



Research opportunities in general practice in countries with limited resources



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In cooperation with Prof. W. Qidwai and Prof. J. Beasley

Overview



- A. IFPCRN today
- B. The need for research in general practice/family medicine
- C. The research agenda for general practice/family medicine and primary care in Europe
- D. Research at the University of Crete and a stepwise model for implementing research in rural and isolated areas
- E. Conclusions

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**INTERNATIONAL FEDERATION
OF PRIMARY CARE
RESEARCH NETWORKS**

**Under the Task Force on Research
of The World Organization
of Family Doctors**



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B. The need for General Practice research

- In many countries general practice has evolved in a research base discipline
- General practice research still seeks for support and funding
- A need for both clinical and health care research in a European level
- The European General Practice Research Workshop (EGPRW) has started working on a General Practice Research Agenda at the WONCA Europe 'Invitational Conference on Core Content and Core Competence' (Noordwijk, The Netherlands, March 2002)

Strengthening research in general practice/ family medicine

Improving Health Care Globally: A Critical Review of the Necessity of Family Medicine Research and Recommendations to Build Research Capacity

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ABSTRACT

An invitational conference led by the World Organization of Family Doctors (Wonca) involving selected delegates from 34 countries was held in Kingston, Ontario, Canada, March 8 to 12, 2003. The conference theme was "Improving Health Globally: The Necessity of Family Medicine Research." Guiding conference discussions was the value that to improve health care worldwide, strong, evidence-based primary care is indispensable. Eight papers reviewed before the meeting formed the basic material from which the conference developed 9 recommendations. Wonca, as an international body of family medicine, was regarded as particularly suited to pursue these conference recommendations:

1. Research achievements in family medicine should be displayed to policy makers, health (insurance) authorities, and academic leaders in a systematic way.
2. In all countries, sentinel practice systems should be developed to provide surveillance reports on illness and diseases that have the greatest impact on the population's health and wellness in the community.
3. A clearinghouse should be organized to provide a central repository of knowledge about family medicine research expertise, training, and mentoring.
4. National research institutes and university departments of family medicine with a research mission should be developed.
5. Practice-based research networks should be developed around the world.
6. Family medicine research journals, conferences, and Web sites should be strengthened to disseminate research findings internationally, and their use coordinated. Improved representation of family medicine research journals in databases, such as Index Medicus, should be pursued.
7. Funding of international collaborative research in family medicine should be facilitated.
8. International ethical guidelines, with an international ethical review process, should be developed in particular for participatory (action) research, where researchers work in partnership with communities.
9. When implementing these recommendations, the specific needs and implications for developing countries should be addressed.

The Wonca executive committee has reviewed these recommendations and the supporting rationale for each. They plan to follow the recommendations, but to do so will require the support and cooperation of many individuals, organizations, and national governments around the world.

Ann Fam Med 2004;2(suppl 2):S5-S16. DOI: 10.127/GIM.194.

Conflict of interest none reported

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INTRODUCTION

The aim of medicine everywhere is to provide safe, effective, efficient, timely, patient-centered, and equitable care.¹ To pursue this aim, strengthening primary care—the point of first contact with the

WONCA World 9 Recommendations to Build Research Capacity



Van Weel and Rosser, Ann Fam Med 2004

Strengthening research in general practice/ family medicine

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Doi: 10.1093/fampra/cmh518, available online at www.fampra.oupjournals.org

Printed in Great Britain

Setting priorities and identifying barriers for general practice research in Europe. Results from an EGPRW* meeting

C Lionis^a, HEJH Stoffers^b, E Hummers-Pradier^c, F Griffiths^d,
D Rotar-Pavlič^e and JJ Rethans^f

Lionis C, Stoffers HEJH^b, Hummers-Pradier E, Griffiths F, Rotar-Pavlič D and Rethans JJ. Setting priorities and identifying barriers for general practice research in Europe. Results from an EGPRW meeting. *Family Practice* 2004; **21**: 587–593.

Background. In spring 2002, WONCA Europe, the European Society of General Practice/Family Medicine and its Network organizations reached consensus on a 'new' European definition of general practice. Subsequently, the European General Practice Research Workshop (EGPRW) started working on a European General Practice Research Agenda. This topic was addressed during the 2002 EGPRW autumn meeting.

Objective. Our aim was to explore the views of European general practice researchers on needs and priorities as well as barriers for general practice research in Europe.

