



1st VIRTUAL CONGRESS OF
GENERAL PRACTICE
AND FAMILY MEDICINE

e-Learning in General Practice/Family Medicine

New Learning Opportunities

April, May and June 2008



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Weekly Journal

First Virtual Congress of General Practice and Family Medicine

April 21th 2008

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Participate in our **Discussion Forum** at <http://forum.congressovirtualmgf.com>

AstraZeneca 



Editorial



Dear colleagues,

We have reached the first 21 days of the 1st Virtual Congress of General Practice and Family Medicine with 1425 registered participants from 62 countries and we expect this congress to be a success.

As a family doctor working for over 25 years in a rural area in the extreme northeast of Portugal, in Trás-os-Montes, a mountainous, peripheral and aged area, I know well the importance that information technologies have in the life of rural family doctors.

Continuous professional development is essential for healthcare improvement and professional satisfaction.

Traditionally rural doctors find it more difficult to access updated information and quality training. However, information technologies are changing this reality, allowing access to quality information and training, without the need to travel long distances.

Hence the presence of several rural doctors in the organizing and scientific committees of this 1st Virtual Congress of General Practice and Family Medicine, who would not be able to participate so actively if the organization required their physical presence in some city or other “central” location.

New technologies also mitigate the isolation of rural doctors and family doctors in general, who, in discussion forums, may debate issues and exchange different experiences with their peers.

Information technologies are therefore important for the update of family doctors, particularly for rural doctors, contributing to the construction of professional identity and to the improvement of our specialty based on the debate and exchange of ideas and experiences.

I hope that this 1st Virtual Congress of General Practice and Family Medicine will be a landmark in this direction.

Berta Nunes



Headlines

First Virtual Congress at TV channel RTP1



Dr. Fernando Santos, vice-chairman of the First Virtual Congress of General Practice and Family Medicine (FVCGPFM), was interviewed on the show 'Good Morning, Portugal' on April 21st, 2008. In this brief television participation, he was able to approach aspects related to the practice of Family Medicine, the importance of Primary Healthcare and the role played by the GP in Portugal.

View the interview on the video gallery of the FVCGPFM, available in Portuguese, at:

http://www.congressovirtualmgf.com/index.php?option=com_xevideogal&Itemid=61

First Virtual Congress Discussion Forum

Discussion Forum

First Virtual Congress of General Practice and Family Medicine

Every learning process benefits from sharing opinions, exchanging experiences and discussing points of view. The FVCGPFM wishes to present a unique experience in medical eLearning. This way, besides the possibility of viewing several e-oral and e-poster presentations, it offers the opportunity for participants to discuss the viewed work with other congress participants and even with the authors themselves. All this in a message forum, through an environment of asynchronous participation.

The Organizing Committee of the FVCGPFM hopes that this will be yet another learning tool meeting your needs. Visit the FVCGPFM's discussion forum, at <http://forum.congressovirtualmgf.com>, only available in English.



Book of Abstracts

April 21th to 27th

Quality in Healthcare

USF Horizonte Patients' Satisfaction: evaluation in 2007 vs. 2001

Dr. Maria Espírito Santo, GP Registrar, USF Horizonte, Matosinhos Healthcare Centre, Porto, Portugal
Dr. Tânia Colaço, GP Registrar, USF Horizonte, Matosinhos Healthcare Centre, Porto, Portugal

Dealing with Chronic Diseases

Anticoagulation in a Case of Atrial Fibrillation - Coordinating Care

Dr. Sílvia Henriques, GP Trainee, São João Healthcare Centre, Porto, Portugal

Treatment of Chronic Constipation - Evidence Based Review

Dr. Teresa Pascoal, GP Registrar, USF Horizonte, Norton de Matos Healthcare Centre, Coimbra, Portugal

Legg-Calvé-Perthes Disease

Dr. Sérgio Freitas, GP Registrar, Porto da Cruz Healthcare Centre, Madeira, Portugal
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Technologies and Methods for the Implementation of Good Practices

Local Planning – An Experience on a Primary Care Center in Florianópolis, Brazil

Dr. Carlos Daniel Moutinho Jr., Municipal Health of Florianópolis, Public Health Department, Brazil
Dr. Renata Moutinho, Municipal Health of Florianópolis, Public Health Department, Brazil

Freestanding Communications

Gastric Cancer: "A Russian Roulette No One Can Escape From"

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Vertigo - What to do?

Dr. Tânia Teixeira, GP Registrar, Machico Healthcare Centre, Madeira, Portugal
Dr. Marina Gouveia, Santa Cruz Healthcare Centre, Madeira, Portugal



Book of Abstracts

April 21th to 27th

Freestanding Communications (cont.)

