

ORIGINAL RESEARCH

Knowledge and use of emergency contraception among female students in a secondary school

Maria Teresa Nunes

Background: Emergency contraception (EC) is the only method that can be used after intercourse to prevent pregnancy. This is particularly important for adolescents in whom impulsivity and instability of feelings are combined with a lack of knowledge of effective methods of contraception.

Objective: To evaluate knowledge, attitudes and experience of emergency contraception among adolescents.

Methodology: A cross-sectional study, of a random sample of 419 girls of secondary school, from a population of 1.559 pupils in Guimarães, Portugal was conducted in 2003 using anonymous questionnaires. Student's TTest was used to compare means and the Chi-Square test was used to compare ratios.

Results: 394 (94,3%) pupils were aware of the existence of EC. Of these, 54 (15,8%) knew the proper time of its use. 241 (61,8%) considered it safe; 293 (75,3%) found it effective. For 261(66,6%) media was the main source of information. Of the 80 (19,1%) sexually active pupils, 41,3% usually used condom and 30% had already used EC. Older pupils were more aware of EC than younger ones ($p<0,05$).

Discussion/Conclusions: The majority of Guimarães intermediate schools' pupils had already heard about EC but few were correctly informed of its characteristics. This is similar to findings in other countries. Female adolescents require more specific knowledge of this me-

thod. Family Physicians may have a more active role to play in promoting EC.

Keywords: Emergency contraception; Knowledge; Contraception behaviour; Adolescents; Students; Female.

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The association of social and demographic factors with low back pain in Primary Care.

Carla Ponte

Introduction: Low back pain is a common reason for consultation in primary care. Its high prevalence is known in different countries; therefore it is considered a Public Health problem.

Objectives: The aim of this study was to determine the prevalence low back pain in adults attending a Portuguese health centre; to establish its characteristics; to analyse the association with sociodemographic variables; to describe patients' help-seeking behaviour.

Methods: A cross-sectional study was performed in the population of adults 18 to 65 years old, registered at the Senhora da Hora Health Centre. A random sample of 300 individuals was selected. Patients were interviewed by telephone using a questionnaire designed for the study. Descriptive and inferential statistics were performed. Significance level of 0,05 was used.

Results: The prevalence of low back pain was 49%. The pain was characterized from 39,3% as having a duration of 1 day to 1 week and 67% of the cases had an intensity of 4 –7 on the pain scale. The most frequent therapeutic behaviours were a visit to a physician (35,9%) and self-medication (31%). Low back pain was the cause of absenteeism from work

in 17% of the cases. There was a significant association between low back pain and age and marital status.

Discussion: Low back pain is a prevalent problem among Portuguese adults, and they consider this to be an important problem. The evaluation of the age and marital status are important in assessing low back pain. Future studies will be important to further investigation of the association between these variables and low back pain.

Keywords: Low Back Pain; Primary Care; Prevalence; Adults.

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Domestic conjugal violence among women attending Primary Care clinics

Patrícia Coelho

Introduction: Domestic Conjugal Violence is a serious public health problem. It is important for family doctors to understand the dynamics of conjugal violence as they are in a favourable position to address the problem.

Objectives: To assess the prevalence of Physical Conjugal Violence (PCV) in Portuguese women, to investigate possible associations between PCV and socio-familiar factors and characteristics of the partner and to describe PCV.

Methods: A cross-sectional study was performed in a primary health care centre – USF Horizonte, in Matosinhos, Portugal. The study population included women born between 1948 and 1978, registered in USF Horizonte. A self-administered questionnaire was used in a randomly selected sample of women. The prevalence of PCV and its association with age, Graffar socio-economic status, marital status, family

type, family Apgar and partner characteristics were assessed. PCV was described.

Results: The sample consisted of 500 women. The prevalence of PCV was 20,5% (CI 95%: 15,9-25,7%). Independent risk factors were single parent, reconstructed and other family type (adjusted OR = 4,68), dysfunctional family Apgar (adjusted OR = 4,65) and alcoholic partner (adjusted OR = 5,12).

Discussion/Conclusion: The prevalence of PCV was similar to that found in other countries but higher than that reported in other studies in Portugal. As reported by others, we found an association between PCV and alcoholic partners and family characteristics. Poor socioeconomic status was not identified as an independent risk factor for PCV in this sample.

Keywords: Domestic Violence; Physical Marital Violence; Female; Adult; Prevalence.

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Adherence to therapeutic regimens for eradication of *Helicobacter pylori* among patients diagnosed with peptic ulcer in a primary care sentinel practice network

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Background: There is good evidence that the existence of *Helicobacter pylori* infection is associated with the occurrence of peptic ulcer. Eradication therapies lead to high rates of ulcer healing and lower rates of recurrences.