Methods. In seven discussion groups, 43 general practice researchers from 18 European countries had to answer the following questions. (i) What major topics should be included in a research agenda for general practice in your country? (ii) What are the barriers to adequate implementation of general practice research in your country? Group answers were listed and subsequently categorized by two authors.

Results. Research on 'clinical issues' (common diseases, chronic diseases, etc.), including diagnostic strategies, was considered to be the core content of general practice research, with primary care-based morbidity registration essential for surveillance of disease, clinical research and teaching in general practice. There was also consensus on the need for research on education and teaching. 'Insufficient funding opportunities' was perceived to be the major barrier to the development of general practice research.

- Investing on capacity
- The EGPRN contribution in the European research agenda

Topics/Domains of interest

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The content of general practice research (the EGPRW opinion):

- Health services research
- Public Health
- Clinical issues (diagnosis, prognosis, treatment, prevention)
- Specific research questions
- Specific research methods
- Quality improvement
- Educational research

Barriers in implementing research

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Barriers for General Practice/Family Medicine (the EGPRW opinion):

- No substantial funding (political level/ national health care systems)
- On an academic level general practice research has been ignored or not well acknowledged
- Lack of interest and workload of general practitioners
- Lack of proper research training on a postgraduate level
- No networks for the promotion of general practice research

C. The Research Agenda for General Practice/ Family Medicine and Primary Healthcare in Europe



- Part 1: Background and methodology (Eur J Gen Pract)
- Part 2: Results: Primary care management and community orientation (Eur J Gen Pract)
- Part 3: Results: Person centred care, comprehensive and holistic approach (Eur J Gen Pract)
- Paper on themes and methods (Fam Pract)

Part 1

Eur J Gen Pract. 2009 Dec;15(4):243-50.

The Research Agenda for General Practice/Family Medicine and Primary Health Care in Europe. Part 1. Background and methodology.

Hummers-Pradier E, Beyer M, Chevallier P, Eilat-Tsanani S, Lionis C, Peremans L, Petek D, Rurik I, Soler JK, Stoffers HE, Topsever P, Ungan M, Van Royen P.

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Comment in:

Eur J Gen Pract. 2010 Mar;16(1):2-3.

Abstract

At the WONCA Europe conference 2009 the recently published 'Research Agenda for General Practice/Family Medicine and Primary Health Care in Europe' was presented. The Research Agenda is a background paper and reference manual for GPs/ family doctors, researchers and policy makers, providing advocacy of general practice/family medicine GP/FM in Europe. The Research Agenda summarizes the evidence relating to the core competencies and characteristics of the WONCA Europe definition of GP/FM, and its meaning for researchers and policy makers. Evidence gaps and research needs are pointed out to provide a basis for planning research for which there is a need and for action that may influence health and research policy, i.e. applying/lobbying for research funds. WONCA Europe and its associated networks and special interest groups could consider the agenda's research priorities when planning future conferences, courses, or projects, and for funding purposes. The European Journal of General Practice will publish a series of articles based on this document. In this first article, background, objectives, methodology and relevant literature are discussed. In subsequent articles, the results will be presented.

PMID: 20055723 [PubMed - indexed for MEDLINE]

Hummer-Pradier, et al. Eur J Gen Pract 2010

- Starting points
- A comprehensive literature review of GP/FM research starting from the domain of GP in Europe as described in the six core competencies of the WONCA Europe definition
- Core areas of research in clinical research, health services research, and research on training and education in GP

Part 2

Eur J Gen Pract. 2010 Mar;16(1):42-50.

Series: The research agenda for general practice/family medicine and primary health care in Europe. Part 2. Results: Primary care management and community orientation.

Hummers-Pradier E, Beyer M, Chevallier P, Eilat-Tsanani S, Lionis C, Peremans L, Petek D, Rurik I, Soler JK, Stoffers HE, Topsever P, Ungan M, van Royen P.