Referral to a central hospital's pediatric emergency room

Dr. Carla Gouveia, GP Registrar, Loures Healthcare Centre, Loures, Portugal

Dr. Ana Costa, GP Registrar, Loures Healthcare Centre, Loures, Portugal



Abstract

Quality in Healthcare

USF Horizonte Patients' Satisfaction: evaluation in 2007 vs. 2001

e-oral communication

Dr. Maria Espírito Santo, GP Registrar, USF Horizonte, Matosinhos Healthcare Centre, Porto, Portugal
Dr. Tânia Colaço, GP Registrar, USF Horizonte, Matosinhos Healthcare Centre, Porto, Portugal

Introduction and aims: Quality is recognized as an essential part of healthcare. Many studies demonstrate that patients' satisfaction can be used as an instrument for quality improvement. The EUROPEP questionnaire allows continuous assessment of quality and health results. The aims of this study were to evaluate patients' satisfaction USF Horizonte health services and to compare the results with a similar study performed in 2001.

Material and methods: Intern and retrospective evaluation, studying acceptability and accessibility. Selective sample with an institutional base of the patients enrolled in USF Horizonte, with at least 18 years old, that understand portuguese and that have had at least one consultation with the Family Physician (FP) in the last 12 months. EUROPEP was applied from 21st to 25th May 2007. "Good performance" criteria defined as having at least 70% answers 4/5 (good/excellent) from all the expressed ones. Foreseen interventions: educational and structural.

Results: Sample of 100 patients, 71% women. Good performance obtained at all areas, exception made to services organization, namely "facility to phone to the USF". 89% recommend their FP to friends and family. In comparison to 2001, in 2007 there was an increase of answers 4/5 at all areas, difference statistically significant at relation/communication in consultation, medical care, continuity/cooperation with other services. ($p < 0,05$).

Discussion: EUROPEP is a reliable tool that allows a continuous evaluation of patients' satisfaction. The occasional interviewers' help needed to fill some questionnaires can introduce an information bias. Patients' satisfaction with USF Horizonte was already high (2001), and increased significantly in some areas (2007). "Services organization" is still a privileged intervention area. "Facility to phone to USF Horizonte" revealed as a preferential target for changes, and there is already a proposal to install a waiting calls system.

Conclusion: There is a high patients' satisfaction with USF Horizonte health services, that even increased in some areas from 2001 to 2007.



Abstract

Dealing with Chronic Diseases

Anticoagulation in a Case of Atrial Fibrillation - Coordinating Care

e-oral communication

Dr. Sílvia Henriques, GP Trainee, São João Healthcare Centre, Porto, Portugal

Introduction and objectives: Atrial fibrillation (AF) is one of the most common arrhythmias seen in Primary Care. Apart from its possible symptoms, it's associated with a high risk of thromboembolic events (stroke). It's therapy is based on rhythm/rate control and in the prevention of systemic embolization. This clinical case illustrates the dilemmas of the treatment of a patient with an AF whose care was shared by three different physicians.

Materials and methods / results: 63 year old woman, Caucasian, with history of hypertension since the year 2000, ischemic stroke in 2003 and depression in 2005, medicated with bisoprolol 5mg aspirin+dipyridamole, atorvastatin 10 mg, venlafaxine and ethyl loflazepate. In the context of a pre-op study (for removal of uterine myoma) she had an EKG which revealed an AF, 80bpm, *de novo*, asymptomatic. On the next day she went to see her Family Physician who started anticoagulation with acenocoumarol and kept the bisoprolol for rate control. Two days after, the patient went to her cardiologist's who performed another: sinus rhythm. The cardiologist stopped the anticoagulation and started amiodarone treatment. A few days later, the patient talked to the neurologist who had followed her after her stroke. The neurologist disagreed with the cardiologist's decision and sent him a letter warning him about the patient's previous stroke and the consequent need for anticoagulation. The cardiologist read the letter but postponed the decision to start the anticoagulation for after the patient's surgery.

Discussion / Conclusions: Facing two different opinions from the two colleagues who shared Mrs. Silva care, the Family Physician's ideal approach would be the defense of her patient's best interest. This advocacy would imply the knowledge of the scientific evidence about AF treatment and the coordination of care through an effective communication with the other two doctors.



Abstract

Dealing with Chronic Diseases

Treatment of Chronic Constipation - Evidence Based Review

e-oral communication

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Key words: *chronic constipation, adults, treatment*

Introduction: Chronic constipation (CC) is a frequent complaint in primary care. It can have a significant negative impact in patients health and life quality. The majority of the cases has a functional etiology, but organic causes have to be excluded when alarm symptoms/signs are present. The goal of this revision is to describe the available evidence on the effectiveness and safety of the therapies used to treat the CC in the adult.