Objective: To characterize the therapeutic regimens for diagnosed

peptic ulcer in clinical practice and/or in patients exposed to eradication therapy even without diagnostic of peptic ulcer confirmed by endoscopy.

Methodology: A descriptive study was conducted through the «Rede Médicos Sentinela», a research network of general practitioners (GPs) that investigate several health-related phenomena. Through this network, the most frequently prescribed medications for peptic ulcer (with endoscopic confirmation) and *Helicobacter Pylori* eradication were identified. The study was performed within one year and with the participation of thirty-six GPs. Among the 36.408 patients registered in the GPs list, a sample of 120 patients fulfilled the inclusion criteria. The sample consisted of 75 peptic ulcer patients and 45 patients without confirmation of peptic ulcer but with a *H. pylori* eradication therapy prescription.

Results: The most frequently found ulcer was duodenal, present in 46.7% cases, of which 31.4% were recurrences.

Gastric ulcer was identified in 41.4% of the cases with 25.8% recurrent ulcers. In 24.0 % of the cases, *H. pylori* were identified as the likely cause of the disorder. *H. pylori* eradication therapy was prescribed in only 52.0% of the confirmed peptic ulcer patients while only 94.4% of the patients with confirmed *H. pylori* infection were treated with an eradication regime.

Conclusions: The therapeutic regimens followed, in general, the recommendations published for the therapeutic management of peptic ulcer. However, discordance was found and mainly associated with the dosage and the number of daily doses of the anti-secreting agent.

Keywords: Peptic Ulcer; *Helicobac-*

ter Pylori; Anti-Secreting Agent; «Portuguese Sentinel Network»; Eradication Therapy.

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Use of the osteoporosis risk assessment instrument (ORAI) in female patients and referral to bone mineral density measurement

Serzelina Cunha

Introduction: The «Osteoporosis Risk Assessment Instrument» (ORAI) is used as a method of evaluation of osteoporosis risk. Osteodensitometry by Dual Energy X-ray Absorptiometry (DEXA) evaluates bone mineral density. The universal screening of female osteoporosis using DEXA is not recommended. Currently, individual risk assessment is considered the best way to select which patients should be referred to DEXA.

Aims: To describe osteoporosis risk in women above 45 years of age with ORAI, to analyse the association of risk and referral to DEXA and to assess risk factors of osteoporosis.

Methods: Cross-sectional study in the Health Centre of Ermesinde, Valongo, Portugal. Population: women above 45 attending the Health Centre; random sample of 400 women. Study variables - osteoporosis risk, referral to DEXA, bone mineral density, age, weight, estrogens use, tobacco use, menopause, personal history of fractures, and family history of osteoporosis. Chi-square and Fisher's exact tests were used. Adjusted Odds Ratios were calculated by logistic regression. The level of significance was set at 0,05.

Results: 53,4% of women had a high risk of osteoporosis and the proportion of women referred to DEXA was 47,7%. However, no association was

found between referral to DEXA and osteoporosis risk. Osteoporosis risk factors found in this study were age greater than 64, early menopause and a family history of osteoporosis.

Discussion: There are doubts about the criteria used in the selection of patients referred to DEXA. As in other studies, ORAI proved to be a good screening method for low bone mineral density. Other risk factors may be considered as well. The difficulty of assessing tobacco use in this population is one of the limitations of the study.

Keywords: Osteoporosis; Screening; Risk Factors; ORAI.

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Communication between primary and secondary care: Replies from hospital consultants to referrals from general practitioners

Sandra Barreiro

Objectives: To describe some aspects of the communication between primary and secondary care in a sample of general practitioners.

Method: An observational, cross-sectional study, with the participation of 24 general practitioners working in public medical centres in the region of Lisbon and Almada was conducted. The physicians recorded their referrals for 8 weeks, and the replies from secondary care were collected for a total period of nine months.

Results: Of the 415 referrals recorded, 57 were to Hospital Casualty and 358 to regular secondary care appointments. For the latter, during the nine months duration of the study, 2/3 of the referrals requested by the family physicians took place, and 1 in 3 obtained a reply with clinical information.

The destination defined as «others» (private and public-private centres) obtained the best response rates, both in the number of appointments, and in the answers received. The average time for the delay in obtaining an appointment was 58.2 days, and half the patients were seen in the first 39 days.

Half the answers were received by the general practitioners in the first 6 days after they were written. A large majority of general practitioners ignored the reasons for not receiving a clinical reply.

Conclusions: The results obtained cannot be extrapolated for all general practitioners, secondary care physicians or institutions. However, comparing these results with previous studies, we can see that the results are very similar, which leads us to believe that the actual situation nationwide does not differ fundamentally from the observations in this sample.

Keywords: Referral; Articulation; Primary Care; Secondary Care.