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Comment in:

[Eur J Gen Pract. 2010 Mar;16\(1\):4-5.](#)

Abstract

At the WONCA Europe conference 2009 the recently published 'Research Agenda for General Practice/Family Medicine and Primary Health Care in Europe' was presented. It is a background paper and reference manual, providing advocacy of general practice/family medicine (GP/FM) in Europe. The Research Agenda summarizes the evidence relating to the core competencies and characteristics of the WONCA Europe definition of GP/FM, and its implications for general practitioners/family doctors, researchers and policy makers. The European Journal of General Practice publishes a series of articles based on this document. In a first article, background, objectives, and methodology were discussed. In this second article, the results for the core competencies 'primary care management' and 'community orientation' are presented. Though there is a large body of research on various aspects of 'primary care management', it represents a very scattered rather than a meta view. Many studies focus on care for specific diseases, the primary/secondary care interface, or the implications of electronic patient records. Cost efficiency or process indicators of quality are current outcomes. Current literature on community orientation is mainly descriptive, and focuses on either care for specific diseases, or specific patient populations, or on the uptake of preventive services. Most papers correspond poorly to the WONCA concept. For both core competencies, there is a lack of research with a longitudinal perspective and/or relevant health or quality of life outcomes as well as research on patients' preferences and education for organizational aspects of GP/FM.

PMID: 20100109 [PubMed - in process]

Hummer-Pradier, et al. Eur J Gen Pract 2010

- Although there is a large body of research on primary care management, it is mainly focused on care for specific diseases, the primary/secondary care interface and electronic patients record systems.
- Current literature on community orientation is rather descriptive
- There is a lack of research with longitudinal perspective in both core competencies.

Part 3

Eur J Gen Pract. 2010 May 3. [Epub ahead of print]

Series: The research agenda for general practice/family medicine and primary health care in Europe. Part 3. Results: Person centred care, comprehensive and holistic approach.

Royen PV, Beyer M, Chevallier P, Eilat-Tsanani S, Lionis C, Peremans L, Petek D, Rurik I, Soler JK, Stoffers HE, Topsever P, Ungan M, Hummers-Pradier E.

Department of Primary and Interdisciplinary Care, University of Antwerp, Belgium.

Abstract

Abstract The recently published 'Research Agenda for General Practice/Family Medicine and Primary Health Care in Europe' summarizes the evidence relating to the core competencies and characteristics of the Wonca Europe definition of GP/FM, and its implications for general practitioners/family doctors, researchers and policy makers. The European Journal of General Practice publishes a series of articles based on this document. In a first article, background, objectives, and methodology were discussed. In a second article, the results for the two core competencies 'primary care management' and 'community orientation' were presented. This article reflects on the three core competencies, which deal with person related aspects of GP/FM, i.e. 'person centred care', 'comprehensive approach' and 'holistic approach'. Though there is an important body of opinion papers and (non-systematic) reviews, all person related aspects remain poorly defined and researched. Validated instruments to measure these competencies are lacking. Concerning patient-centredness, most research examined patient and doctor preferences and experiences. Studies on comprehensiveness mostly focus on prevention/care of specific diseases. For all domains, there has been limited research conducted on its implications or outcomes.

PMID: 20438283 [PubMed - as supplied by publisher]

Van Royen, et al. Eur Gen Pract 2010

- The majority were opinion papers and non systematic reviews
- Validated instruments to measure these competences are lacking
- A striking lack of research on the domains of comprehensive and holistic approach
- Maybe “comprehensiveness” is an umbrella concept

Themes and methods of research presented at European General Practice Research Network conferences

Carsten Kruschinski^{a,*}, Maaïke Lange^{a,b}, Christos Lionis^c,
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Objective: To determine themes and research methods of GP/FM research

Methods: Descriptive and Retrospective study based on all abstracts presented in EGPRN conferences (2001-2007)

Results:

- 614 abstracts were classified
- 232 abstracts devoted to health services research and 148 to clinical research
- Cross sectional design was predominant (38.7%), while qualitative studies represented the 27.6% of abstracts.

Kruschinski, et al. Fam Pract 2010

D. Practice-based research at the University of Crete



University of Crete
FACULTY OF MEDICINE



The Faculty of Medicine was established in 1983 and received its first students in 1984. Since 1989, it has been operating at its new campus, located about 7 km from Heraklion, Crete. It represents one of the newest medical and research complexes in Greece. The campus includes a spacious and functional 24,000 square meter, ten-wing building and a modern, well-equipped 62,000 square meter University Hospital. During the twenty five years of its existence, it has established multiple activities in education, research, and health care and has collaborated with scientific and social sectors in Greece and abroad.

The Faculty consists of ten Departments: Basic Sciences, Morphology, Laboratory Medicine, Radiology, Internal Medicine, Surgery, Mother and Child Health, Neurology and Sensory Organs, Psychiatry and Behavioral Sciences, and Social Medicine. The teaching staff includes more than 130 faculty members. In addition, the permanent staff includes administrative staff and specialized technical personnel.