Methods: Systematic litterature search in the Medline/PubMed, ÍndexRMP, Bandolier and Center for Evidence Based Medicine for articles published between 2000-2007. SORT taxonomy was used for results presentation.

Revision: CC is a common gastro-intestinal motility disorder, characterized by straining, hard/lumpy stools, sensation of incomplete evacuation or anorectal obstruction, manual manoeuvres to facilitate defecations and/or <3 stools per week. Many therapeutical modalities exist, however the clinical evidence that supports its use is constantly being updated. The diet modifications, the increase of fluid intake and physical activity are the initial recommendations in the CC treatment (SORT C). Some studies suggest clinical improvement with lactulose (SORT A), psyllium (SORT B) and polyethylene-glycol (SORT C). Insufficient data exists to recommend laxative stimulants and stools softeners (SORT C). More recently, new drugs have been approved for CC treatment: tegaserod (SORT A) and lubiprostone (SORT C). The clinical benefit of the natural supplements, laxative combinations, lubricant and biofeedback remains unclear (SORT C).

Conclusions: CC treatment is still a challenge for the General Practitioner. Even though there are multiple drugs available, few actually revealed to be efficient in CC treatment.



Abstract

Dealing with Chronic Diseases

Legg-Calvé-Perthes Disease

e-poster communication

Dr. Sérgio Freitas, GP Registrar, Porto da Cruz Healthcare Centre, Madeira, Portugal

Dr. Rosário Silva, GP, GP Tutor, Porto da Cruz Healthcare Centre, Madeira, Portugal

Dr. Dolores Quintal, GP, GP Internship Coordinator, Bom Jesus Healthcare Centre, Madeira, Portugal

Introduction and Aim : Legg-Calvé-Perthes disease is a degenerative disease of the coxofemoral articulation, that results in ideopathic avascular osteonecrosis of the femoral epiphysis. This occurs in school-aged children, without history of trauma. It is more frequent in males and usually appears with a limp and pain in the hip. This clinical case describes the presentation, diagnosis and treatment of this disease, in a seven year old child, in the Family Practice Center of Porto da Cruz, Madeira.

Description of the clinical case: A caucasian seven year old female child, goes to her family doctor because of pain in the left knee, and a limp during the last 3 weeks. The physical exam revealed a gait with pain in the left knee and a limp. A x-ray of the left knee and pelvis was performed, and she was sent to the Paediatric Orthopaedic Consultation, where the diagnosis of Legg-Calvé-Perthes disease was confirmed. She initiated treatment with Ibuprofen 5ml 8/8h as well as motion exercises. After having started the treatment, the child presents a painless gait, and maintains a slight limp. She has a reduced abduction and internal rotation of the left hip, with some contraction of the adductor muscles, without any apparent asymmetry of the limbs.

Discussion: When a child complains of knee pain, a complete physical exam must be done, including the mobility of the hip. If a disease of the hip is suspected, it is mandatory to x-ray the pelvis to exclude Legg-Calvé-Perthes disease.

Conclusions: The Family Physician is in a privileged position to detect this disease at an early stage, and should be on the look out for the alarm signs that could prompt an early Paediatric Orthopaedic Consultation, subsequently preventing long term complications.



Abstract

Technologies and Methods for Implementing Good Practices

Local Planning – An Experience on a Primary Care Center in Florianópolis, Brazil

e-poster communication

Dr. Carlos Daniel Moutinho Jr., Municipal Health of Florianópolis, Public Health Department, Brazil
Dr. Renata Moutinho, Municipal Health of Florianópolis, Public Health Department, Brazil

One of the principal changes on Brazilian Public Health, after the Family Health Strategy on Primary Care, was the strong change on the process of contact between health professionals and the population on its community. Before of that, Primary Care was focused on a punctual and immediate contact, with poor quality and resolution. With the strength of Family Strategy, the individual health problem started to be seen as multifactor process, inserted on its family and community. The project of health planning at the Primary Health Center Lagoa da Conceição, in Florianópolis (Brazil) emerged as a need to change a model of care assistance, based on the spontaneous demand and a limited scope in the practice of health (passive attitude) for a model of Family Health Strategy, with shares epidemiological data on a defined territory and organizes a supply of services, expanding the community's access to health services (pro-active attitude). The planning tool enabled changes on the organization for the work process in the primary care of the Family Health Teams (FHT). Thus, Primary Care achieved an increase on medical access and home visits, and a global improve on health indicators, on child, adult and elder.