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Treatment of atrial fibrillation for prevention of thromboembolism: A study of patients in a primary care sentinel practice network

Paulo Ascensão

Aim: To determine the prevalence of atrial fibrillation (AF) in the population of patients attending the Portuguese Sentinel Network; to characterize the therapeutic options adopted in the AF patients and to evaluate patients' embolic risk.

Methods: Descriptive cross-sectional study in Portugal, 2003. A total of 67.654 patients of 43 family physicians were included in the study sample. Each doctor reported

the number of AF patients diagnosed in their practice. Other study variables were: sex, age, previous attempts at cardioversion, co-morbidity, and pharmacological treatment used.

Results: Three hundred and fifty nine patients were reported as AF cases. No case was reported under the age of 34, thus the prevalence calculated over this age was 0,94%. Among the AF patients, 84,1% are currently in AF and 14,5% were not (paroxysmal AF or successful conversion to sinus rhythm). Digoxin was prescribed to 25,8% of patients, and amiodarone to 24,8%.

Discussion: Antiarrhythmic use in these Portuguese AF patients is not consistent with international guidelines. We do not know, however, if there was an underlying clinical explanation for the prescription options found in this population.

Keywords: Médicos Sentinela, Atrial fibrillation, Embolic risk, Anti-coagulation, CHADS2

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Tobacco use among doctors and nurses from Porto, Portugal: The association between motivation to stop smoking and tobacco dependence

Ana Dias Costa

Introduction: Few studies are available on tobacco use among health professionals, whose smoking rates are usually higher than those observed in general population. Health professionals play an important role in smoking cessation programs.

Aims: To determine the proportion of smokers among doctors and nurses of Porto, Portugal; to evaluate their levels of motivation to stop smoking, their levels of tobacco dependence, and some associated factors.

Methods: Cross-sectional, analytical study. A convenience sample of doctors and nurses working in Porto was studied through a self-administered questionnaire. Richmond and Fagerström tests were respectively used to evaluate motivation to stop smoking and dependence on tobacco.

Results: Prevalence of smoking was of 20,5%. Sixty-three percent of smokers stated that they began smoking at age 18 or more; 59% seriously considered stop smoking at least once, and 77% smoked in their workplaces. Motivation to stop smoking was moderate to high in 63%; the degree of tobacco dependence was high in 20% of smokers.

Conclusions: The prevalence of smokers among health professionals is high, according to the characterization of Portugal in stage II of the tobacco use epidemic. A significant proportion of smokers are motivated to stop, and only 20% of them will require special support, namely pharmacological treatment.

Keywords: Tobacco use, Prevalence, Doctors, Nurses.

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Knowledge of the role of folic acid in preventing congenital abnormalities: A cross sectional study in Portugal

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Objective: To evaluate the population's knowledge with regard to folic acid and its role in prevention of congenital abnormalities.

Methodology: This cross-sectional study was based on a telephone survey among individuals 18 years or over in Continental Portugal. The initial random sample consisted on 1211 households. Descriptive sta-

tistics and cross-tabular analysis were used to describe the results. Logistic regression analysis and Chi-square tests were applied in order to establish possible associations between the population's knowledge of folic acid and independent variables (sex, age, education level).

Results: Of the 975 valid responses, 48,5% of the respondents had heard about folic acid. The majority of women had heard about this compound (51,4%) and among them, women 25-44 years old had the most knowledge. With regard to educational level, 82,8% of high school graduates had heard about folic acid. Logistic regression analysis showed that sex (OR Masc./Fem.= 1,59), education level (OR basic education/high degree= 6,57) and age (OR 45 years/18-44 years= 1,47) were associated with knowledge of folic acid. Among those who had heard about folate, 11,0% indicated that folic acid prevented congenital abnormalities and 22,9% knew that pregnant women or women in child-bearing age should have supplementation. Only 15,4% of the respondents were aware of the correct period to initiate the supplementation, i.e., before pregnancy.

Conclusions: The results showed that about half of the sample had not heard of folic acid, especially men and less educated persons. There was also a lack of knowledge of the correct period to start preventive supplementation.

Keywords: Folic acid; Congenital anomalies; Knowledge.

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Quality of life in patients with Asthma

Filipa Almada Lobo

Introduction: In Portugal, the qua-

lity of life of asthmatics has not been studied in depth. A study performed by the Portuguese Association of Asthmatics of the quality of life of Portuguese asthmatics, their problems and needs, found that more than 70% of Portuguese asthmatics consider that asthma has a great influence on their lives.

Several questionnaires have been developed to ascertain the quality of life of patients with asthma. Published studies describe many factors that can influence the control of asthma and quality of life.

This study explored the relation between the quality of life of asthmatics and age, gender, and socioeconomic status index, co-morbidity, asthma severity, asthma control and predicted %FEV1 (%FEV1).