The undergraduate programme of studies lasts for six years. Balanced emphasis is given to Basic Sciences (semesters 1-4), Laboratory Medicine (semesters 4-7), Pre-clinical Training (semesters 6-8) and Clinical training (semesters 9-12). The Faculty of Medicine also offers several postgraduate programmes leading to a Master's or doctoral degree.

In the years ahead, our hope is that the continuous efforts of all its members will place the Faculty of Medicine in a leading position, providing centres of excellence for the Greek and the international scientific community.

The University of Crete is a multidisciplinary and research oriented institution. Its medical faculty is divided in several departments including, the department of social medicine, . It also holds a postgraduate degree on the area of General Family Practice.

In the context of conducting continuous research it contains different research departments and laboratories, each of them oriented to a specific medicine field.

General Practice Research at the UOC

- Assessment of health care needs
- Epidemiology and clinical research
- Educational medicine
- Primary health care on a national and European level

Fam Pract. 2010 Feb;27(1):48-54. Epub 2009 Nov 1.

Implementing family practice research in countries with limited resources: a stepwise model experienced in Crete, Greece.

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A stepwise model in developing effective research in a country with low research capacity

1. Develop an EPR system
2. Explore opportunities to work together with an academic department
3. Start with assessment of population health needs
4. Identify common ill conditions and health problems
5. Ask about the existence of common diagnostic tools-if not discuss possibility of translating and adapting into local and cultural setting other well assessed in the literature
6. Identify the burden of common illness and measure diagnostic probabilities
7. Discuss opportunities to publish your initial non experimental research

A stepwise model in developing effective research in a country with low research capacity-II

8. Look at possibilities to work together with other teams and researchers in a neighboring country
9. Expand your networking to other larger research bodies and consider a solid partnership with European and international organization
10. See to what extent your collaborative work should be the starting point in looking for funding from those international bodies, including EU

1. Develop an EPR system

Journal of Medical Systems, Vol. 27, No. 3, June 2003 (© 2003)

Developing an Appropriate EPR System for the Greek Primary Care Setting

Dimitris K. Kounalakis,^{1,4} Christos Lionis,^{1,2} Inge Okkes,³ and Henk Lamberts³

The creation of an electronic patient record (EPR) system with a user-friendly interface based on the concept of the episode of care was considered an urgent priority in the present Greek context, where a Health Care Reform program is in progress. This paper reports the procedures of developing an EPR system, and outlines some of its essentials and key issues. We performed a systematic review and analyzed the perceptions and patterns of use of existing EPR systems among Greek general practitioners. On the basis of this analysis, Transhis was selected using defined criteria for appropriateness, efficiency, and feasibility for general practice as a prototype, for creating a Windows-based EPR system using the International Classification of Primary Care (ICPC-2) and International Classification of Diseases (ICD-10) as classifications. The new EPR system seems appropriate for use within the current Greek primary care setting. Further studies are required for its evaluation.

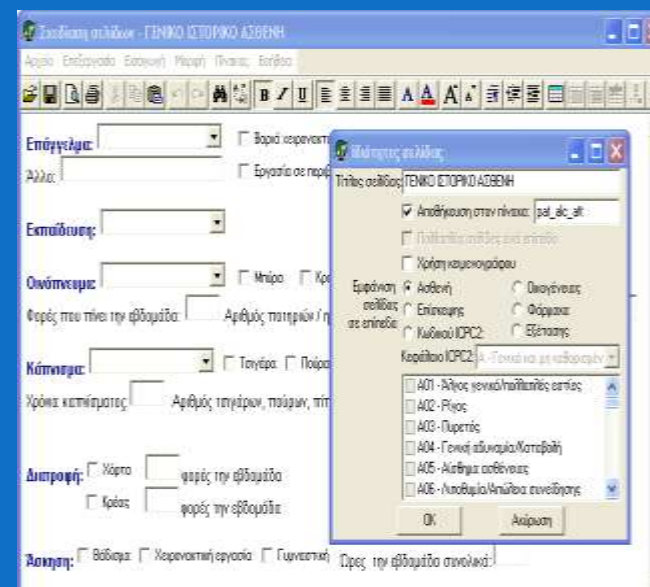
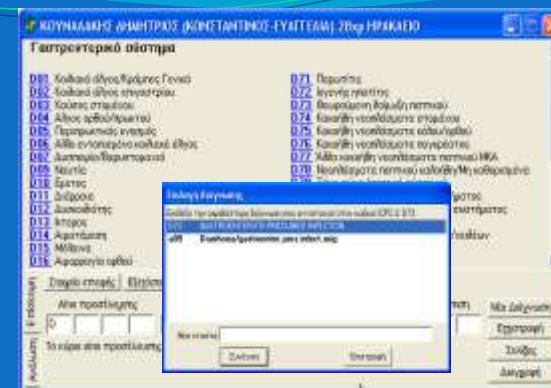
KEY WORDS: electronic patient records system; EPR; ICPC; primary care.