Abstract

Freestanding Communications

Gastric Cancer: “A Russian Roulette No One Can Escape From”

e-oral communication

Dr. Rui Lima, GP Registrar, Campanhã Healthcare Centre, Porto, Portugal

Introduction:

Gastric cancer (GC) has high incidence and mortality rates in Portugal. In most cases the diagnosis is made between 50-70 years. Only 1% of patients with GC are younger than 30 years. Curative treatment is difficult because most patients have advanced disease at diagnosis. The author presents a rare case of GC diagnosed in a young patient.

Case report:

29 year old caucasian male, member of a nuclear family, stage IV of Duvall's cycle and class III of Graffar. Past medical history of heavy smoking and moderate alcohol consumption. His father has died at 49 years from colorectal cancer. In 2005 the patient begins complaints of postprandial epigastric pain and pyrosis, without other symptoms. He initiates omeprazole but takes the medication intermittently. In June 2006 he goes to the Health Center because the symptoms were getting worse despite he was taking omeprazol every day at that time. The physical examination doesn't show any abnormality. The Family Physician (FP) requests blood tests and an esophagogastroduodenoscopy that shows the stomach with an excavated ulcer with elevated edges and necrotic base which occuppies the incisura angularis and extends to the lesser curvature of the body. Biopsy samples are obtained. The histology shows gastric mucosa with lesions of active chronic gastritis and foveolar epithelium with regenerative aspects and some areas of high-grade dysplasia and adenocarcinoma “in situ”. The patient is referred to the Department of Surgery, S. João Hospital and he undergoes a total gastrectomy with esophagoenterostomy in September 2006. At present time he is clinically stable.

Discussion:

In the presence of common and unspecific symptoms like epigastric pain or pyrosis the FP has to be on the alert for uncommon diagnosis hypothesis in young ages, like GC, in which an early diagnosis and treatment are fundamental so that the prognosis can be favourable.



Abstract

Freestanding Communications

Vertigo - What to do?

e-oral communication

Dr. Tânia Teixeira, GP Registrar, Machico Healthcare Centre, Madeira, Portugal

Dr. Marina Gouveia, Santa Cruz Healthcare Centre, Madeira, Portugal

Introduction and purpose: Vertigo is an abnormal sensation of motion (mostly spinning) of the surrounding environment or of the patient himself. It is a common problem in the primary care medicine. In this work we review the management of the patient with vertigo, by the family physician, to explore the different approaches of diagnosis and treatment.

Methods: Review in articles from Medline/Pubmed, published between 1997 and 2007, using the keywords: "vertigo management" e "general practice". Review in Textbooks. Review in periodic publications and websites.

Results: Vertigo should derive from a peripheral or central cause. Vertigo from peripheral origin is more frequent and the etiologies should be: benign paroxysmal positional vertigo, acute labyrinthitis and Ménière disease. Vertigo from central origin is associated with migraine, Stroke and a Multiple Sclerosis. The management of vertigo needs a complete clinical history and physical examination with practical tests (Weber test, Rinne test, Dix-Halpike Maneuver) and complementary exams.

Conclusion: The most common syndromes are: Benign paroxysmal positional vertigo, acute labyrinthitis and Ménière disease. About 93% of the patients with vertigo, in primary care, have a peripheral origin. This disease can be diagnosed and treated by family physician.



Abstract

Freestanding Communications

Referral to a central hospital's pediatric emergency room

e-poster communication

Dr. Carla Gouveia, GP Registrar, Loures Healthcare Centre, Loures, Portugal
Dr. Ana Costa, GP Registrar, Loures Healthcare Centre, Loures, Portugal

Introduction: It's a common idea that referral to pediatric emergency room is excessive, frequently not justified and done in an incorrect way. There are no published studies regarding this issue.

Objective: To know how many children are referred, who refers them, why was the referral done and if it was done in an appropriate way.

Methods: We systematically collected, from January to July 2007, a total of 1142 referrals to the pediatric emergency room of Hospital de Santa Maria. Their content was analyzed, as well as the emergency room's observation records for these children.

Results: We present the percentage of total work volume represented by these referrals, the referral's sources, the distribution of ages of referred children, the primary care facilities and hospitals that referred more children, the reasons for referral and final diagnosis for these sources, the percentage of cases in which the final diagnosis corresponded to the reason for referral, in which this reason justified observation in a central hospital's pediatric emergency room, in which the referral was readable, contained an expressed reason and sufficient information.

Discussion: There may be a seasonality bias. The distribution of children's ages may reflect the spontaneous affluence to health services.

Conclusions: The referrals represent a small part of the work volume in a central hospital's pediatric emergency room. The referral sources are primary care facilities, Saúde 24, hospitals and others. The reasons for referral are suspicions of severe disease or for execution of diagnostic and therapeutic maneuvers not available in other places. Generally, the referrals are done in a correct way, they are readable, contain an expressed reason for referral and sufficient information.