Methodology: A cross sectional study was performed among asthmatics over 18 years old registered in a Family Health Unit. Patients were randomly selected from the lists of doctors of that unit, participating in the Sentinel Doctors Network in 2000-2002 and from individual electronic medical records. Patients responded to a questionnaire that evaluated gender, age, Graffar Index, asthma severity by the GINA criteria, asthma control by the ACQ questionnaire, co-morbidities and %FEV1 as the independent variables. Quality of life (measured by two questionnaires: the SF36, the questionnaire of the health condition, with physical (PCS) and mental (MCS) components) and the AQLQ, a questionnaire specific for Asthma, were the dependent variables.

Results: The sample contained 210 patients, of whom 69% were women. The average age was $44,8 \pm 17,1$ years old. 73,8% of the asthmatics had a Graffar Index of 3 or 4. 32,4% of the asthmatics had persistent

mild asthma and 41,1% had persistent moderate asthma. The average ACQ was $1,5 \pm 1,1$ and the average %FEV1 was $80,2 \pm 21,2$. 65,3% of the patients had co-morbidity. Regression analysis showed that ACQ, Asthma Severity, Gender and %FEV1 explained 75,5% of the variation in AQLQ. ACQ, Co-morbidity, Sex and Graffar Index explained 75,6% of the variation in PCS and 60,0% of the variation in MCS of the SF36.

Discussion/Conclusion: This study showed that in the complete evaluation of the health state of asthmatics, in addition to clinical and functional measures, measures of the specific and general quality of life should also be taken into consideration, as they give information about the patient's general welfare, reflect the state of control of asthma and may give information about its severity. The Family Doctor should be familiar with various measures for the evaluation of asthma, the factors that influence it, and its control.

Keywords: Asthma; Quality of Life; Asthma control.

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Female sexual dysfunction: prevalence and related factors

Andreia Chaves Cerejo

Introduction: Female Sexual Dysfunction (FSD) is multidimensional. Little attention has been given to FSD, due to the absence of well defined diagnostic criteria, a universal classification or validated scales. Its prevalence is high (25% a 63%) and it is correlated with multiple factors, although only 11% to 30% of women with FSD seek professional help and 68% of women describe themselves as satisfied with their global sexual life. The Family Physi-

cian (FP) is a key professional in the approach to this health problem, which has not been well studied in Portugal.

Aim: To determine the prevalence of FSD and its subtypes; to define related factors, the degree of global sexual satisfaction, the proportion of healthcare-seeking behaviour for FSD, and the approach of FP's to this subject on the consultation.

Material and methods: Cross-sectional analytic study. An anonymous and confidential self-administered questionnaire was distributed to a random sample of 421 women from the patient list of Senhora da Hora Health Center (Portugal). The prevalence of FSD and its subtypes and correlated factors were described.

Results: A response rate of 99,7% was obtained. The prevalence of FSD was 74,2%. Dyspareunia and vaginismus were the most prevalent types of FSD. The degree of satisfaction with sexual life was high (85,9%); only 15,7% of women sought healthcare support. 16,3% of women reported that their FP discussed sexuality with them. Associations between FSD / FSD Subtypes and socio-demographic/medical factors were found.

Discussion/Conclusion: The prevalence of FSD was higher than that found in other studies. Surprising associations between high educational level, parity and FSD were found. Evaluating the strength of these associations and controlling for confounding variables could be useful. Further studies in different contexts are needed to evaluate the impact of other factors, such as the function of sexual partner.

Keywords: Sexual Dysfunction; Prevalence; Factors; Satisfaction; Fe-

male; Primary Care.

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Clin Geral 2006;22:701-20*

A profile of psychotropic drug users in a health unit

Manuel Sousa

Introduction: Psychotropic drug consumption has clearly increased in recent years. Often patients have psychosocial and family problems. The objectives of this study were to assess the relationship between the psychotropic drug consumption and socio-demographic and family factors.

Methods: Cross-sectional study. Setting: Canelas Family Health Unit. Population: patients older than 17 years. Non random sample of 300 patients. The study variables were psychotropic drug consumption, socio-demographic factors and family factors, including the family Apgar and the stage in the family life cycle.

Results: The prevalence of consumption of tranquilizers was 40,3% and of anti-depressants was 11,3%. The prevalence of consumption of tranquilizers was higher among females and older people (> 60 years); the prevalence of consumption of anti-depressants was higher among females. The prevalence of consumption of psychotropic drugs was higher in individuals from large dysfunctional families.

Discussion: The prevalence of consumption of psychotropic drugs was higher than that found in other countries. Family dysfunction is related to psychotropic drug consumption.

Keywords: Psychotropic Drugs; Consumption; Family Apgar; Family Life Cycle; Family Type; Primary Care; Male; Female; All Adult; Human; Portugal.

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The association between parents' tobacco use at home and the consumption of tobacco by their children: implications for prevention.