BACKGROUND

Effectiveness and quality performance in primary care hold a central position in the recent discussion on the quality improvement of several European national health systems. In Greece, a Health Care Reform program seeking quality improvement and coordination of outpatient and hospital services at the regional level (including Crete), through the enhancement of primary care, has recently been approved.

In Crete, there is increasing interest in the implementation of research findings into daily practice and in measuring the performance of primary care physicians serving the rural population, where a network between the medical faculty and university hospital and rural health centers has been developed over the past few years.⁽¹⁾ The

¹Clinic of Social and Family Medicine, School of Medicine, University of Crete, P.O. Box 1393, 71409



Developing an Appropriate EPR System for the Greek Primary Care Setting, D. Kounalakis, C. Lionis, I. Okkes, H. Lamberts, *Journal of Medical Systems, Vol. 27, No. 3, June 2003*

2. Explore opportunities to work together with an academic department and develop practice-based research networks

University of Crete

5 Schools

The School of Health Sciences
and the Faculty of Medicine

9 Departments and the
Department of Social Medicine

4 Divisions and the Clinic of
Social and Family Medicine



Teaching Cancer Management to Primary Care Health Staff: The First Experiences Gained From Crete

Editor
Journal of Cancer Education

To the Editors:

Several papers which have appeared in your Journal stressed the necessity of the interactive training for General Practitioners on the management of cancer patients.^{1,3} Cancer education of Primary Care Physicians (PCPs) appears to contribute to the better management of cancer pa-

The training was performed at the Clinic of Medical Oncology in the University Hospital of Heraklion Crete from 15/10/2002 until 15/8/2003. Eleven primary care workers (8 GPs and 3 nurses; 4 were 45 years old and over) from 9 primary care centres in rural regions of Crete accepted an invitation to participate. The training took place over a three-month period, with clinical exposure, skills training and teaching lectures on assessed needs. The teaching program emphasized the fol-

lowing: (1) program and course teachers, (2) program support. The collaboration with the medical and nursing personnel was found excellent. The most beneficial and important training points were: the lectures, clinical training, contact with the hospital patient, and knowledge of cancer patient characteristics and management of cancer patient. Several proposals were made and they were focusing on the further analysis of the PCPs role in cancer management, an increase in lecture hours, better or-

Lionis, et al Journal of Cancer Education 2005

3. Start with assessment of population health needs

Health needs assessment in general practice: the Cretan approach

Christos Lionis, Erik Trel

A comprehensive practice-based and public health-based approach to needs assessment has been established during the last years in primary healthcare (PHC) in Crete, Greece. This article describes the developments and achievements in health monitoring in PHC in Crete. An attempt is made to discuss the methodology used by the Cretan Health Centres for assessment of needs and outcomes together with results. General information sources including continuous morbidity or mortality data recording, and data derived from community-oriented programmes were used in this assessment and the process is presented here. This Greek approach seems to be effective in helping GPs and PHC staff to set priorities and plan primary healthcare services, while a broader discussion over the role of the Greek and Mediterranean context remains.

Keywords: needs assessment, general practice, rural areas, Greece

Introduction

Much attention has recently been paid to the contribution of general practitioners (GPs) and PHC teams in needs assessment. The WHO Regional Office for Europe organised a working group on needs assessment in local areas and the creation of a network was discussed in a recent workshop of this organisation in Heraklion, Crete.¹

the first time, a new University in Crete has developed a Department of Social Medicine including general practice as an academic position and an educational field. This paper aims to describe developments and achievements in health monitoring in PHC in Crete, Greece. It will attempt to discuss the methodology used by the health centres for need and outcome assessment together with results.

