum.

Discussion:
Our case describes a Wegener’s granulomatosis with an atypical radiological presentation, which is a problem in establishing a clinical diagnosis. Most commonly described radiological finding in literature is existence of multiple nodular infiltrates with /without cavities. In cases of Hemoptysis and heightened fever we should consider possible Wegener’s granulomatosis.
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