José Precioso, Manuel Macedo, Luís Rebelo

Introduction: In order to engage in effective measures for the prevention of smoking, it is necessary to know in detail when, where and why people start smoking. The smoking habits of parents and their attitudes towards tobacco have been found to be associated with smoking by their children.

Objective: The objectives of this study were to explore the relationship between tobacco consumption by parents and their children, and to determine whether smoking at home by parents is associated with smoking by their children.

Methodology: A cross-sectional study was carried out on a sample of students at the end of the school year of 2002/ 2003 in seven Middle and Junior High Schools in Braga. The prevalence of smoking was measured in the following groups: children of a smoking parent who did not smoke at home; children of smokers that occasionally smoke at home and children of smoking parents who smoke daily at home.

Results: The sample consisted of 1,141 students. The proportion of student smokers is higher in the group whose parents smoke ($p=0,004$). The results also show that the prevalence of smokers in the group of students whose parents smoke daily at home is higher than among students whose parents smoke, but who do not do it at home.

Conclusions: This study found that the tobacco consumption by parents at home is a micro-social risk factor for tobacco consumption by their

children.

Keywords: Smoking; Prevention; Treatment; Risk factors; Adolescents.

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CLINICAL REVIEWS

Early detection of developmental dysplasia of the hip. An evidence based review Filipa Almada Lobo

Introduction: Developmental dysplasia of the hip (DDH) is the most common pathology of the hip encountered in children. An early detection of DDH is very important to prevent invasive interventions. DDH screening strategies are still controversial.

Objectives: To perform a review based on the evidence of when, to whom and how to conduct early detection of DDH and to determine the follow-up based on the results.

Methodology: A search was conducted based on the MEDLINE database of randomized clinical trials (RCT), meta-analyses, and cohort and case-control studies published to July 2005. The results of two systematic reviews were also analysed: that of the American Academy of Paediatrics and the Canadian Task Force on Preventive Health Care.

The articles were evaluated for significance based on the Strength of Recommendation Taxonomy. A total of 83 articles were included in the review.

Results: Three methods of early detection of DDH were benchmarked: clinical examination, selective ultrasonography (US) and universal US. Only two RCTs were conducted, and no significant statistical differences were detected.

Discussion: The clinical examina-

tion for detection of DDH must be performed on all newborns and during the periodic examination of infants. (recommendation B). Female gender, positive family history for DDH and pelvic birth presentation are risk factors to be considered in case the physical exam results turn out to be negative or doubtful (recommendation A).

Conclusions: An evidence based decision algorithm is proposed. Further studies, namely more RCTs that compare the effectiveness of the three defined strategies, should be conducted.

Keywords: Developmental Dysplasia of the Hip; Congenital Dislocation of the Hip; Screening; Diagnosis; Ultrasonography.

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Screening for Helicobacter pylori Roger Thomas, Jaime Correia de Sousa

Introduction: The aim of this review is to assess whether a screening programme for Helicobacter pylori will be both successful and cost-effective.

Method: We searched the Cochrane Central Register of Controlled Trials, the Cochrane Database of Systematic Reviews, and the NHS Database of Abstracts of Reviews of Effectiveness; MEDLINE; EMBASE; SilverPlatter, Biological Abstracts and Science Citation Index-Expanded. We used the search terms Helicobacter pylori and (diagnose or identify or finds) and (systematic reviews or meta-analysis), and searched for articles in all languages and limited the search to humans.

Evaluation of the Level of Evidence: We used the rating system of the American Family Physician journal: Level A (randomized controlled trial/

/meta-analysis); Level B (other evidence); and C (consensus/expert opinion).

Results: Serological tests: Antibody levels persist in serum for many years and do not permit us to distinguish between past and present infection or to identify treatment failures. Saliva and urine tests: A saliva test had sensitivity of 81% and specificity of 73%. A urine test had sensitivity of 86-89% and specificity of 69-91%. Breath urea tests: The tests have a high sensitivity and specificity but require expensive equipment. Stool tests: showed a high sensitivity and specificity. The European Helicobacter study group recommends either the breath urea or stool antibody tests in the initial diagnosis of H. pylori. Tests for specific gene sequences showed a high sensitivity and specificity. Endoscopy: is invasive, uncomfortable for patients, and expensive.

The cost-effectiveness of tests for H. pylori: The better accuracy of the stool and breath tests, despite their greater cost, makes them more cost-effective than the serology or near-patient tests.

Conclusions: Tests with good sensitivity and specificity are available. The costs of non-invasive diagnostic tests acceptable to patients have been worked out, and the cost-effective dominance of stool and particularly urea breath tests over serological tests has been determined in a systematic review. What remains is to implement and test further the cost-effectiveness of national testing strategies.

Keywords: Helicobacter Pylori; Diagnosis; Mass Screening; Screening.mp; Cost-benefit Analysis; Cost-effectiveness.mp; Meta-analysis; Systematic Review.mp.