The primary healthcare network in Crete

One of the most important targets of this department was to promote PHC in Crete through the development of a network between the medical faculty, university hospital and rural health centres in collaboration with local authorities and representatives of the population. The experiences gained from the Spili Health Centre (SHC) led to the development of the PHC network, and a written consensus between this department and ten rural PHC centres was signed. The assessment of the health status of the population in the catchment area of the health centres of this network in Crete and the identification of its problems comprises the first step in the formal planning of primary healthcare services.^{2,3}

Methods used in assessing population health needs

Although settings and resources vary between health centres and they seem to have a potential impact on the development of the work, a common methodological approach in assessing the

A variety of sources

- Demographic research
- Morbidity data
- Mortality data
- Social insurance data
- local health surveys
- Health care services research

4. Identify common ill conditions and health problems

RESEARCH LETTER

Introducing general practice in urban Greece: focus on morbidity profile

Anargiros Mariolis, M Mercouris, Christos Lionis

General practice has been recognised as an independent medical speciality in Greece since the 1990s; it requires four years of vocational training. Although there have been many attempts to establish primary healthcare (PHC) in Greece, primary care centres are only available in semi-urban and rural areas leaving ample scope for the development of PHC in urban areas.

In 2001, a healthcare reform was launched in Greece, which set the development of PHC in urban areas as an urgent priority. In August 2002, the first feasibility study for the development of the first urban health centre in Greece was submitted to Ippokratio General Hospital,

Athens, and concerned the Municipality of Vironas, which is included in the catchment area of this hospital.

The aim of this research letter is to communicate the preliminary results of this first attempt in Greece to introduce structured PHC and general practice within the urban setting, and particularly to report the morbidity profile recorded during the initial period in this first Urban health centre. The Urban Health Centre of Vironas (UHCV) was inaugurated on 16th February 2004, and its staff comprised one qualified general practitioner and five trainees in general practice. Two community nurses joined the UHCV later on.

Table 1. The most common diagnoses.

Disease diagnosed	Code ICD-10	Cases Male		Female		Total	
		N	(%)	N	(%)	N	(%)
Hypertension, uncomplicated	K60	123	(21.0)	140	(21.7)	263	(25.3)
Ischaemic heart disease without angina	K70	59	(14.9)	105	(16.2)	164	(15.8)
Diabetes, non-insulin dependent	T20	21	(7.6)	54	(8.4)	85	(8.2)
Cholecystitis	L25	1	(0.2)	71	(11.0)	72	(6.9)
Heart failure	K77	28	(7.1)	21	(4.8)	49	(5.7)
Cerebrovascular disease	K91	27	(6.6)	25	(3.9)	52	(5.0)
Depressive disorder	F76	6	(1.5)	39	(6.1)	45	(4.2)
Lipid disorder	T92	14	(3.3)	29	(4.5)	43	(4.1)
Chronic obstructive pulmonary diseases	K85	23	(5.6)	11	(1.7)	34	(3.2)
Malignancy	A79	11	(2.6)	12	(1.9)	23	(2.2)
Other diseases		74	(16.6)	127	(19.7)	201	(19.2)
Total		297	(100)	644	(100)	1041	(100)

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Submitted: 10 June 2004.
Accepted: 7 July 2004.

The data presented cover a period of two and a half months. In total, 1041 consultations were recorded. Of them 413 (39.7%) were made by males and 628 (60.3%) by females. Referral rate to other healthcare services, including hospital physicians or other specialists, amounted to 1.35% (14 cases). The most frequent diagnoses as made by the GPs are presented in table 1. Hypertension was the diagnosis in 263 patients (25.3%), followed by ischaemic heart disease in 164 (15.8%). Although there are some similarities to previous PHC utilisation studies conducted in rural settings in Crete, Greece,¹² including the higher utilisation rates among females than males and hypertension as the most frequent diagnosis,

Developing documents research

Mariolis, et al 2004

5. Ask about the existence of common diagnostic tools

Respondent identifier:

IEQ-EU

Involvement
Evaluation
Questionnaire
European Version

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Department of Psychiatry
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Amsterdam, The Netherlands

Measuring the caregivers' burden

Στοιχεία εξεταζομένου :

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Ερωτηματολόγιο
Αξιολόγησης
Συμμετοχής
Ευρωπαϊκή Έκδοση

Μετάφραση, προσαρμογή και στάθμιση από την Κλινική Ψευδονική και
Ουρογεννητικής Ιατρικής, Τμήμα Ιατρικής Πανεπιστημίου Κρήτης.