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Management of Nocturnal enuresis in primary health care

Alexandra Reis, Patricia Coelho

Introduction: Nocturnal enuresis (NE) is the most common paediatric urologic problem encountered in Primary Care (PC).

The prevalence is 6% to 10% among 7-year-olds. It may significantly alter the quality of life of both children and their families. The family physician should be aware of the problem and should be able to manage it properly.

Objectives: To review the recently published data about the management of NE in children; to define a decision algorithm and the indications to refer to secondary care.

Methods: We searched the Medline, Cochrane and Portuguese Medical Index Publications to find articles published between 2000 and 2005. Review articles, systematic reviews, clinical trials, meta-analyses, clinical guidelines and Portuguese original studies were included. Relevant articles related to the previous ones were also obtained. SORT taxonomy was used.

Results: The initial management of NE requires a clinical history, a directed physical examination and urinalysis. When NE represents a problem for the child, treatment should be offered. Counselling, information and positive reinforcement should be the first intervention; in the absence of positive results we can use the alarm or desmopressin as therapeutic options. There is clinical evidence that alarm should be the first therapeutic option, because of its higher probability of long-term success; however, significant motivation of the child and their family is required. Although desmopressin has a more immediate effect, it also has higher relapse rates. When mo-

notherapy does not produce results, the combination of the alarm with desmopressin is also an option. Children with polysymptomatic NE and cases without therapeutic success should be referred to secondary care.

Conclusion: Children with monosymptomatic NE can be treated by their Family Physician. An evidence based clinical decision algorithm in PC is proposed.

Keywords: Enuresis in children; Management.

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The role of acetylsalicylic acid in the primary prevention of cardiovascular diseases: An evidence based review

Filipa Almada Lobo

Introduction: The benefits of acetylsalicylic acid (ASA) in the secondary prevention of cardiovascular (CV) diseases clearly outweigh its harms. However, its role in primary prevention remains controversial. The aim of this evidenced-based review is to determine for whom primary CV prevention (PP) with ASA is appropriate and in which dosage.

Methodology: A systematic literature search was conducted in MEDLINE, Cochrane Library, Bandolier, Medscape, Tripdatabase, DARE, EBM Resources and US Preventive Services Task Force databases, selecting articles published from January, 1985 until January, 2006. It included nine randomized clinical trials (RCT), eight systematic reviews (SR), four evidence-based reviews (EBR) and four evidence-based guidelines (EBG). Concerning primary prevention in diabetic patients, two RCTs, one SR, two RBEs and three EBGs were included; regarding prevention in hypertensive patients, the

study included one RCT, two SRs and one EBG.

Results: The analysis of the combined data of 6 RCTs (n=95.456) revealed a significant 32% reduction in the incidence of myocardial infarction (MI) and a non-significant reduction in the incidence of cerebral vascular diseases (CVD) among those taking ASA. The data analysis by gender revealed different benefits for each sub-group. In men, there was a significant 12% reduction of the risk of CV events and a significant 32% reduction in the incidence of MI. In women, significant 12% and 19% reductions of CV events and CVD, respectively, were obtained. The diabetic patients and hypertensive patients were analysed separately.

Regarding ASA therapy side effects, a significant increase in gastrointestinal bleeding and a non-significant reduction of hemorrhagic CVD were found.

Discussion: There is good evidence that ASA reduces the incidence of MI in adults with increased CV risk and that ASA increases the incidence of gastrointestinal bleeding. Fair evidence of the increase of bleeding CVD was obtained. It is important to take into account the blood pressure control when considering PP with ASA. Several societies' guidelines, with their respective recommendations, are discussed and compared, namely the CV risk level above which primary prevention with ASA is recommended.

Conclusions: The benefits of ASA seem directly related with the increase of the risk of CV events. Therefore, the latter must be estimated when deciding about ASA use. Effective CV primary prevention can be achieved with as little as 75-150 mg/day. More RCTs are needed, especially in diabetic patients.

Keywords: Aspirin; Cardiovascular diseases; Primary prevention.

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CLINICAL PRACTICE

A family crisis

Rui Correia da Costa

Adolescence is a relatively recent «phenomenon» in the history of the psychosocial development of the human being and it is by definition a period in which the distinction between normal and pathological becomes more difficult. The family physician often has difficulty in coping with the adolescent either because this age group does not usually seek medical care or because this is a period of development with special biological, psychological and social characteristics (searching for a stable personality, shaping self-identity, sexual identification and achievement of intimacy and winning autonomy with progressive integration in the adult world).

Laura was a 16 year-old adolescent sent to the family physician by the psychologist of a secondary school where the patient attends the 7th grade. Her story is interesting because it allows us to approach typical adolescent problems such as school failure, risk-taking behaviour and family function.

This is an adolescent without a past history of disease, with a fall off in school performance, which became worse after her parents separation because of her father's extra-marital relationship. In 2003 she began substance abuse and in October 2004 she revealed suicidal thoughts, with episodes of self-mutilation.

The objective of the treatment

plan was the control of the adolescent's most destructive symptoms and improvement of her self-esteem (enlisting short, medium and long term resources), so that community integration would be possible without physical or psychological risks.

Keywords: Adolescence, Family Physician, School Failure, Family Function, Suicidal Thoughts.

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What truly provokes a change in smokers? Some reflections

Miguel Trigo

Based on a personal experience, the text presents ten reflections about clinical practice in smoking cessation.

1. We start by addressing the complexity and importance of this issue.
2. Then, the power of nicotine dependence is raised, nourished by a self-medication process, and by social-demographic determinants.
3. We discuss how the smoker can maintain his internal sense of coherence, when he is involved in a self-destructive behaviour.
4. Persuasive counselling is criticized, and empathy and person centred processes are emphasized.
5. The importance of self-efficacy and self-transcendence in the consolidation of change is underlined.
6. Decision-making is characterized as a process dominated by ambivalence and freedom of choice.
7. Motivation is defined as a phenomenon depending on personal competencies and existential meaning.
8. The importance of verbal interactions in the movement of personal change is highlighted.
9. The principal components of smoking cessation programs are presented, as well as some of their

main management difficulties.

10. Last, we stress the pertinence of using several techniques and complementary strategies in the smoker's treatment.

Keywords: Smoking Cessation Habits, Nicotine Dependence, Motivational Interviewing, Counselling, Stages of Change, Processes of Change.

Originally published in Rev Port Clin Geral 2005;21:161-182

A case of lupus in a health centre

Mónica Granja

Because of its complexity and severity, systemic lupus erythematosus (SLE) is a disease typically managed in hospital or secondary care. However, the diagnosis can be initially made in primary health care, and the family physician may be asked by the patient with SLE about the diagnostic approach, the therapeutic plan, the prognosis and associated disability.

The case of a 27 year-old woman presenting with fever of unknown origin in whom SLE was diagnosed on the basis of the investigations conducted in primary care is described. Frequent contact with her family doctor was maintained in the months after the diagnosis, with the patient sharing apprehensions, looking for advice, and asking about SLE.

Using this case, the author reviews the questions that this rare clinical entity can raise in Family Medicine: diagnostic suspicion, initial additional investigations, support for the recently diagnosed patient, non-pharmacological measures and possible complications and disability associated with the disease.

Keywords: systemic lupus erythematosus, primary health care

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OPINION AND COMMENT

Innovation in Medical Technology: a critical view

Juan Gervas

Technological innovation is any change with the objective of improving clinical practice.

Many innovations in technology have only the wish of improving clinical care, without evidence of its impact on process and outcomes. For example, in the 1970s, physicians insisted that newborns and babies must sleep face down to decrease the incidence of cot death. In practice, the result was the opposite. For example, in Holland, the incidence increased from 5 to 120 cot deaths, per 100,000 inhabitants. This effect was only reversed after the "back to sleep" campaign.

Most technological innovation aims to increase the quality of clinical care. This usually implies an increase in cost, because more is done to solve the same problem, with poor net gains. Sometimes, better quality is not followed by better health outcomes. More quality is not directly equivalent to more health. What we need is "the best quality with the minimum quantity, as near the patient as possible".

For example, regarding tetanus immunization, perhaps the best schedule is the British one. It is given until age 14 years with a booster around 50-60 years. Another example is fever which is a symptom that most often merits no treatment, which is not the usual behaviour of professionals and patients. We do not know the benefits of treating fever. A final example is work in health teams, in health centres in primary care. This organization has no clear advantages over solo practice.

When considering technological

innovations, systematic doubt can help.

What is important is their impact on health outcomes.

Keywords: Health Innovation; Evaluation of Technology; Primary Care.

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The image of family doctors and health services in Portugal

Alberto Hespagnol

In many health systems, quality is seen only as the professional quality or management quality and not as quality from the client's perspective.

In 1997, the Portuguese Ministry of Health published and distributed the "Letter of the rights and duties of the patients", which contained six duties and twelve rights. One right, "Suggestions and complaints", states that the patient is entitled, alone or through representative organizations, to present suggestions and complaints.

Since 1999, with the publication of the Law no. 135/99 of the Presidency of Council of Ministers, every public health service patient has access to two mechanisms: the suggestion and opinion and the complaint book.

Recently patient satisfaction studies have been conducted to allow patients to document their experiences with health care services. Patient satisfaction usually has a strong empiric relationship with several indicators of health care process and outcome.

In Portugal these surveys have demonstrated that patients are happy with their family doctors and dissatisfied with the health care organization, especially with waiting times.