Διευθυντής: Χρήστος Λιώσης, Ανακληρωτής Καθηγητής

Στα πλαίσια της μεταπτυχιακής εργασίας της Βασιλικής Σαπουνά στο Μεταπτυχιακό
Πρόγραμμα Σπουδών «Δημόσια Υγεία και Διοίκηση Υπηρεσιών Υγείας».

2001 AH Schene, B van Wijngaarden & MWJ Koeter
Τμήμα Ψυχιατρικής
Πανεπιστημίου Άμστερνταμ,
Ολλανδίας

By Schene and Koester

Dementia and depression: two frequent disorders of the aged in primary health care in Greece

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Argyriadou S, Melissopoulou H, Krania E, Karagiannidou A, Vlachonicolis I and Lionis C. Dementia and depression: two frequent disorders of the aged in primary health care in Greece. *Family Practice* 2001; **18**: 87–91.

Background. Dementia and depression are very common disorders among elderly people and their presence decreases the well-being of the aged.

Objectives. The purpose of this study was to assess the magnitude of dementia and depression among elderly people living in different settings in the catchment area of the Chiosoupolis health centre (HCCh) in northern Greece.

Methods. A total of 536 patients aged 65 years and over, including 48 subjects living in an old people's home, 75 subjects who were taking part in the activities of the open centre for the elderly and 413 subjects randomly selected from those visiting the HCCh, were interviewed by the primary health care team of the HCCh. Medical and family history data were recorded, while cognitive and mood disorders were assessed by using the Mini Mental State Examination and Geriatric Depression Screening Scale.

Results. At the time of the examination, 37.6% of the men and 41.0% of the women showed various degrees of cognitive impairment, while 29.9% of the women and 19.6% of the men showed mild to moderate depression. Diabetes mellitus and hypertension frequently were found to co-exist with depression and dementia.

Conclusion. The results reaffirm that there is a high prevalence of the studied mental disorders in older patients in the out-patient setting in Greece. A set of recommendations to Greek GPs has now been formulated, with specific emphasis on the use of different screening tools and the appropriate treatment of the most frequently co-existing chronic diseases.

Keywords. Dementia, depression, elderly people, general practice, Greece.

Introduction

Dementia and depression are very common disorders in later life,^{1,2} and their presence decreases the quality of life of elderly people. GPs fail to recognize these conditions

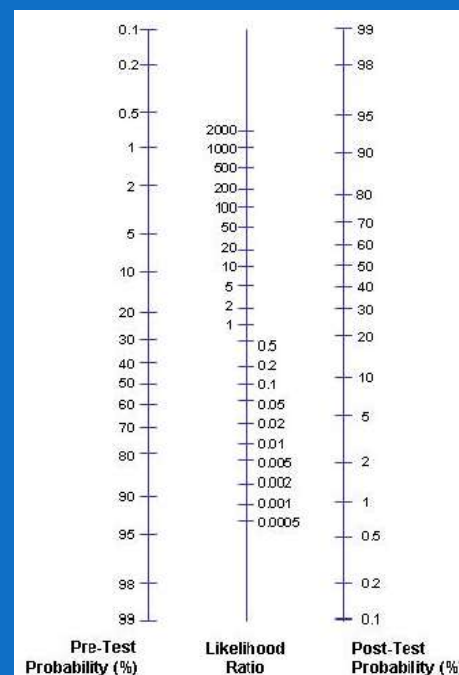
until they are advanced,^{3,4} but they are capable, after training, of developing skills to prevent or delay their progression.^{1–3}

Primary health care (PHC) in Greece has evolved rapidly during the last decade, with ~100 health centres now functioning in rural areas. These PHC units are responsible for out-patient care including the provision of social care, nursing home services and terminal care, but there is little knowledge about the prevalence of dementia and depression in the Greek PHC setting. Therefore, it was interesting to investigate dementia and depression among the elderly living in different settings in the catchment area of the Chiosoupolis health centre

Received 13 January 2000; Revised 30 June 2000; Accepted 5 September 2000.

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6. Identify the burden of common illness and measure diagnostic probabilities



7. Discuss opportunities to publish your initial non experimental research



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Top
Editorial
Responsibilit...
Supporting me...
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The role of v...
Appendix 1: P...
Appendix 2: C...