Keywords: Health Care Quality; Client Satisfaction; Primary Care;

General Practice; Family Medicine.

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BRIEF REPORTS

Subcutaneous therapy in palliative care

Cátia Marques, Gilda Nunes, Tiago Ribeiro, Nuno Santos, Rodrigo Silva, Ricardo Teixeira

Introduction: Regardless of its importance, need and efficacy in specific situations, mainly in continued and palliative care, the subcutaneous route (SR) is still rarely used in Portugal. SR is useful for administering drugs and fluids (hypodermoclysis). Knowledge of its main characteristics and relevance is essential for Family Doctors, in order to assume their responsibility in taking care of patients until the moment of their death.

Objective: To determine the utilisation rate of SR in palliative care; to describe diseases, indications, drugs administered and complications associated with the use of SR. Type of study: descriptive, cross-sectional. Population and Setting: Patients receiving palliative care in June, 2004, in the Continued Care Unit of Odiveelas Health Centre, Portugal.

Methods: The authors reviewed the medical records of the 348 patients included in the study recording gender, age, the use of SR, its indications, drugs used, mode of administration and complications associated.

Results: About 3.5% of patients received subcutaneous therapy. The main diagnoses in this group were cancer (41,67%) and stroke (41,67%); the major indication for the use of SR was agony (50%). Hypodermoclysis was used in 41,67%, and exclusive

administration of drugs in 58,33% of the SR group of patients; butilscolamin was the most used drug (66,67%). In all the cases drugs were administered in bolus and hypodermoclysis as a continuous infusion. No complications of the use of SR were reported.

Conclusions: The use of SR in palliative care is low, at a rated that does not reflect its benefits.

Keywords: Subcutaneous Route; Palliative Care.

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Cardiovascular risk stratification in hypertensive patients

Ana Margarida Coelho

Introduction: Hypertension is an independent risk factor for cardiovascular disease with a great impact when associated with other risk factors.

Aim: To determine the prevalence of cardiovascular risk factors in a population of hypertensive patients attending a family physician's office; to characterize the hypertension and the stratification of cardiovascular risk in this population.

Methods: Descriptive cross-sectional study in 2003, at Ermesinde, Portugal. Sample: adult hypertensive patients attending a family physician's office (n=90). Study variables: sex, age, blood pressure, total cholesterol, LDL-cholesterol, HDL-cholesterol, body mass index, cigarette smoking, diabetes, family history of early cardiovascular disease, complications and hypertension associated diseases. The WHO risk stratification scale (1999) was used to assess cardiovascular risk.

Results: Normal and normal high blood pressure were found in 11,1% and in 24,4% of the hypertensive patients. Hypertension was present

with other risk factors in 91,1%. In 16,7% the cardiovascular risk score was low, and 24,4% had a very high risk score.

Discussion: These results emphasize the need to implement preventive and therapeutic recommendations to reduce the risk of cardiovascular disease in this population. The study should be repeated, as new WHO cardiovascular risk guidelines were recently published.

Keywords: Cardiovascular risk, Prevalence, Hypertension.

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Contacts between pharmaceutical industry representatives and family practitioners

Armando de Medeiros

Introduction: As the main link between the pharmaceutical industry and medical doctors, the pharmaceutical representatives (PRs) assume an important role in spreading information about drugs.

Aim: To characterize the visits of PRs in a primary care practice. Study type: descriptive and cross-sectional. Setting: Estói Practice, Faro Health Center.

Methodology: Daily recording of all PRs' visits was performed in a primary care practice during 2003. Medications discussed were classified in therapeutic groups according to the Portuguese formulary "Prontuário Terapêutico".

Results: During the period in analysis, 70.7% (n=285) of the PRs appeared and 29.3% (n=118) failed to show up to their appointments. The average time of each visit was 7,7 minutes. An average of, 3,3 drugs per visit were presented. These included drugs from the following therapeutic groups: cardiovascular system

(29.3%); central nervous system (15.6%) and anti-infective drugs (12.2%). PRs delivered 1,2 promotional paperbacks for each visit, 1 medical journal article for each 4,9 visits, 1 medical book for each 13,0 visits and 1 sample for each 16 presented drugs. The samples given can be classified into the following therapeutic groups: cardiovascular system (23.3%); musculoskeletal sys-

tem (16.7%) and drugs used in the treatment of skin infections (16.7%).

Conclusions: There seems to be a free interchange of marketing information between PRs from companies in the same pharmaceutical group. More than 1 in each 4 PRs did not keep a booked appointment; more than 50% of the presented drugs belonged to the following therapeutic groups: cardiovascular system,

central nervous system and anti-infectious drugs; The most frequent material left by the PRs is promotional paperbacks on drugs.

Keywords: Pharmaceutical representatives; Pharmaceutical industry; Primary Care; Prescribers.

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