Editorial

Galvanising mental health research in low- and middle-income countries: Role of scientific journals

Editors and WHO November 2003 Group ✉
Department of Mental Health and Substance Abuse, World Health Organization, Geneva

✉ author email ✉ corresponding author email

Annals of General Hospital Psychiatry 2004, **3**:5 doi:10.1186/1475-2832-3-5

The electronic version of this article is the complete one and can be found online at: <http://www.general-hospital-psychiatry.com/content/3/1/5>

Received: 25 February 2004
Accepted: 1 March 2004
Published: 1 March 2004

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The exa

The Department of Mental Health and Substance Abuse, WHO organized a meeting on *Mental Health Research in Developing Countries: Role of Scientific Journals* in Geneva on 20 and 21 November 2003 that was attended by twenty-five editors representing journals publishing mental health research. A number of other editors reviewed and contributed to the background and follow-up material. This statement is issued by all participants jointly (see Appendix 1 for the list of journals/organizations and their representatives).

8. Look at possibilities to work together with other teams and researchers in a neighboring country

Greek-Turkish collaboration in General Practice/Family Medicine: An example of country-to-country collaboration

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1. Greek Association of General Practitioners (ELEGIA)
2. Turkish Association of Family Physicians (TAHUD)

Context

In September 2000 delegates from Italy, Israel, Greece, Malta, Portugal, Spain and Turkey met to promote the development of a general practice/family medicine (GP/FM) group within the Mediterranean region, and discussed opportunities for further collaboration in the field of education and research.¹

This idea was supported by a number of historical, cultural and epidemiological factors. In the framework of this group, and the discussions made in a number of WONCA European conferences and EGPRN meetings, it became obvious that the organization of the first Greek – Turkish meeting was (seen as) an important priority for both national associations of GP/FM.

Sharing common experiences and settings, this meeting was regarded as a real need in identifying a field of potential cooperation, namely in the fields of education and training, research and clinical practice. A common organizing committee has prepared a meeting in Salonica, Northern Greece, between 28th and 29th February 2004. This meeting served the main purpose of bringing together academics and associations in order to share experiences, define common problems and discuss important issues within the GP/FM setting.

- Country-to-country collaboration
- The Greek-Turkish collaboration in General Practice/Family Medicine

9. Expand your networking to other larger research bodies and consider a solid partnership with European and international organisations



<http://www.ifpcrn.org>



<http://www.globalfamilydoctor.com>

10. See to what extent your collaborative work should be the starting point in looking for funding from those international bodies, including EU

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TRANSLATING THE THEORY OF PLANNED BEHAVIOUR INTO INTERVENTIONS

PROPOSAL ACRONYM:

OTC SOCIOMED

TYPE OF FUNDING SCHEME:

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RESEARCH PROJECT)

WORK PROGRAMME TOPICS ADDRESSED:

FP7-HEALTH-2007-B-3.1-5 BETTER USE OF MEDICINES

NAME OF THE COORDINATING PERSON:

PROFESSOR CHRISTOS LIONIS

LIST OF PARTICIPANTS:

Participant no.	Participant organisation name	Participant org. short name
1 (Coordinator)	University of Crete, Clinic of Social and Family Medicine, Greece	UoC
2	School of Health Sciences, University of Linköping, Sweden	LiU
3	Institute of Social and Cultural Sciences, Leiden University, The Netherlands	UL
4	Association of General Practice in Cyprus	GPCy
5	French Society of General Medicine	SFMG
6	Maltese College of Family Doctors	MCFD
7	Turkish Association of Family Physicians'	TAHUD
8	Social & Clinical Pharmacy Department, Faculty of Pharmacy (Hradec Kralove), Charles University	FAF CU
9	Greek National School of Public Health	NSPH
10	Greek Association of General Practitioners (EL.E.GE.IA.)	ELEGEIA
11	Department of Family Medicine, National Autonomous University of Mexico	NAUM
12	International Federation of Primary Care Research Network	IFPCRN
13	World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family	WONCA Europe

E. Conclusions

- Recognition of the importance of general practice research.
- EGPRN has contributed to the formation of the research agenda in GP/FM by an extensive literature review on six competencies described in the European definition of GP/FM.
- There is a large body of published research but it seems to be rather descriptive and there is a lack of research in outcomes.
- The ten steps model to implement research in countries with limited capacity that tested on Crete seems suitable in rural and remote areas.



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Well done!



Many thanks for your attention